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APPLIED ARTICLE

Client Experiences of Drama Therapy: A Systematic Review
and Qualitative Meta-AnalysisTobias Constien¹, Akhila Khanna², and Amélie Wiberg³¹ Institut für Forschung und Entwicklung in den Künstlerischen Therapien,
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Although there is an increasing interest in connecting the arts and health, creative interventions, such as drama therapy, are often impeded in their implementation due to a narrow evidence base. While there is evidence of the effectiveness of drama therapy, there is limited understanding of how clients perceive its practice. Therefore, this study sought to identify common experiences of drama therapy reported in qualitative research that may broaden its evidence base and center clients in its further development. The research question guiding this inquiry was: *What aspects of the therapeutic process do clients experience as supportive or obstructive in drama therapy?* A systematic review identified 20 studies reporting experiences of drama therapy obtained from an aggregate sample of 302 clients. Following a bibliometric and quality appraisal, results from primary studies were extracted and analyzed. Extracted data were sorted following the paradigm of (un-)helpful aspects of therapy and categorized according to the procedures of a qualitative meta-analysis. Nine metacategories were identified across three domains of supportive, supportive but difficult, and obstructive aspects of drama therapy. The results indicated that clients perceived drama therapy to be supportive to work on personal challenges and to strengthen communal relationships. Particularly, symbolic, creative, and playful experiences were deemed as supportive, although studies also indicated that some clients perceived them as difficult or obstructive in therapy. Overall, these results add to the growing literature identifying a positive perception of drama therapy while highlighting areas for improvement in its implementation. Further research centering clients' experiences is warranted.

Keywords: drama therapy, qualitative research, meta-analysis, client experiences, therapeutic factors

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There is growing interest in utilizing the multifaceted benefits of the arts toward addressing cross-societal health challenges from a policy and practical perspective (Fancourt & Finn, 2019; Pesata et al., 2022; Sajjani & Fietje, 2023). The spectrum of the creative arts therapies, which are implemented across clinical, educational, and community settings, are uniquely situated within this intersection of arts and health (Jones, 2021; Orkibi & Keisari, 2023). Drama therapy, for example, is a form of psychotherapy that intentionally utilizes methods derived from the theater and performance arts for therapeutic purposes with a wide range of clients (Feniger-Schaal & Orkibi, 2020). Like other creative approaches, its development in a clinical context has historically been impeded by a limited evidence base (Armstrong, Frydman & Wood, 2019). However, research has been increasingly growing in the field of drama therapy (Constien & Junker, 2023a; Korde et al., 2023), resulting in evidence from a range of studies indicating the effectiveness of its practice (Armstrong, Frydman & Rowe, 2019; Feniger-Schaal & Orkibi, 2020). A recent quantitative meta-analysis by Orkibi et al. (2023), for instance, demonstrated a medium effect size ($d = .501$), comparable to other psychotherapies, of drama-based therapies on mental health outcomes across clinical, educational, and community settings.

Building on this evidence, there is a growing momentum evident toward identifying processes within drama therapy, variably labeled as core processes (Frydman et al., 2022; Jones, 1991), change processes (Cassidy et al., 2017), or active ingredients (Keiller et al., 2024) that draw on conceptualizations of common factors of psychotherapy but also identify therapeutic factors unique to drama therapy (de Witte et al., 2021). To date, however, these efforts have been limited in scope as they have generally missed to consider processes reported by clients but are rather more attentive to external observations of the therapeutic process from the researcher or the therapist (Cassidy et al., 2017; Klees, 2023; Sajjani et al., 2023). As such, there remains a need for a more comprehensive view and investigation into processes of drama therapy that appreciates the client's perspective, which may provide a broader evidence base to support its practice and implementation.

The present study aimed to elucidate specifically clients' experiences of drama therapy. Its objective was to aggregate, analyze, and present client-perceived supportive and obstructive aspects

of the drama therapeutic processes as they are reported in extant qualitative research. Following the specific procedures of a qualitative meta-analysis (QMA; Timulak, 2014; Timulak & Creaner, 2022), this study sought to (a) identify qualitative studies reporting first-hand experiences of drama therapy, (b) analyze clients' reports across studies, (c) present common supportive and obstructive aspects of drama therapy as they are perceived by clients, and (d) encourage further research centering clients' experiences.

Process Research in Drama Therapy

Process research, which is the study of how and why therapy can lead to improved outcomes (Elliott, 2010), has had a long tradition in psychotherapy and is increasingly recognized as an important field of study in the creative arts therapies as well (de Witte et al., 2021). de Witte et al. (2021), for instance, highlighted process research as a vital next step for the creative arts therapies to identify a specific theory of change and, ultimately, to improve the practice and training of creative arts therapists. They conducted a comprehensive scoping review of therapeutic factors in the creative arts therapies that may account for therapeutic change (de Witte et al., 2021). Specifically for drama therapy, they identified a range of common factors (i.e., therapeutic factors that are shared across psychotherapies) as important. The therapeutic alliance (Baier et al., 2020), for instance, was identified as a vital aspect of the dramatherapeutic process. Notably, this alliance in drama therapy has been conceptualized not as dyadic (i.e., client and therapist), but as triangular, as the relationship that emerges is between the client, the therapist, and the art form (Frydman et al., 2022; Orkibi & Keisari, 2023). For example, Heynen et al. (2017) found the therapeutic alliance within the arts therapies to be predominantly influenced by clients' perception of tasks within therapy rather than their bond to the therapist.

Moreover, de Witte et al. (2021) identified specific factors of drama therapy, namely aesthetic distance, active involvement, dramatic reality, dramatic embodiment, and dramatic projection (see Table 1). Aesthetic distance, for example, which describes a gradual process of titrating psychologically felt distance to the therapeutic experience through an engagement with dramatic media (Buckley, 2023; Landy, 1996), has long been recognized as an important aspect of the

Table 1
Specific Therapeutic Factors of Drama Therapy

Therapeutic factor	Description
Active involvement	Drama therapy is interactive in that it invites clients to take on an active role in the therapeutic process by taking part in dramatic enactments.
Aesthetic distance	A gradual process of titrating psychologically felt distance to the therapeutic experience through an engagement with dramatic media.
Dramatic embodiment	The process of physically expressing emotions, thoughts, or inner experiences through the body.
Dramatic projection	The process of expressing internal feelings, emotions, or experiences onto dramatic media and engaging with that media.
Dramatic reality	A liminal space of imagination and make believe.

therapeutic process in drama therapy. Jones (1991), for example, first formulated core processes of drama therapy, among them dramatherapeutic distancing, that since have been empirically investigated (Armstrong et al., 2015, 2016; Cassidy et al., 2014) and have recently been collaboratively defined via a large Delphi study (Frydman et al., 2022).

Contextualizing Client Experiences Within Psychotherapy Research

While these research efforts have been important as initial conceptualizations of the process of drama therapy, they are limited in that they mainly describe drama therapy from the perspective of the therapist rather than the client. This limitation is not only restricted to research in drama therapy but is rather evident across the psychotherapies. Clients' experiences often remain neglected in psychotherapy research, which has historically prioritized therapists' observations (Bohart & Tallman, 2022; Gordon, 2012). This focus effectively limits the scope and breadth of much research, as it has been reported that clients' and therapists' perceptions of the therapeutic process do not always converge (Levitt & Piazza-Bonin, 2011; Timulak & Keogh, 2017). Moreover, therapeutic processes can be influenced by the cultural identities of both the client and the therapist (Dokter & Sajjani, 2023). Investigations on psychotherapy that are purely focused on the perception of the therapist may thus neglect aspects of the therapeutic process that are of value to the client.

Studies on psychotherapy have shown clients' perceptions and expectations of therapy to be generally positively related to their treatment outcome (Bohart & Wade, 2013). Furthermore,

it has been noted that active client participation is a central factor in promoting therapeutic change (Bohart & Tallman, 2022). Across psychotherapies, it has been hypothesized that a significant amount of the variance in therapeutic outcome is likely due to the client, exceeding any contributions of a particular therapy approach, or individual intervention (Norcross & Lambert, 2011; Wampold, 2010). Consequently, Bohart (2007) argued to view therapeutic success not merely as a product of successful therapeutic intervention but rather as a productive engagement of the client with therapy. This repositioning of the client as the "active self-healer" (p. 125) thus mandates engaging in research with clients to improve both therapeutic practice and the accuracy of research products.

Accordingly, a renewed focus on clients' experiences has been urged across the psychotherapies (Levitt et al., 2016). This call has been echoed in the field of drama therapy as well (Dokter & Sajjani, 2023; Klees, 2020), reflecting its humanistic traditions (Emunah et al., 2021; Landy, 1994) and social justice commitments (Johnson, 2021; Sajjani et al., 2017). Sajjani (2021) for example, positioned the elevation of "voices of those who participate in drama therapy" (p. 140) as necessary for further implementation of drama therapy services. Similarly, Frydman et al. (2022) called for a review of the core processes of drama therapy from the perspective of "multiple stakeholders" (p. 9), including clients, to advance an empirical evidence base of practice.

Qualitative Research in Drama Therapy

Qualitative methodologies are uniquely situated to elicit and contextualize diverse perspectives. As such, qualitative inquiry within psychotherapy can

ensure an appreciation of clients' views as they are positioned as active participants in the study design (Paquin et al., 2019). In the field of drama therapy, qualitative research has added unique contributions to the literature by building theoretical frameworks, including novel perspectives, and providing direct accounts of drama therapy from clients with diverse needs and identities (Klees, 2023; Musicka-Williams & Cook, 2022). As such, qualitative studies may be of particular importance in identifying unique experiences of drama therapy that may not be shared across all psychotherapies. For instance, Klees (2023) demonstrated in a recent grounded theory study how drama therapy provides aesthetic experiences, which allow a complexity of perspectives and insights to emerge. Similarly, Cassidy et al. (2017) showed how aesthetic aspects of the therapeutic process allowed clients a deepened engagement with past experiences. Both findings map onto the theory of aesthetic distance, first formulated by Landy (1983, 1996), and now commonly accepted as a joint therapeutic factor of the creative arts therapies (Orkibi & Keisari, 2023).

Converging evidence from qualitative studies and theoretical conceptualizations like these may provide a basis for further research (Cook et al., 2024). Therefore, a continued appreciation and inclusion of clients' views via qualitative research remain crucial in the further development of the practice of drama therapy. Within the current definition of evidence-based medicine, for example, clients' "values and circumstances" (Straus et al., 2019, p. 1) are highlighted alongside research evidence and clinical expertise (Carroll, 2017). Similarly, identifying clients' experiences are a prerequisite to the current research agenda within drama therapy. For instance, Orkibi et al. (2023) have called for a "cogent *theory of change*" (p. 12, italics in original) as well as the development of measures assessing specific therapeutic factors echoing similar proposals by Frydman et al. (2022) and Feniger-Schaal and Orkibi (2020). Arguably, a comprehensive and empirical-based appreciation of clients' experiences is central to these agendas in order to properly identify appropriate outcome variables and target prospective assessment and measurement tools (Armstrong, Frydman & Wood, 2019; Elliott, 2010).

Including clients in research, however, is not without its set of challenges that may be particularly

prevalent in drama therapy. First, it generally requires ethical approval which, given that most drama therapy research is centered on vulnerable populations and revolves around sensitive topics, adds to the complexities of conducting research (Cooper, 2016). Second, researchers are often limited in their ability to recruit participants due to financial, institutional, or time constraints. As a result, research in drama therapy is often conducted in small-scale exploratory or pilot studies with small convenience samples (Armstrong, Frydman & Wood, 2019). On the one hand, this allows nuanced and in-depth analysis of clients' lived experiences; on the other hand, it may limit broader generalizations or application of research findings (Palinkas, 2014).

However, aggregating and analyzing qualitative findings from across studies may allow for a more comprehensive representation that can guide further research and theoretical conceptualizations (Timulak, 2009). In this respect, the existing paradigm of (un-)helpful aspects of therapy (Timulak & Keogh, 2017) is a relevant theoretical perspective. This paradigm, which has been used in prior psychotherapy process research (e.g., Marren et al., 2022; McElvaney & Timulak, 2013), directs inquiries into what clients have found helpful or unhelpful in their therapeutic experience. As such, it allows a "bottom-up" approach in identifying common client experiences and, thus, may be particularly suitable to drama therapy, which, to date, lacks a comprehensive investigation into clients' therapeutic experiences.

Recently, Keiller et al. (2024) produced a thematic synthesis in which they analyzed qualitative research findings of drama therapy as a treatment of child and adolescent emotional disorders. They identified six themes that described drama therapy as a positively perceived intervention that encourages learning, self-expression, emotion regulation, and community (Keiller et al., 2024). While their research provides valuable findings, particularly for drama therapy in child and adolescent care, their analysis, restricted by their research focus, only included eight studies, from which two provided most of the synthesized data. In addition, the comprehensive QMA on client experiences of therapy by Levitt et al. (2016) did not include studies on drama therapy. Consequently, there is a persistent need for a more comprehensive assessment of qualitative research findings of drama therapy to identify common client experiences.

The Present Study

This study aimed to identify common experiences of drama therapy from the perspective of the client via a systematic review and QMA of extant qualitative research of drama therapy. Informed by the paradigm of (un-)helpful aspects of therapy (Timulak & Keogh, 2017), the following research questions were identified:

Research Question 1: What aspects of the therapeutic process do clients experience as supportive in drama therapy?

Research Question 2: What aspects of the therapeutic process do clients experience as obstructive in drama therapy?

By investigating clients' experiences of drama therapy from multiple studies, this study aimed to consolidate research findings across the field and extend its evidence base. In addition, by focusing the analysis on supportive and obstructive aspects of drama therapy, this study aimed to inform further research into specific therapeutic factors of drama therapy.

Method

Design

These research questions were examined using the process of a qualitative meta-analysis. Timulak (2007), building on methodologies prominent in the fields of nursing, sociology, and education, first introduced this methodology to the field of psychotherapy in 2007 to address the need for a more comprehensive perspective on qualitative research findings to guide practice and research (Levitt, 2015). Unlike other review approaches, a QMA is distinct in that it aims to not merely synthesize but rather to produce a secondary analysis of qualitative findings (Timulak, 2009; Timulak & Creaner, 2022). As such, it provides a way to answer research questions that may not necessarily have been directly addressed in primary studies but for which applicable data nonetheless exists. This study followed the QMA framework outlined by Timulak and Creaner (2022) and adopted a generic descriptive–interpretative approach in analysis that seeks to find commonalities across the data within clearly delineated domains of investigation (Elliott &

Timulak, 2021). In addition, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Page et al., 2021) as well as the American Psychological Association reporting standards for QMA (Levitt et al., 2018) were adhered to (see Supplemental Material). A protocol for this study was registered via the Open Science Framework on the July 6, 2023, prior to any data collection or analysis.¹ Ethical approval was not obtained as the study only reviewed publicly available and published literature.

Research Team

The three researchers of this study broadly situate themselves within the epistemological position of critical realism, which emphasizes that a real world or “truth” can never be fully known (Bhaskar, 2016). It posits that structures, mechanisms, or experiences inherent to empirically observable events may not be directly apparent. Yet, by adopting a variety of research methods, including diverse perspectives, and allowing for multiple types of knowledge, research findings may approach the real world (Willis, 2023). This stance is evident within the research design by emphasizing consensus (i.e., interrater reliability checks) and coherence (i.e., confirmation of multiple studies; Hill et al., 1997; Madill et al., 2000). Additionally, during analysis, each researcher examined and reflected on their own background, cultural identities, and theoretical assumptions.

A. W. is a cis-female, German, White drama therapist studying body psychology and body psychotherapy (MSc) with a focus on posttraumatic stress disorders. In addition to her studies, she is working in a rehabilitation clinic and holds drama therapy workshops within the health care sector of Germany. A. K. is a cis-female, Indian drama therapist working in acute adult inpatient psychiatry and at a group private practice in New York City. She is interested in the applications of Theatre of the Oppressed and other community-centered art practices within and beyond health care settings. Last, T. C. is a cis-male, German, White postgraduate student in psychology with prior education, training, and practical experience in drama therapy. He has a keen interest in the

¹ <https://osf.io/w7j2n>

concepts of play and playfulness in developmental psychology and how they translate to drama therapy practice.

Selection of Primary Studies

To identify relevant studies for this meta-analysis, three leading scientific databases were consulted: APA PsycInfo, Web of Science, and SCOPUS. Additionally, the Drama Therapy Literature Database (Constien & Junker, 2023b) was hand-searched for relevant articles that may not be indexed in scientific databases. All searches were carried out on the July 7, 2023. Following the SPIDER search strategy (Cooke et al., 2012), search terms specified the phenomena of interest (“drama therap*” OR “dramatherap*”), the design and research type (qualitat* OR “case stud*” OR “case vignett*” OR “mixed method*”), and the evaluation (support* OR obstruct* OR facilitat* OR hinder* OR positive* OR negative* OR challenge* OR “therap* process*”). No sample descriptors were used in our search strategy to include the experiences of all clients of drama therapy. Only journal articles in German or English were considered for inclusion as those were the primary languages available to the authors. No specific date range restrictions were set. Complete search strings are reported in the Supplemental Material.

The database search yielded a total of 313 results (including 92 duplicates), which were subsequently screened according to prespecified exclusion and inclusion criteria. First, only studies utilizing qualitative methods of data collection (e.g., interviews, focus groups) and analysis (e.g., thematic analysis, grounded theory) were included. Methods of arts-based research, although often classified as a qualitative approach, were not considered within this analysis to ensure comparability. Additionally, it was required that data be reported by clients themselves, rather than via external observers like therapists, parents, or teachers. Second, studies were included only if they were situated within the field of drama therapy. We utilized the commonly cited definition of drama therapy developed by the North American Drama Therapy Association (i.e., “drama therapy is the intentional use of drama and/or theater processes to achieve therapeutic goals”), which includes divergent but related terms used in other languages (e.g., “Theatertherapie” in German; Klees, 2024). In

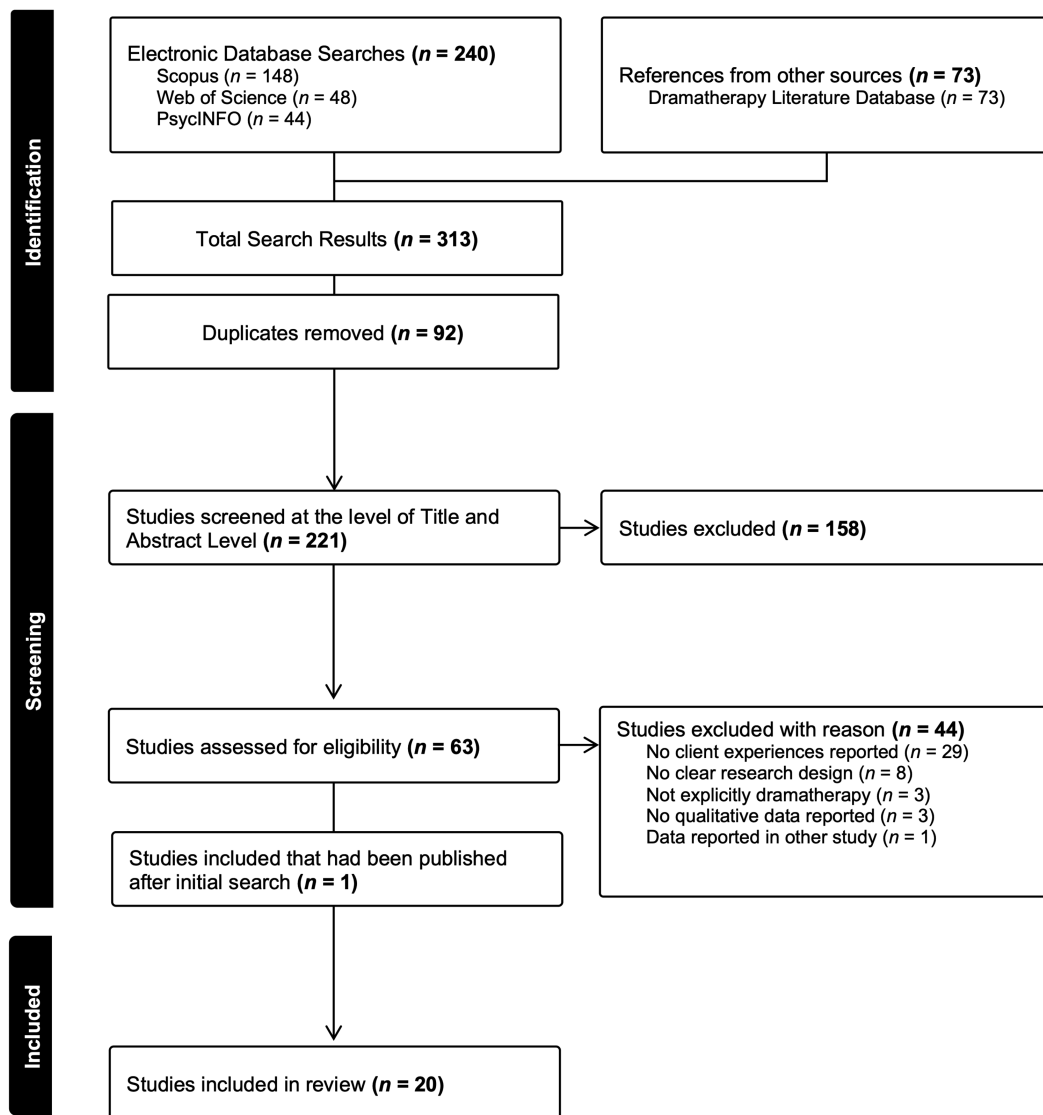
line with recommendations by Armstrong, Frydman and Rowe (2019), we did not limit our search to specific drama therapy interventions. However, studies that did not explicitly classify themselves as drama therapy but were rather situated within other fields (i.e., psychodrama, applied theater) were excluded.

The screening of primary studies was conducted using the online software Covidence (<https://www.covidence.org/>). The initial screening process at the level of title and abstract was conducted independently by A. W. and T. C., who reached a proportionate agreement of 71%. Individual cases of disagreement were settled by discussion between authors. In the second step, the studies were examined as full texts by T. C. and T. C. independently, reaching a proportionate agreement of 81%. Individual cases of disagreement were discussed by the whole research team, and a final decision was made by A. W. Following the screening process, one study (Keisari et al., 2023), published after the initial database search, was identified via a database alert and added to the included studies following a screening process including all authors. The full screening process is presented as a PRISMA flowchart in Figure 1.

Data Extraction and Analysis

Following the screening process, all included studies were inspected for bibliometric information (i.e., author, country of origin, year), sample descriptors (e.g., size, gender, age), research design and methodology, and the type of drama therapy intervention. Additionally, all included studies were assessed on their quality using the Critical Appraisal Skills Programme Qualitative Studies Checklist (Critical Appraisal Skills Programme, 2018). The Critical Appraisal Skills Programme comprises a checklist of 10 items probing the quality of qualitative research (e.g., was the recruitment strategy appropriate to the aims of the research, have ethical issues been taken into consideration) that are to be answered with *yes*, *no* or *can't tell*. Following the practice from H. Long et al. (2019, 2020), a fourth response option, *somewhat*, was added within this study to reflect when a criterion is addressed in a primary study but lacks detail. Based on the results of this appraisal, studies were sorted into three quality categories (i.e., high, moderate, low). No studies were

Figure 1
PRISMA Flowchart of the Selection Screening Process



Note. The database search was carried out on July 7, 2023. PRISMA = preferred reporting items for systematic reviews and meta-analyses.

excluded based on this appraisal to ensure a comprehensive assessment of drama therapy research, acknowledging that methodological and procedural details, although unreported, may still have been implemented in the research process. The quality appraisal was conducted independently by T. C. and is presented in full in the Supplemental Material.

The studies' main findings in the form of categories, descriptions and direct research participants' quotes relevant to the aims of this analysis were then extracted for analysis in the form of meaning units (MUs; the smallest piece of data that can independently express a meaning). MUs included data from different levels of abstraction (i.e., quotes, descriptions, categories). Most often

in primary studies, a single quote was used to illustrate a broader category that was initially created from multiple clients' quotes. Including category titles and descriptions, therefore, allowed including a broader range of clients' views. This process of identifying and extracting MUs is illustrated in Table 2.

The data extraction for all studies was conducted by T. C., with A. W. independently extracting data from 20% of the included studies to ensure interrater reliability (70% agreement). In a second step, all MUs were sorted along the three delineated domains of investigation derived from the research questions and based on the existing paradigm of (un-)helpful aspects of therapy (Timulak & Keogh, 2017). Following the practice of Marren et al. (2022), a third domain (i.e., supportive but difficult aspects) was added to this conventional dyadic paradigm, to allow for more complexity in the results (see Table 3).

The sorting of MUs was conducted by T. C., with A. K. assessing 20% of all identified MUs (87% agreement). Following this sorting process, MUs were inspected for similarities within the same domain following a descriptive–interpretative approach (Elliott & Timulak, 2021). Through a process of constant comparison (Boeije, 2002), MUs were clustered based on similarity following an inductive approach in repetitive and circular practice (Timulak & Creaner, 2022). All MUs were considered as a whole with the MU's original study and authors being blinded during analysis to ensure all studies were considered equally. Once several MUs were grouped together, a provisional name for that emergent metacategory was given and, thus, a structure of metacategories created. This initial structure was initially created by T. C. within a NVivo project (Lumivero, Release 1.7.1, 2022), which was used to manage and

categorize the MUs. The coded structure was then exported into a Google sheet given to A. W. and A. K., who each conducted a thorough audit of the analysis (Elliott & Timulak, 2021). The categorization was finalized via discussion between all authors to incorporate feedback obtained from the audit procedure (i.e., two clusters of metacategories were identified to structure the domain of supportive aspects; a third subcategory within the metacategory of communality was constructed to address experiences of shifting power dynamics). In the last step of the analysis, metacategories were named, and a short description based on the clustered MUs was prepared by all members of the research team in an asynchronous process via a shared Google sheet.

Results

Identification of Primary Studies

The initial search identified 313 results out of which, following a comprehensive screening process, 20 articles were deemed eligible for inclusion in this QMA (see Figure 1). All articles are presented in Table 4.

Bibliometric Appraisal

The included articles were published in a period of 24 years from 1999 to 2023. Most articles were written by authors based in the United Kingdom ($n = 6$) and the United States ($n = 6$), followed by Israel ($n = 3$) and Spain ($n = 2$) as well as Australia, Germany, and Lebanon (each $n = 1$). All articles were published in English. As per inclusion criteria, studies were either of qualitative ($n = 9$), mixed-methods ($n = 8$), or case study ($n = 3$) design. Semistructured interviews ($n = 12$) and thematic

Table 2
Process of Data Extraction

Primary study (Cheung et al., 2022)	Extracted meaning units
Utilizing Creativity for Recovery: Participants emphasized the novelty of drama therapy as a unique and exciting means toward recovery. One participant commented: "the whole process like let me and let us be really creative together [...]" (p. 1617, bold in original)	Category: Utilizing creativity for recovery Description: Participants emphasized the novelty of drama therapy as a unique and exciting means toward recovery Quote: "The whole process like let me and let us be really creative together"

Note. Findings from each primary study were extracted in the form of categories, descriptions, and quotes.

Table 3
Domains of Investigation

Domain	Definition	Example
Supportive aspects of therapy	Aspects that are described as beneficial to the client achieving or working toward their therapeutic goals.	“the whole process like let me and let us be really creative together [...]” (Cheung et al., 2022, p. 1617)
Supportive but difficult aspects of therapy	Aspects that are described as initially difficult but ultimately supportive in the client achieving or working toward their therapeutic goals.	“But this timidity is disappearing now, I am definitely more confident and less shy” (Sakhi et al., 2020, p. 19)
Obstructive aspects of therapy	Aspects that are described as hindering the client from achieving their therapeutic goals.	“It didn’t build my confidence, in fact it had the opposite effect ... it knocked my confidence” (Colquhoun et al., 2018, p. 363)

analysis ($n = 8$) were the most prominent methods of data collection and analysis, respectively. While only data pertaining to supportive or obstructive experiences of drama therapy were extracted for the purpose of this review, the research foci in the primary studies ranged widely from a broad evaluation of a specific program or intervention ($n = 9$) to more specific inquiries into drama therapy in the context of inclusivity ($n = 2$), mechanisms of change ($n = 2$), neurodegenerative diseases ($n = 2$), forced displacement, grief, identity, mental health prevention, or resilience (each $n = 1$).

In total, the studies reported results on 302 research participants, ranging in age from 7 to 91 years old. Most often, studies recruited samples of adults ($n = 12$) and/or adolescents ($n = 7$), while only two studies specifically included children and four studies included older populations. Three studies did not disclose data on gender identity. The remaining 206 research participants were predominantly identified as female (71%). Only 27% of participants were identified as male and 1% as other/third gender. Only six articles mentioned race or ethnicity in their sample description, which included descriptors like African American, Latino, Syrian, Arab-speaking, or multiethnic. Only two studies mentioned the socioeconomic class of the participants. Presenting problems ranged widely in the included studies, the most dominant being psychological difficulties ($n = 7$). However, a majority of studies examined drama therapy as a supportive or preventative form of therapy outside the clinical setting ($n = 11$) and in the absence of any salient diagnoses or problems ($n = 9$). All studies, except for one (Harel & Keisari,

2023), reported on drama therapy in a group therapy format. Overall, 14 studies provided an intervention protocol for their intervention. Therapeutic theater was the most prominent researched intervention ($n = 4$). Other interventions included role method ($n = 3$), five-phase model ($n = 2$), narradrama ($n = 1$), embodiment–projection role ($n = 1$), and the six-part story ($n = 1$). Eight studies did not name a specific drama therapeutic approach. Relevant tables and figures visualizing the full results of the bibliometric appraisal are presented as Supplemental Material.

Quality Appraisal

The included studies differed widely in quality ranging from low ($n = 4$) to high ($n = 5$) with most studies being of moderate quality ($n = 11$). Researchers often failed to examine their own role and potential cultural biases and positionality of power in the research design. This was a pervasive issue throughout the included studies and particularly prevalent in studies where the lead researcher or other members of the research team were involved not only in the steps of data collection and analysis but also in the delivery of the drama therapy intervention being studied. Furthermore, many studies failed to discuss or acknowledge their guiding theoretical, epistemological, or ontological assumptions as well as failed to implement credibility checks (e.g., member checks, audits), leading to a lack of rigor and trustworthiness in their analysis. The full results of the quality appraisal are presented as Supplemental Material.

Table 4
Characteristics of Primary Studies

Study	Origin	N	Age	Ethnicity, race, or nationality	Gender	Study design	Data collection and analysis	Credibility checks	Drama therapy	Intervention protocol
Birnkammer and Calvano (2023)	Germany	35	7–14 years	Unstated	Unstated	Mixed-methods study	Structured interviews and content text analysis	Unstated	Not specified	No
Bradley et al. (2022)	United Kingdom	47	14–65 years	Unstated	Unstated	Mixed-methods study	Semistructured interviews, written feedback, and thematic analysis	Team discussion and agreement	Embodiment–projection role	Yes
Burch et al. (2019)	United States	6	16–18 years	African American ($n = 2$), Latino ($n = 2$), Multiethnic ($n = 2$)	33% female 66% male	Mixed-methods study	Semistructured interviews and values coding	Unstated	Therapeutic theater	Yes
Cassidy et al. (2017)	United Kingdom	7	30–60 years	Unstated	71% female, 29% male	Qualitative study	Semistructured interviews and grounded theory	Team discussion and agreement, member checks	Not specified	No
Cheung et al. (2022)	United States	6	18–65 years	White ($n = 4$), Black or African American ($n = 1$), Asian ($n = 1$)	50% female, 50% male	Mixed-methods study	Focus groups and thematic analysis	Team discussion and agreement	Coactive therapeutic theater	Yes
Colquhoun et al. (2018)	United Kingdom	5	25–50 years	Unstated	100% male	Qualitative study	Semistructured interviews and IPA	Team discussion and agreement	Not specified	No
Cook (2021)	United States	10	14–26 years	Unstated	60% female, 40% male	Qualitative study	Semistructured interviews, focus group and thematic analysis	Self-reflective process	Therapeutic theater	Yes
Dent-Brown and Wang (2006)	United Kingdom	25	Working age adults	Unstated	64% female, 36% male	Qualitative study	Structured interviews and grounded theory	Unstated	Six-part story	Yes
Harel and Keisari (2023)	Israel	19	63–87 years	Unstated	84% female, 16% male	Qualitative study	Semistructured interviews and thematic analysis	Team discussion and agreement	Not specified	No

(table continues)

Table 4 (continued)

Study	Origin	N	Age	Ethnicity, race, or nationality	Gender	Study design	Data collection and analysis	Credibility checks	Drama therapy	Intervention protocol
Kim and Ginther (2019)	United States	24	24–62 years	Korean American ($n = 21$), Chinese American ($n = 1$), Asian American ($n = 1$), Black/White ($n = 1$)	75% female, 12.5% male, 12.5% other	Mixed-methods study	Written feedback and qualitative analysis ^a	Team discussion and agreement	Not specified	Yes
Keisari et al. (2020)	Israel	25	63–91 years	Unstated	76% female, 24% male	Qualitative study	Semistructured interviews and thematic analysis	Team discussion and agreement	Playback theater	Yes
Keisari et al. (2023)	Israel	2	63–91 years	Unstated	50% female, 50% male	Case study	Semistructured interviews and pattern-matching analysis	Team discussion and agreement	Playback theater	Yes
McKenma and Haste (1999)	United Kingdom	9	16–69 years	Unstated	56% female, 44% male	Qualitative study	Semistructured interviews and qualitative analysis ^a	Unstated	Not specified	No
Mondolfi Miguel and Pino-Juste (2021)	Spain	17	21–52 years	Unstated	100% female	Case study	Focus groups and IPA	Member checks	Role method	Yes
Mondolfi et al. (2021)	Spain	7	59–80 years	Unstated	85% female, 15% male	Case study	Questionnaire and holistic analysis	Unstated	Five-phase model, narradrama	Yes
Moula et al. (2022)	United Kingdom	14	7–10 years	Unstated	Unstated	Mixed-methods study	Semistructured interviews and thematic analysis	Team discussion and agreement	Not specified	Yes
Musicka-Williams (2020)	Australia	15	15–18 years	Unstated	47% female, 53% male	Mixed-methods study	Semistructured interviews and grounded theory	Academic supervision and member checks	Role method	No
Rothman et al. (2022)	United States	19	Adults	White ($n = 11$), Asian ($n = 2$), Black/African American/Caribbean ($n = 2$),	90% female, 10% male	Mixed-methods study	Questionnaire and thematic analysis	Unstated	Role method	Yes

(table continues)

Table 4 (continued)

Study	Origin	N	Age	Ethnicity, race, or nationality	Gender	Study design	Data collection and analysis	Credibility checks	Drama therapy	Intervention protocol
Sakhi et al. (2020)	Lebanon	7	16–45 years	Latino/Hispanic (n = 1), unknown (n = 1) Syrian and Palestinian-Syrian refugee women	100% female	Qualitative study	Semistructured interviews and IPA	Unstated	Five-phase model	Yes
Wood et al. (2020)	United States	5	48–74 years	N. A.	60% female, 40% male	Qualitative study	Focus groups and thematic analysis	Member checks	Coactive therapeutic theater	Yes

Note. IPA = interpretative phenomenological analysis; N. A. = not applicable.

^aMethods of analysis that are not following a specific name-brand approach in analysis are referred to as qualitative analysis.

Results of the QMA

In sum, 460 MUs were extracted relatively equally from the included studies (4 – 62 MUs per study; see Supplemental Material). The MUs referred to 278 quotes (60%), 128 category descriptions (28%), and 54 category titles (12%). Subsequently, each MU was sorted into three domains of investigation: supportive aspects (374 MUs), supportive but difficult aspects (41 MUs), and obstructive aspects of drama therapy (47 MUs). Figure 2 visually presents the results of the analysis that are described narratively in more detail below.

Supportive Aspects of Drama Therapy

Most clients referred to the supportive aspects of drama therapy that allowed them to develop deeper connections with themselves and others. In total, 371 MUs from all studies (N = 20) were extracted within this domain of investigation and categorized across six metacategories and 14 subcategories that were further disaggregated into two main clusters. The following describes each cluster by naming and detailing each metacategory and narratively describing associated subcategories.

Cluster 1: Drama Therapy Allows Clients a Deepened Exploration and Connection to Oneself. This cluster, comprising 210 MUs extracted from all 20 studies, encompasses experiences of drama therapy that allow a deepened reflection of oneself through symbolic representations, a release and regulation of emotions, mind–body connection, and the creation of novel experiences. It is further depicted through four metacategories and eight subcategories.

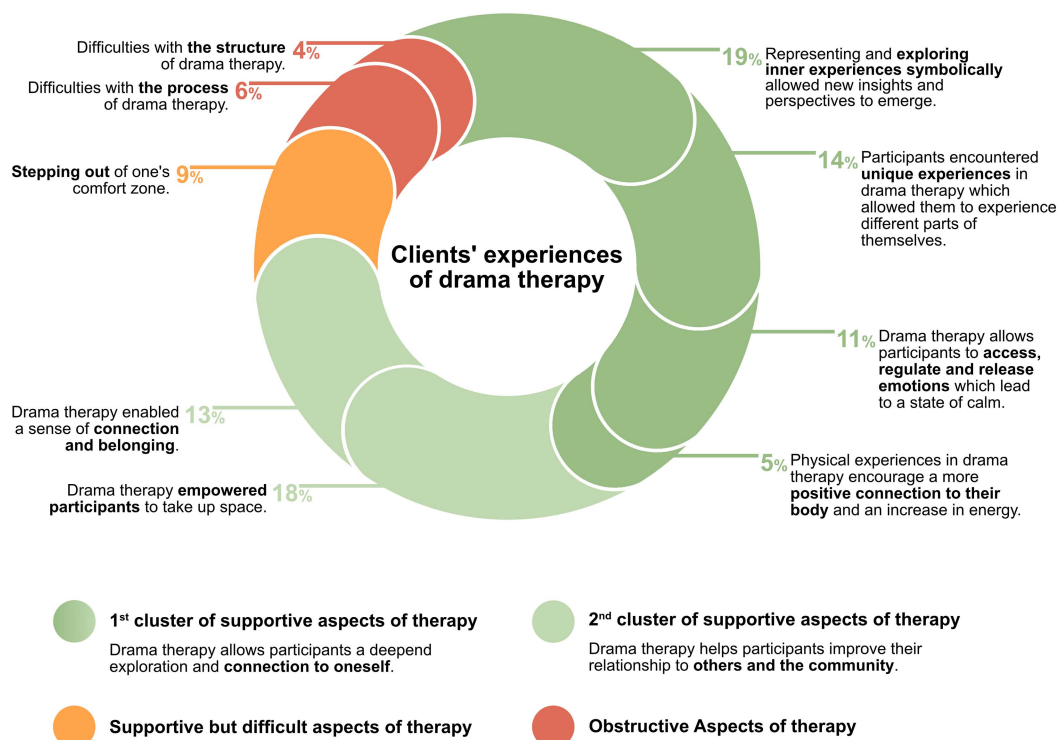
Metacategory 1. Representing and Exploring Inner Experiences Symbolically Allowed New Insights and Perspectives to Emerge. This metacategory, comprising 90 MUs from 16 studies, describes clients’ experiences of drama therapy as a safe space to reflect on inner experiences and consider new insights and perspectives. Particularly prevalent in clients’ accounts within this metacategory was how *symbolic representation of internal states through creative means allowed a deeper engagement with them* (57 MUs, 14 studies). Clients expressed how drama therapy enabled them to project their inner experiences into enactments, characters, or storylines. Clients noted how they were often caught unaware of how the fictional content they created

ultimately ended up closely reflecting their personal themes. One client, middle-aged with borderline personality disorder interviewed by Dent-Brown and Wang (2006), for example, states: "I'm just talking about these few pictures that I've drawn and now I can really see how this story relates to different aspects of my life" (p. 320). Moreover, clients experienced a sense of safety and control by working on an abstract level as they were able to titrate how much of themselves they were willing to expose. One primary school student experiencing behavioral issues reflected upon a drama therapy intervention, "I could tell my own story through my own puppet, but nobody knows if it's a true story or if I made it all up" (Moula et al., 2022, p. 8). Significantly, clients expressed how examining their personal stories, feelings, or thoughts on a symbolic level allowed novel insights to emerge that they had previously not considered. As such, *drama therapy allowed clients to develop new perspectives on their current circumstances or past experiences* (33 MUs, 13

studies). Particularly, creative and playful aspects of the therapeutic process allowed clients to become more flexible and open-minded, which enabled them to take on new perspectives and incorporate suggestions from the drama therapist or other group members. One client who belonged to a women's domestic violence shelter in Spain described this experience: "Each one of us adds her own experience with its own point of view, and thanks to that, you can search for alternatives and think of new situations that can solve that circumstance" (Mondolfi Miguel & Pino-Juste, 2021, p. 17).

Metacategory 2. Participants Encountered Unique Experiences in Drama Therapy That Allowed Them to Experience Different Parts of Themselves. This metacategory, comprising 63 MUs from 16 studies, summarized participants' descriptions of how drama therapy presented them with the opportunity to engage in novel experiences that were marked by fun and creativity. First, *participants noted they were able to create novel experiences that differed*

Figure 2
Client's Experiences of Drama Therapy



Note. The percentages highlighted alongside each category speak to the number of contributing meaning units. *N* (meaning units) = 460. See the online article for the color version of this figure.

significantly from their daily life and allowed them to become more flexible, free, and open-minded (25 MUs, 11 studies). Many participants mentioned that they had little to no prior experience in activities such as acting, playing, or storytelling, in their everyday life, but that engaging in these novel experiences in drama therapy allowed them to explore new parts of themselves. Mary, an 84-year-old woman residing in a community-dwelling home on the effects of playback theater, for example, states: “How I love, I love (to play). I felt good. And I had never acted before, maybe once ... when I was in the fourth grade ... I think we performed Cinderella” (Keisari et al., 2020, p. 12). Particularly, *participants expressed that they valued the creative approach in drama therapy, as it enabled them to express themselves in ways they had not explored before* (15 MUs, seven studies). After participating in an online drama therapy performance, one participant with a serious and persistent mental illness, for example, stated: “The whole process like let me and let us be really creative together ... it was different from other kinds of therapies where you’re usually talking about yourself” (Cheung et al., 2022, p. 5). Few participants also noted that they appreciated the aesthetic aspects of drama therapy in their own right. For instance, Ned, a 30-year-old man who had suffered a traumatic head injury recalled “it was nice to be able to do something that looked lovely” (McKenna & Haste, 1999, p. 169). Last, *participants enjoyed drama therapy, which motivated them to stay engaged in the therapeutic process* (24 MUs, 12 studies). Participants noted that fun, humor, and joy were major aspects of their experience of drama therapy and that they motivated them to keep coming back. In a study by Cheung et al. (2022), one participant with a serious and persistent mental illness for instance, summarized her experience of drama therapy as: “Fun. I mean I look forward to it every day” (p. 1617). In addition, many participants acknowledged that these aspects helped them to not only stay engaged but also progress in their therapeutic process. One adult client, in early stages of their psychosis, for example, emphasized: “DT [drama therapy] is more entertaining ... you learn more when you are entertained” (Bradley et al., 2022, p. 7).

MetaCategory 3. Drama Therapy Allowed Clients to Access, Regulate, and Release Emotions That Lead to a State of Calm. This metacategory, comprising

50 MUs from 13 studies, describes clients’ experiences of how engaging in drama therapy evokes emotions and allows their release and regulation. First, *drama therapy allowed clients unexpected access to their emotions* (21 MUs, 10 studies). Many clients described how emotions were brought into awareness when they were engaged in drama activities. This process was often described as unexpected and sudden. Sam, a participant in a study by Cassidy et al. (2017), experiencing psychological difficulties, for example, states: “[...] no matter what happens you can’t help but be dealing with your emotions [...] it seems like it comes out of nowhere and the word spring is really important here” (p. 182). Notably, this process was observed not only when directly engaged in the activity (e.g., creating, acting, directing) but also through witnessing others. Hanna, an 83-year-old Israeli client, for example, describes this experience: “I never thought to mention the story of my brother But as soon as Sarah played the song about the ‘soldiers’ I lit up and the story evoked” (Keisari et al., 2020, p. 8).

Second, *clients described that drama therapy helped them to release and regulate their emotions* (21 MUs, 10 studies). Once accessed, clients experienced a release and relief of their emotions in drama therapy. Clients described that by sharing their personal stories in drama therapy, they were able to let go of inner tensions that they had struggled with before. “As if I’d been strengthened, I began to let go of the things that I had always been ashamed of” (Keisari et al., 2020, p. 12), said Dina, an 82-year-old woman at a community group home in Israel. The opportunity to access an emotion from the past and to relive it in the present was valued by many clients as a transformative or cathartic experience. Amani, a Syrian refugee woman describes, “I was fairly distressed, things were overwhelming and difficult in my life. When we started the workshop it felt like a heavy object was lifted off my chest” (Sakhi et al., 2020, p. 17). As a result, clients noted a feeling of relief and comfort that drama therapy provided within and outside of therapy.

Metacategory 4. Physical Experiences in Drama Therapy Encouraged a More Positive Connection to the Body and an Increase in Energy. This metacategory, comprising 22 MUs across 10 studies, describes participants’ physical experiences of drama therapy which facilitated a connection

with their bodies and resulted in a boost of energy. First, *participants felt encouraged to work with and through their body in drama therapy, which allowed them to establish a more positive connection to their body* (16 MUs, eight studies). Participants noted how embodied activities in drama therapy, such as movement exercises or role-play, led to an increased awareness of their bodies. For example, following a drama therapy intervention, a 10-year-old girl at a residential care facility in Berlin recruited by Birnkammer and Calvano (2023) expressed: “I discovered my body all new today—like a newborn!” (p. 16). Clients appreciated the ability to express themselves without words, emphasizing the importance of silence and physical experiences, which allowed them to express internal feelings through their bodies instead of only dealing with them cognitively. One client, an Asian American adoptee, in a study by Kim and Ginther (2019), for example, stated: “[It was] useful to learn to be around others in a more nonverbal way, addressing and revealing things in a more somatic way” (p. 260). Second, *participants experienced greater energy in their body* (six MUs, four studies). Drama therapy was described as an “invigorating experience” (Wood et al., 2020, p. 5), by clients with aphasia helping them to engage more actively in therapy and life. One participant from Spain who had experienced intimate partner violence, for instance, stated: “You leave this place [Drama Therapy session] with more energy” (Mondolfi Miguel & Pino-Juste, 2021, p. 12).

Cluster 2: Drama Therapy Helps Participants Improve Their Relationship to Others and the Community. This cluster comprised 146 MUs extracted from 16 studies and described clients’ experiences of finding commonality and asserting agency within and beyond the social microcosm of a drama therapy group. Two metacategories and five subcategories further encompass this cluster.

Metacategory 5. Drama Therapy Enabled a Sense of Connection and Belonging. This metacategory, comprising 62 MUs from 13 studies, describes clients’ experiences of drama therapy as building connections and increasing their feelings of belongingness. Within this category a significant number of clients reported on how *drama therapy encouraged social connection and support among group members* (36 MUs, nine studies). Clients

recalled how developing trusted relationships with other group members supported them in socializing with people outside. For example, in a study with people who have Parkinson’s disease by Mondolfi et al. (2021), one client reflected: “I have learned to [...] think more about those around us” (p. 51). Furthermore, clients noted that the nonverbal and expressive components of drama therapy helped them develop better interpersonal communication. For example, in a feedback questionnaire developed by Bradley et al. (2022), one client with early-stage psychosis acknowledged: “I understood that you didn’t have to speak a single word, but still the communication is there” (p. 7). Externalizing emotions allowed participants to attune to one another, offer support, and expand their ways of engaging with the world, as articulated by Tina, a 76-year-old woman, after participating in a series of playback theater interventions: “Usually, I don’t share things with others, but here I did” (Keisari et al., 2020, p. 8).

Finding community through drama therapy was only possible because *participants experienced a sense of belonging* (26 MUs, 10 studies). Particularly clients of marginalized identities expressed finding safety with others in drama therapy. This safety decreased feelings of isolation and increased the release of emotions and overall resiliency. For example, after a drama therapy group, Amani, a Syrian refugee woman living in Lebanon reported: “I was in a room crying with people who had the same experiences as I did [...] I left feeling better, knowing that if others have survived I can as well” (Sakhi et al., 2020, p. 21). Feeling validated in shared experiences of struggle within their group gave clients the confidence to connect with others outside their group. For instance, in a drama therapy group of at-risk adolescents, one participant, Ali, reflected: “The moment, it was a beautiful moment, I connected with the audience and it’s something I would like to feel again” (Burch et al., 2019, p. 131).

Metacategory 6. Drama Therapy Empowered Participants to Take up Space. This metacategory, comprising 84 MUs from 15 studies, describes clients’ experiences of taking up space by gaining a greater sense of self and being active participants in their therapy. Within this category, a significant number of clients reported how they *felt empowered to share and reclaim their life*

stories (41 MUs, 12 studies). Clients reported experiences of how they had internalized societal stigmas because of their marginalized identity or identities. Drama therapy groups were then empowering rehearsal spaces for them to voice their thoughts without fear of further marginalization or without having the dominant majority dictate their narratives. As one Syrian refugee woman in Sakhi et al. (2020) study recounts, “we are finally able to talk about things that bothered us without any restrictions or disapproval” (p. 18). Clients expressed overcoming their fears about speaking up and acknowledging gradual improvements in their sense of self-worth and self-esteem. In a postshow interview by Burch et al. (2019), one youth member, Alex, who performed a therapeutic theater piece admitted “I feel like when I did the show, I can stand up to whatever I want to do, facing my fears, don’t be shy anymore. Say what I want to say to a group of people instead of keeping it to myself” (p. 131).

This renewed confidence translated into *participants taking on an active role in therapy and in life* (26 MUs, 11 studies). Drama therapy allowed clients’ individual advocacy to take on dramatic forms like role-playing, rehearsal, and performance. Clients reported an increased sense of pride in contributing to an aesthetic form and thus a greater confidence in themselves. As David, a 90-year-old man, for instance, reflected after a playback theatre performance at an adult day center: “I feel proud, yes, yes ... [that] I managed to play my part properly ... I feel like I am someone” (Keisari et al., 2020, p. 12). Role-playing as a way of inducing a more active role in life was prevalent across other included studies. Buddy, a 21-year old autistic man who participated in Cook’s (2021) inclusive therapeutic theater study reported, “It made me feel good to be a helper ... It made me feel kind of proud and stuff. Proud, sort of way” (p. 179). Drama therapists observed how clients participated actively not only within a dramatic form but also within the therapy process as articulated by Bradley et al. (2022): “Six clients referenced the co-produced nature of the therapy, speaking of the choices they had over activities and whether to participate at all times” (p. 7).

Given the safety in the room, *participants of drama therapy felt liberated to explore power dynamics* (17 MUs, 10 studies). Clients admitted

feeling valued and included in drama therapy. In a study with adolescents with intellectual disabilities, for instance, one participant expressed: “In dramatherapy, everyone is included. Everyone gets their turn [...] Everyone is treated equally” (Musicka-Williams, 2020, p. 6). This feeling also empowered them in their relationship with the drama therapist. In an interview by McKenna and Haste (1999), Rebecca, a 21-year old client in a neurorehabilitation unit reported: “It was really peculiar ... Normally with the therapist, you think ‘they’re the therapist, I’m the patient’. When I was with Eileen it was like she was my friend. The only difference was that I was in a wheelchair. So that helped me see really ‘what difference does it make?’” (p. 168). As clients reported increasing feelings of self-worth, they were also more easily able to assert their boundaries with group members as reported by a client with psychosis in a study by Bradley et al. (2022): “The good thing about the group is people do know to respect what you say when you say, ‘Give me space’, they actually do” (p. 7).

Supportive but Difficult Aspects of Drama Therapy

Some MUs speak to the process of drama therapy initially challenging individuals to step and explore outside their comfort zone but eventually being supportive of their overall well-being. Thirty-nine MUs from 13 studies were identified as supportive but difficult aspects of drama therapy and further grouped into one metacategory and two subcategories.

Metacategory 7. Stepping Out of One’s Comfort Zone. This metacategory, comprising 39 MUs from 13 studies, summarized participants’ experiences of drama therapy as a difficult but subsequently rewarding process. Within this category, a significant number of participants *felt initially reluctant to engage in drama activities but experienced them as rewarding* (25 MUs, 10 studies). Most MUs revealed general doubts of participants based on their own preconceptions of what the creative aspects of drama therapy might entail. Melissa, a 30-year old client recovering from a neurological disease, for instance, stated: “You always think ‘Oh art... I’m not going to be very good at that’” (McKenna & Haste, 1999, p. 169). However, following successful engagement with the activities of drama therapy, participants experienced a sense of accomplishment:

“I was surprised because I didn’t think I would be able to do anything at all when I first started, but I feel satisfied” (Dent-Brown & Wang, 2006, p. 322).

On a similar note, MUs showed that *participants experienced performing in front of others as initially intimidating but greatly emboldening* (14 MU, nine studies). Speaking and performing in drama therapy challenged some participants in the first place and caused them to feel vulnerable or embarrassed. However, over time, it led to positive feelings and an increase in social skills and self-confidence. Samira, a Syrian refugee woman living in Lebanon, for example, expressed: “This timidity is disappearing now, I am definitely more confident and less shy” (Sakhi et al., 2020, p. 14). In this regard, participants particularly described a slow and iterative “step by step” (Mondolfi Miguel & Pino-Juste, 2021, p. 12) process as well as a generally supportive environment within the drama therapy group as helpful.

Obstructive Aspects of Drama Therapy

Some clients perceived the process and structure of drama therapy to be obstructive to their therapeutic goals. In total, 47 MUs from 14 studies were extracted within this domain of investigation and categorized across two metacategories and five subcategories. The following describes both metacategories and the associated subcategories.

Meta-Category 8. Difficulties With the Process of Drama Therapy. This metacategory, comprising 30 MUs from 10 studies, describes clients’ difficult experiences with drama therapy that overwhelmed their capacity to tolerate the process or that they found were irrelevant to the process. First, *participants felt emotionally vulnerable to a point of overwhelm while engaging in certain drama therapy activities* (11 MUs, six studies). Clients reported difficulties in exploring uncomfortable emotions within themselves while also being witnessed by others in their personal process. When engaging in a dramatic activity, David, who was in a group treatment program for mentally disordered sexual offenders, admitted “Speaking about my victim and stuff ... sitting on your own chair, she [the facilitator] was sitting next to me; the group were on the outside watching in; it was quite difficult” (Colquhoun et al., 2018, p. 363). Clients also expressed ambiguous feelings about managing the playfulness of drama therapy with the more emotionally revealing aspects. In a study by

Dent-Brown and Wang (2006), when asked to reflect on creating a fictional story about their life, one participant with a diagnosis of borderline personality disorder said, “To be honest it feels a bit worrying, what am I saying about myself telling this story” (p. 321). These feelings of ambiguity and/or worry resulted in some clients desiring drama therapy interventions to be more focused on uplifting themes rather than on real-life challenges. Others reported their confidence had been “knocked” (Colquhoun et al., 2018, p. 363) following the drama therapy intervention.

Moreover, some *clients felt challenged or embarrassed when engaging in drama activities thus limiting their participation in the therapeutic process* (10 MUs, six studies). Clients who had experienced some kind of trauma specifically reported feeling disconnected from their bodies, self-conscious, or even humiliated, particularly when asked to express themselves in an improvised or spontaneous manner. For example, a victim of intimate partner violence who participated in Mondolfi Miguel and Pino-Juste’s (2021) study reported: “Sometimes you want to, but you cannot do it. I like music, but I can’t [move my body], I go back home, and I wonder: Why can’t I?” (p. 14). At times, the implicitly felt expectations of aesthetics within a drama therapy exercise also limited participation. Drawing, for example, which can be part of a drama therapy intervention such as story making, was identified as a limiting factor by one client: “What’s bad about it is that I’m a crap drawer. My drawing looks like a three or four-year-old” (Dent-Brown & Wang, 2006, p. 321).

Additionally, some of *clients reported that either they experienced too little aesthetic distance between the dramatic structures and their therapeutic intent, thus confusing them between what was real and what was not, or this distance was too much, removing them from their real-life problems* (nine MUs, six studies). Anna, a client in her 30s with a history of obsessive-compulsive and substance use disorder described this role confusion as: “At the beginning I was finding it confusing playing a role, between playing a role and how you’re feeling. I was getting mixed up [...] am I playing a role or am I playing me” (Cassidy et al., 2017, p.179). In addition, some clients reported drama therapeutic processes, while enjoyable, were not relevant to their therapy or way of life.

Metacategory 9. Difficulties With the Structure of Drama Therapy. This metacategory, comprising 16 MUs from nine studies, describes clients' experiences about the group structure of drama therapy being ill-suited for therapy. First, *participants perceived the group context as challenging or counterproductive to their therapeutic goals* (10 MUs, five studies). Participants noted difficulties in engaging in group drama therapy given their relationship to other members of the group or their own preferences and personality. Mike, a client with schizophrenia who participated in a forensic drama therapy group for sexual offenders, for instance, acknowledged, "I didn't trust the other people in the group so found it quite hard to do drama with them" (Colquhoun et al., 2018, p. 364). Second, clients described that *drama therapy felt unsuitably brief or lengthy* (seven MUs, five studies). Most MUs within this subcategory indicated that clients felt like they needed more time in drama therapy and that the allotted time was generally too short for their therapeutic process. One woman, for instance, in a study with refugee women in Lebanon, mentioned: "I would always say I wish we had two sessions a week instead of one" (Sakhi et al., 2020, p. 17). However, in one MU from a study that describes a series of workshops for Korean American adoptees, participants stated that the workshops were too long (Kim & Ginther, 2019).

Discussion

This study aimed to describe and contextualize clients' experiences of drama therapy by reviewing and analyzing qualitative research in drama therapy. The posed research questions were: *What aspects of the therapeutic process do clients perceive as supportive and/or obstructive in drama therapy?* In sum, 20 studies reporting on 302 clients of drama therapy were included in a QMA that extracted, sorted, and analyzed clients' experiences across the domains of supportive aspects, supportive but difficult aspects, and obstructive aspects of drama therapy. In sum, 460 unique experiences captured in nine metacategories and 21 subcategories emerged across the three domains. The following aims to provide an overview of these findings and contextualize them within current research efforts in drama therapy.

As per the findings of the study, drama therapy supports clients in understanding themselves better by representing their inner world symbolically, by introducing them to a novel set of experiences, by releasing and regulating their emotions, and by positively connecting them to their body. Drama therapy supports clients in improving their relationships with others by emphasizing communality and agency among group members. Moreover, drama therapy requires clients to step outside their comfort zones to discover new parts of themselves in front of others, which was identified to be a supportive but difficult aspect. Finally, the structure and aesthetically driven processes of drama therapy emerged as potentially obstructive aspects of the work. The identified metacategories across the three domains were on average present in two thirds of the included studies, ranging from 50% to 80% level of convergence. This is comparable to related meta-analyses (Ladmanová et al., 2022; Marren et al., 2022) and suggests that the identified category structure successfully captured common experiences of drama therapy across a broad range of settings and client groups. As the current review included participants from as young as 7–91 years, this finding is noteworthy and might speak to the inherently accessible nature of the arts (Orkibi, 2018). In fact, many adults and older adults noted that they particularly valued the playful aspects of drama therapy, which allowed them to reconnect with a younger version of themselves (Cassidy et al., 2017; Keisari et al., 2023).

The main finding of this analysis is that within published qualitative studies, clients generally perceive drama therapy to be supportive to their therapeutic process. This is in line with the findings of a recent quantitative meta-analysis of drama-based therapies, which identified a positive effect of drama therapy on mental health outcomes (Orkibi et al., 2023). Across studies, clients valued that drama therapy enables them to work on themselves but also appreciated the focus on community in drama therapy practice. While these findings may be similar to other psychotherapy approaches (Levitt et al., 2016), the underlying experiences identified in this analysis do differ and may be unique to drama therapy. In particular, creative, playful, and active modes of expression were highlighted as prevalent experiences of drama therapy across the supportive categories. This is mirrored in recent theoretical conceptualizations of drama therapy (Armstrong et al., 2015, 2016; Frydman et al., 2022), which

center theater- or arts-based processes as the main therapeutic factors in drama therapy (Jones, 1991, 2007). Correspondingly, Orkibi et al. (2017) found client involvement to be directly related to clients' dramatic engagement, meaning the extent to which a client is immersed in the dramatic activities of therapy and, in turn, to the client's therapeutic success.

Accordingly, the biggest category emergent from this analysis related to symbolic representations. It described clients' supportive experience of expressing inner tensions or emotions symbolically via the arts (e.g., scene-work, embodiment, storytelling). While most psychotherapies encourage expression, this specific approach, identified in the literature as dramatic projection (Frydman et al., 2022; Jones, 1991), concretization (Blatner, 1991; Kushnir & Orkibi, 2021), or aesthetic expression (Koch et al., 2016), may be unique to the creative arts therapies and correspondingly has been identified as a joint therapeutic factor in a recent scoping review (de Witte et al., 2021). Notably, creative expression was not merely referred to by clients as an aesthetic product; instead, they viewed it as a way to foster deeper engagement or cultivate new perspectives in the material they presented. Armstrong et al. (2015, 2016), utilizing a self-developed operational definition of dramatic projection (i.e., "the client's externalization of some aspect of their internal experience onto [...] dramatic material," Armstrong et al., 2016, p. 31), found that this process is directly linked to client's emotional arousal and experiencing in therapy, which may be indicative of a deepened engagement in the therapeutic process.

Moreover, clients seemed to value creative approaches within drama therapy because they enabled them to become actively involved in therapy as well as create new experiences that differed significantly from their everyday behavior. Clients noted, for example, how they had never acted before (Keisari et al., 2023) or that they had thought play was only something children could do (Cassidy et al., 2017). This finding effectively negates the common misconception of drama therapy as requiring an extensive background in theater. Moreover, it suggests that it is specifically this novelty of drama therapy that may be driving therapeutic progress in leading clients toward an increased flexibility and openness toward new experiences. In fact, many prominent approaches of drama therapy, such as role theory (Ramsden & Landy, 2021) or developmental transformations

(Johnson & Pitre, 2021), emphasize flexibility as a prime objective of drama therapy. In a recent scoping review on developmental transformations, for example, Sajani et al. (2023) identified increased playfulness, tolerance, and flexibility as commonly observed benefits of therapy. Similarly, Frydman et al. (2022) recognized dramatic play, which they operationalized as a sense of experimentation, imagination, and spontaneity in the therapeutic process, as one of the most frequently reported core processes of drama therapy.

However, it was also observed in this analysis, that introducing novel experiences in therapy may be difficult to calibrate to individual clients. For example, most clients acknowledged creativity as supportive; however, for some clients, particularly those who had experienced trauma, it was also seen as challenging (i.e., outside their comfort zone), thus potentially limiting or obstructing their therapeutic progress. The act of entering or embodying dramatic reality overwhelmed their ability to process emerging therapeutic material, leading to instances where clients either declined participation in certain activities, questioned their relevance (Mondolfi Miguel & Pino-Juste, 2021), or experienced confusion regarding what was real for them from what was not (Cassidy et al., 2017). This result effectively corresponds to findings from other studies on experiential-based therapies (Timulak & Keogh, 2017). In a mixed-methods study on emotion-focused therapy, for instance, clients named psychodramatic chair-work, which requires leading a dialogue with an empty chair, representative of other people or parts of oneself, as an initially difficult or even overwhelming experience (Timulak et al., 2017). In this context, additional research is warranted within the realm of creative arts therapies, as existing empirical evidence has predominantly focused on the benefits rather than the potential negative effects of drama therapy (but see also Kellermann, 1996).

Moreover, these experiences effectively highlight the crucial role of aesthetic distance within the therapeutic process (Landy, 1983, 1996), referring to the titration of aesthetics in encountering therapeutic possibilities. Multiple studies within the present analysis, for example, referred to symbolic representations as creating a safe therapeutic environment (Bradley et al., 2022; Cassidy et al., 2017; Cheung et al., 2022). This result corroborates theoretical conceptualizations of aesthetic distance, which allows to bring even difficult or "unplayable" material from clients into

“an aesthetic form” (Hodermarska et al., 2014, p. 187) and thus extend therapeutic engagement. Accordingly, Buckley (2023) stressed the urgent need for drama therapists to employ aesthetic distance as a moment-to-moment assessment and decision-making tool, particularly in balancing exposure to traumatic content. Drama therapists and other experiential or creative arts therapists may benefit from external supervision to support them in effectively using aesthetic distance to sustain a robust dramatic reality capable of containing the potentially intense affective and physiological work of trauma resolution.

A surprising finding of this present analysis was the minimum references to the therapeutic alliance. Few studies explicitly mentioned the therapist within clients’ experience of drama therapy (Bradley et al., 2022; Cassidy et al., 2017; McKenna & Haste, 1999). Consequently, the only category emerging from this analysis pertaining to the therapist is one of negotiating power dynamics. While this result may be an artifact of the nature of the primary studies as primarily practitioner-based research (i.e., clients may not always feel comfortable commenting about the therapist/researcher after concluding a session with them), it contrasts extant reviews and qualitative meta-analyses from other forms of psychotherapy (Levitt et al., 2016; Marren et al., 2022; Timulak & Creaner, 2010) and diverges from extant theoretical conceptualizations of drama therapy (Williams, 2017, 2020). The present findings suggest that for the clients the role of the therapist within drama therapy may be less pronounced in comparison to the more prevalent creative process. These findings effectively add to the theory, prominent within the creative arts therapies, of a triangular or multidimensional relationship between the client, therapist, and the art form (Frydman et al., 2022; Orkibi & Keisari, 2023). As this is one of the main aspects in which the creative arts therapies differ from other psychotherapy approaches, further research as well as instruments assessing this multidimensional relationship are needed (Bat Or & Zilcha-Mano, 2019; Schulze, 2019).

This triangular relationship in the creative arts therapies can be inherently connected to the social and political facets of the client’s and therapist’s identities and experiences in life (Jones, 2021). Thus, there is a need to further investigate how clients perceive power and privilege as determining factors in their drama therapy process (Williams,

2020). In an international survey of practicing drama therapists, respondents perceived various identity markers such as gender and age but also spirituality, political beliefs, socioeconomic status, professional identity, nationality, and disability impacting the therapeutic relationship in drama therapy (Dokter & Sajani, 2023). Interestingly, these issues were not mentioned explicitly by clients in the present analysis. In fact, some clients highlighted the equal relationship they felt with their therapist as a supportive aspect of drama therapy albeit without mentioning the sociocultural identity markers of either the therapist or themselves (McKenna & Haste, 1999; Musicka-Williams, 2020; Sakhi et al., 2020). In this regard, it should be noted, that the current research could not ascertain whether clients were asked about issues of power. As such, questions remain: First, what facilitates clients to share, or not share, how they perceive their intersectional identities in relation to their therapist while engaging in drama therapy? Second, what is lost when questions about identity and power remain unexplored? Consequently, the silence of clients regarding sociocultural issues identified in the present analysis should be interpreted with caution and seen as an invitation for further research.

Limitations and Further Research

Although several credibility checks were implemented throughout the research process to enhance the rigor of analysis, several limitations of the current research should be noted that may ultimately limit its transferability. First, it needs to be acknowledged that, just as the initial research, the process of QMA is inherently interpretive and necessarily limited by the perspectives of the researchers (i.e., triple hermeneutic, Timulak & Creaner, 2022). By only including peer-reviewed articles, following a preregistered protocol, and adhering to peer-reviewed methods and reporting standards, the research team attempted to reduce the high risk of bias. Nonetheless, a certain level of subjectivity within the presented findings cannot be denied. It is worth noting that only published material could be extracted from the primary studies and that the research team did not have the insight into the complete data collection process (e.g., recruitment process, scope of interview questions). Consequently, while this study sought to identify experiences from clients, it was only able to utilize

reports that, although obtained from clients, were ultimately reported by researchers. As such, there is a risk that the reported data might have been misrepresented and limited for the purpose of publication and do not necessarily reflect the intended meanings of the clients.

Moreover, restricting the search parameters to only identify articles published in English or German introduced a language bias that effectively limited the scope of the literature search (Neimann Rasmussen & Montgomery, 2018). While the quality of the primary studies was generally perceived to be adequate, this review identified some common limitations, which impact the trustworthiness of the primary studies and by extension this meta-analysis. First, some studies failed to adequately report ethical considerations of their research. To ensure safe and proper practice within drama therapy research, it is vital that future studies are conducted within clearly reported ethical bounds (Thompson & Chambers, 2012). Second, a pervasive issue across studies was an inadequate reporting of researchers' ontological assumptions, potential biases, and their own sociocultural positionalities. As qualitative research both in data collection and analysis requires the active involvement of the researcher, reflexive practice regarding one's theoretical and personal preconceptions is crucial in enhancing its trustworthiness. This is particularly prevalent within psychotherapy, where researchers often embody the dual role of researchers and therapists (i.e., practitioner-based research; Barham, 2003). Lastly, some studies failed to implement proper credibility checks to enhance the rigor of their analysis. Going forward, qualitative researchers within drama therapy may benefit from utilizing reporting checklists of qualitative (Levitt et al., 2018; Tong et al., 2007) or mixed-methods research (O'Cathain et al., 2008). Notably, none of the included primary studies made use of these tools.

Furthermore, limitations within the primary studies pertaining to analysis and sampling also limited the scope of this QMA. First, it was notable that the positive experiences of drama therapy within the current review outweighed the negative by a factor of almost nine to one. While this may speak to a generally positive perception of drama therapy, it may also indicate an underreporting of obstructive aspects. Moreover, as noted above, this research did not have insight into the scope and process of the data collection of the primary studies. As such, the lack of data of

negative experiences of drama therapy may also be due to the fact that the primary studies were not set up to investigate these experiences. While this issue has been observed across psychotherapy research (Hardy et al., 2019; Vybíral et al., 2024), it demonstrates a need for a more comprehensive analysis of drama therapy practice that allows for both positive and negative aspects to be identified.

Additionally, it should be acknowledged that while this study sought to provide a comprehensive assessment of clients' experiences of drama therapy, it was unable to ascertain what clients were sampled within the primary studies (see Supplemental Material). For example, it was notable that only six articles provided proper specification of participants' cultural backgrounds indicating that people from minority groups may be underrepresented or not identified in drama therapy research (Lee et al., 2023). Furthermore, it was identified that predominantly women and girls were being recruited as research participants in the primary studies. These sampling biases effectively limit the transferability of the presented findings of this QMA and call for an increased awareness of issues of sampling within drama therapy research and accessibility within drama therapy practice. While the identified gender contrast may be related to an increased tendency for women to participate in qualitative research (Robinson, 2014), it may also be indicative of the types of people attracted to drama therapy in general. In fact, the gender split identified within the current review effectively mirrors the makeup of professional drama or creative therapists in the United States and Europe (Barham, 1995; Frydman & Segall, 2016; Oster & Melches, 2018). As such, this issue warrants further study (Holmwood, 2019).

Lastly, the bibliometric appraisal within this analysis indicated a recent increase in activity within qualitative research centering clients' experiences, matching general trends (Constien & Junker, 2023a; Korde et al., 2023), and indicating an increased awareness within the field of the importance to include clients in research (Klees, 2020; Sajjani, 2021). In line with the criteria of evidence-based practice (Straus et al., 2019), qualitative methods allow an in-depth evaluation of the process of drama therapy while centering the experience of clients and as such remain crucial in the ongoing development of the field. Furthermore, qualitative findings, as demonstrated in this analysis, may be utilized in developing and

refining theories of the creative arts therapies, such as the core processes (Frydman et al., 2022) or the recently drafted theory of change (Orkibi & Keisari, 2023). Future studies may build on these theoretical conceptualizations to identify specific mechanisms of change within drama therapy and ensure they are corresponding to the clients' experiences. Within this endeavor, procedures of qualitative psychotherapy process research (Elliott, 2010; Timulak & Keogh, 2017) may be relevant resources guiding further investigations (e.g., Biancalani et al., 2023; Shamir, 2019).

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