The Arts in Psychotherapy 86 (2023) 102096

Contents lists available at ScienceDirect

The Arts in Psychotherapy

journal homepage: www.elsevier.com/locate/artspsycho

Review article

A systematic review of dramatherapy interventions which are used to support adult participants' mental health in forensic settings

Eleanor Keiller [a,*,1], Eleanor Melvin [b,2], Meabh Ivers [c], Rachel Lambie [d,3], Jane Bourne [e,4]

[a] Centre for Psychiatry and Mental Health, Queen Mary University of London, UK
[b] University of Warwick, UK
[c] Ulster University, UK
[d] Anglia Ruskin University, NESSie in Ed CIC, UK
[e] Northumberland Tyne and Wear NHS foundation Trust, Cumbria, UK

ARTICLE INFO

Keywords:
Dramatherapy
Arts therapy
Creative therapies
Forensic
Prison
Mental health
Mental illness
Offenders

ABSTRACT

A growing number of people in the criminal justice system require mental health care. At the same time, in the UK at least, gaining access to forensic mental health services is becoming increasingly difficult. Dramatherapy, which may be a useful treatment in forensic settings, such as prisons and secure hospitals, has not before been systematically reviewed in this context. Seven databases and 10 journals were searched for all available literature. From 6724 sources, 12 papers were suitable for inclusion. Data relating to participant and intervention characteristics, methods used to measure effect, and qualitative and quantitative effects were extracted. Quantitative data were used to calculate effect sizes (Cohen's *d*) and qualitative data were subjected to content analysis. Varied participant and intervention characteristics suggest flexibility in provision, however, forensic dramatherapy was most often delivered in the UK (33%) to groups (66%) of male (75%) adults with personality disorder (42%). Effects were measured both qualitatively and quantitatively; the use of quantitative outcome measures (42%) and the collection of participant feedback (42%) were most popular. Effect sizes ranged from $d = 0.01$ to $d = 1.25$. Large effects were seen with regards to reduced anger and increased emotional activation, however, studies were often uncontrolled. Qualitative results suggest that participants experienced new ways of being, were able to express themselves and felt supported by the group or therapist. The quantitative and qualitative results of forensic dramatherapy suggest promise, however, the evidence base is currently small. Further, methodologically strong research is encouraged.

Introduction

An estimated 11.5 million people worldwide are in prison (Fair & Walmsley, 2021). In the UK, following a brief reduction during the Covid-19 pandemic, the prison population is now approximately 80,000 (Fair & Walmsley, 2021). This figure is steadily increasing and approaching the record high figure of approximately 88,000 which was recorded in 2011 (Sturge, 2022). Across Europe, a similar post-pandemic increase in prison figures is also observed. Such increasing populations have led to overcrowding in both the UK (MacDonald, 2018) and some EU countries (Eurostat, 2023). Combined with reduced staffing capacity (Ministry of Justice, 2022) and, for the UK at least, due to government imposed austerity measures (Ismail, 2020), the wellbeing of people in the criminal justice system is suffering. Mental health is a serious and growing issue in prisons and forensic settings. According to the UK-based National Audit Office and the Ministry of Justice, 51% of male and 76% of female prisoners reported mental health difficulties between 2021 and 2022 (National Audit Office, 2022). Increasing numbers of self-harm and suicide were also reported, with 52,972 self-harm incidents recorded in the 12 months to June 2022 (National Audit Office, 2022). Across Europe, data from the World Health Organisation suggests that approximately one third of prisoners

* Corresponding author.
E-mail addresses: elliekeiller@gmail.com, e.keiller@qmul.ac.uk (E. Keiller).
[1] Orcid ID: https://orcid.org/0000–0002-2316–3019
[2] Orcid ID: https://orcid.org/0000–0002-5996–7721
[3] Orcid ID: https://orcid.org/0000–0002-7179–1650
[4] Orcid ID: https://orcid.org/0000–0001-8534–4264

https://doi.org/10.1016/j.aip.2023.102096
Received 31 May 2023; Received in revised form 24 October 2023; Accepted 25 October 2023
Available online 30 October 2023

have a mental health condition, however, they also note that due to significant underreporting of noncommunicable diseases, this figure is likely to be much higher (World Health Organisation, 2023). Amongst other things, complex psychosocial needs, a history of trauma, experience of unemployment, poverty and substance abuse can contribute to increased levels of mental illness and distress in prison populations (Durcan & Zwemsta, 2014). For those in the criminal justice system with pre-existing severe mental health needs, or in the case of those with learning disabilities or Autism, forensic mental health services also operate in high, medium and low secure settings. Whilst in some EU states, the number of forensic beds has increased in recent years, this is not true of all EU states (Tomlin et al., 2021) despite increasing need.

Access to both physical and mental healthcare is an important service that people who are in forensic settings should be afforded with no exception (HM Prison and Probation Service, 2023). However, with data suggesting that mental health typically gets worse in prison (National Audit Office, 2017) and with many people in both UK (Health and Social Care Committee, 2018; National Audit Office, 2017), and EU prisons (Pont & Harding, 2019) finding it difficult to access the healthcare services to which they are entitled, more must be done to support prisoner health and wellbeing. One treatment, which is currently offered in forensic settings, and which may be useful for prisoner mental health if provision is expanded, is dramatherapy. Dramatherapy is a creative form of psychotherapy that uses elements of theatre and drama to enable the therapeutic process. It is described by the British Association of Dramatherapists as an intervention which supports the development of 'creativity, imagination, learning, insight and growth' (British Association of Dramatherapists, 2020). Dramatherapy is one of four arts therapy modalities (alongside art therapy, music therapy and dance movement psychotherapy); all modalities are currently delivered in UK forensic settings and are recognised as being relevant to offenders on long-term or life sentences, to offenders with poor mental or physical health, to young offenders and as part of rehabilitation programmes (Teasdale, 1999).

This review is primarily concerned with the second area identified above: "clients who are at risk of mental and / or physical ill-health or self-harming" (Teasdale, 1999, p. 266). By focusing specifically on dramatherapy for offender mental health and mental ill health, this paper aims to synthesise the available data and to provide clear and focused research findings which may be usefully applied to the field in future. As such, the research questions of this review are as follows:

Research Question 1 (RQ1) - What are the population characteristics (such as age, gender and diagnosis) of participants who are engaged in dramatherapy for mental health in forensic settings?

Research Question 2 (RQ2) – What are the intervention characteristics (such as length of sessions, number of sessions and setting) of dramatherapy for mental health in forensic settings?

Research Question 3 (RQ3) - Through what methods are the effects of dramatherapy for mental health in forensic settings measured?

Research Question 4 (RQ4) - What is the qualitative and quantitative effect of dramatherapy for mental health which is delivered in forensic settings?

Methods

The Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) guidelines were applied throughout this systematic review (Moher et al., 2009). The protocol was registered in advance of the study commencement on PROSPERO (CRD42022374606).

Search strategy

A comprehensive search was conducted in seven electronic databases (PsychInfo, PubMed, Scopus, Web of Science, EMBASE, CINAHL and Cochrane) for all existing studies which were relevant to this review. Search terms were identified using the PICO framework which supports researchers to identify the (P) population and (I) intervention of interest, the (C) control condition and (O) outcomes of interest. The strategy presented in Table 1 was then employed. Database specific truncation and relevant indexing terms were also applied. The database searches were conducted in November 2022.

Hand searches of relevant journals (Dramatherapy Review, Dramatherapy, The Arts in Psychotherapy, The Prison Journal, International Journal of Offender Therapy and Comparative Criminology, Journal of Correctional Health Care, Journal of Criminal Justice, International Journal on Prisoner Health, Health and Justice Journal, International Journal of Forensic Mental Health) were also conducted by two authors [EK] [EM]. Hand searches were conducted in December 2022.

Eligibility criteria

In order to be eligible for this review, studies were required to be a) regarding dramatherapy in forensic settings b) peer-reviewed articles which were published in English on any date c) relating to adults aged 18 + years (including participants with neurodiversity and learning disabilities) d) relating to dramatherapy which was used for mental health (either alone or in conjunction with another intervention) e) comprised of empirical research with quantitative and / or qualitative data. Studies which were related to the experience or management of anger were also deemed suitable for inclusion in this review; the authors determined that anger and mental health were entwined and it was advantageous to this review to include them.

Studies were excluded from this review if they were: a) regarding a drama club, lesson or group and / or the session was not led by an accredited therapist b) relating to psychodrama (as the training and practice differs significantly from that of dramatherapy (Kedem-Tahar & Felix-Kellermann, 1996)) c) concerning trainee therapists or practitioners d) not original research (such as review articles, book reviews, media reviews, editorials, obituaries, or examples / illustrations / vignettes) e) unpublished or published student theses.

Data extraction

Data were independently extracted by two authors [EK] [EM] using a piloted data extraction form. Any differences in the data extracted were agreed via discussion. One author [EK] also applied the TiDieR checklist (Hoffmann et al., 2014) in order to ensure appropriate intervention descriptors were extracted.

Data relating to the study characteristics (such as the date, author(s), country of publication, study design), to population characteristics (such as age, gender, diagnostic information, length of sentence) and to the intervention characteristics (number and frequency of sessions, group versus one-to-one) were extracted.

Assessment of quality

Studies that were eligible for this review were independently assessed for quality by three authors [EK] [MI] [RL] using the Joanna Briggs Institute (JBI) suite of critical appraisal tools (2020). The authors elected to utilise a pre-existing risk-of-bias tool in order to robustly assess the quality of the studies retrieved and also to allow for potential comparison to other fields' research and evidence base. The JBI suite was specifically selected for use in this study as it offers a range of design-specific appraisal tools which would be suitable for the range of study types that were expected to be retrieved.

Once the studies had been independently rated using the JBI, the authors [EK] [MI] [RL] met to discuss and agree upon their ratings. Due to the relatively small amount of literature regarding dramatherapy, and in order to make sound recommendations for future research in the area, no studies were excluded from this review on the basis of quality.

Data synthesis

RQ1 and RQ2 of this review related to participant and intervention characteristics respectively; the data relating to these questions were extracted and presented both narratively and visually, in a table. Data relevant to RQ3, which sought to determine the range of methods via which effect is measured in forensic dramatherapy, was also tabulated.

RQ4 sought to determine both the qualitative and quantitative effect of dramatherapy in forensic settings. Quantitative data relating to mental health outcomes were extracted and, using pre- to post-intervention means, effect sizes (Cohen's *d*) were calculated. Relevant qualitative data were extracted and placed into NVivo which is a specialist computer software programme for the analysis of qualitative data. The data were subjected to content analysis and the findings are presented narratively. Content analysis was selected for this synthesis as it is an effective, and transparent, method for the systematic reduction and interpretation of large bodies of text. In line with ENTREQ guidelines (Tong et al., 2012), which are followed throughout the reporting of this review, the coding strategy applied to the analysis is presented.

Due to significant heterogeneity in the studies retrieved for this review, it was not possible to conduct a meta-analysis. This review, therefore, follows the synthesis without meta-analysis (SWiM) reporting guidelines (Campbell et al., 2020).

Results

The systematic search (databases and hand searches) yielded a total of 6724 sources; 857 of these were duplicates which were subsequently removed. The remaining 5867 sources were screened using the title and abstract by the lead author [EK]. 25% of these were also screened by the second author [EM] and any inconsistencies were agreed via discussion. 5811 sources were excluded at this stage due to not meeting the inclusion criteria. The remaining 56 papers underwent full text screening, of which, 100% and 25% was completed by the first [EK] and second [EM] author respectively; inconsistencies were agreed via discussion. After the full text screening stage, a total of 12 studies were deemed suitable for inclusion in this review. A PRISMA flow diagram (Moher et al., 2009), outlining both the stages and reasons for exclusion, is provided in Fig. 1.

Study characteristics

Of the 12 studies included in this review, four were published in the UK, three were published in the USA and three were published in the Netherlands. Of the remaining two studies, one study was published in Lebanon and one was published in Germany. The date of the studies ranged from 1998 to 2022, however, only one study was published before 2000; two were published in 2007 and the remaining nine had been published since 2011.

Five of the studies included in this review were quantitative and the authors had collected pre- and post- intervention data; just two of these studies utilised a control condition (however, one of these was non-randomised). In one study, qualitative data was collected via semi-structured interviews. Of the remaining six studies, five were case studies and one was a case series.

The total number of participants in each study ranged from one to 47 across all study types. The largest study was a non-randomised controlled study wherein 29 participants received the dramatherapy intervention and 18 participants received the control. A breakdown of all study characteristics is provided in Table 2.

Table 1
Search strategy employed in this review.

Dramatherap* OR	Forensic OR	Mental Health OR
Drama Therap* OR	Prison* OR	Mental Illness OR
Drama Psychotherap* OR	Jail* OR	Mentally Ill OR
Theatre Therap* OR	Correction* OR	Mental Well being OR
Arts Therap* OR	Crim* OR	Mental Wellbeing OR
Creative Arts Therap* OR	Penal* OR	Mental Disord* OR
Psychodrama*	Confine* OR	Anxi* OR
AND	Justice OR	Depress* OR
	Offend* OR	Bipolar* OR
	Convict* OR	PTSD OR
	Felon* OR	Post-Traumatic Stress Disorder
	AND	OR
		Schizophren* OR
		Eating disord* OR
		Personality Disord* OR
		Trauma* OR
		Anger

Population characteristics (RQ1)

Across 11 studies included in this review, the total number of participants was 148. Of these, 22 received a control intervention. In one study, it was unclear how many participants were involved. The overall population characteristics, which are discussed in more detail below, were varied and can be viewed in Table 2.

Age: The ages of the participants involved in this review ranged from 18 years old to over 50 years old. It was not possible to calculate a mean age for the sample due to incomplete and inconsistent reporting across the studies.

Gender: Nine of the studies in this review pertained solely to dramatherapy with male participants. Two studies related to dramatherapy with female participants one related to dramatherapy with both male and female participants.

Ethnicity: Inconsistent detail regarding participants ethnicity was provided in the included studies. In one study, a percentage breakdown of participants' ethnicities was provided; this included African American, white, Hispanic, Asian / Pacific Islander and Native American participants (Leeder & Wimmer, 2007). In one study, the ethnicity of two participants were described (bi-racial and Native American) however, the ethnicity across the group was not discussed (Stahler, 2007). In two studies, mother tongue was used to further understand the (potential) ethnicity of participants and the languages spoken included German, Russian, Turkish and Cherokee (a native North American language) (Bornmann, 2022; Koch et al., 2015). In two studies, participants were identified as being British (Colquhoun et al., 2018; Reiss et al., 1998), and in one study, Lebanese (Daccache, 2022). In the remaining five studies, no information regarding ethnicity was provided.

Socio-economic status: Education and employment history was discussed in three of the included studies (Colquhoun et al., 2018; Koch et al., 2015; Leeder & Wimmer, 2007). In nine of the included studies, no data relating to participants' socio-economic status was provided.

Presenting problem / diagnosis: Whilst all studies included in this review were required to relate to participant mental health or mental illness, a range of presenting problems or diagnoses were present in the sample. Similarly, studies with multiple participants tended towards heterogenous groups with multiples diagnoses or disorders within them.

Personality disorders were present in five studies and substance issues or addiction were present in four studies. Psychotic disorders, such as schizophrenia, were present in four studies and sexual or paraphilic disorders were present in two. Low mood, anxiety and general mental health difficulties were present in a further four studies. In one study, the sample had been "labelled by the Lebanese Penal Code as 'insane, mad, or possessed" however, Alzheimer's and bipolar were also mentioned in this study (Daccache, 2022, p. 9).

Nature of offence: The nature of participants' offences was reported in eight of the included studies. As with diagnoses, varied and multiple offences were present within each study. Murder, homicide and causing death were present in five studies and sexual offences were also present in five studies. Assault or violence were present in six studies, arson was present in one study and theft and property related crimes were present in three studies. In four studies the nature of participants' crimes was not

reported.

Intervention characteristics (RQ2)

Setting: The studies involved in this review all took place in forensic settings, however, some variety, such as with regards to the level of security, was present across the sample. In two studies, the setting was described simply as prison or jail and no information regarding the level of security or nature of the setting was provided (Bornmann, 2022; Koch et al., 2015). High- or maximum-security hospital was used to describe the settings of two studies (Keulen-de Vos et al., 2017; van den Broek et al., 2021) and medium security was used for one study (McAlister, 2000). In four studies, the setting was described clinically and descriptions such as 'secure forensic hospital' (Colquhoun et al., 2018), 'psychiatric unit of a prison' (Daccache, 2022), 'forensic psychiatric centre' (van den Broek et al., 2011) and 'young person's unit in a forensic hospital' (Reiss et al., 1998) were used. Two studies described their settings as residential facilities; one as a 'residential recovery centre' (Stahler, 2007) and one as a 'residential drug & alcohol treatment facility' (Leeder & Wimmer, 2007). In one study (Stamp, 2000), the setting was not described, however, due to the title of the study, it was known to be a forensic setting and thus, suitable for this review.

Mode of delivery: In eight of the studies included in this review, the mode of delivery was group dramatherapy. In four studies dramatherapy was delivered as a one-to-one intervention.

Number of sessions: In six of the studies included in this review, the number of sessions ranged from 5 to twelve. In one study an intensive approach was taken and dramatherapy was delivered as a three-day workshop (Colquhoun et al., 2018). In five studies, the number of sessions was not reported however, in three of these, the period of therapy lasted for between one and two years.

Duration: In four studies, the sessions ranged from 45 min to one hour. In one study, sessions were 1.5 h (Leeder & Wimmer, 2007) and, in another, following the more intensive model of delivery, the sessions

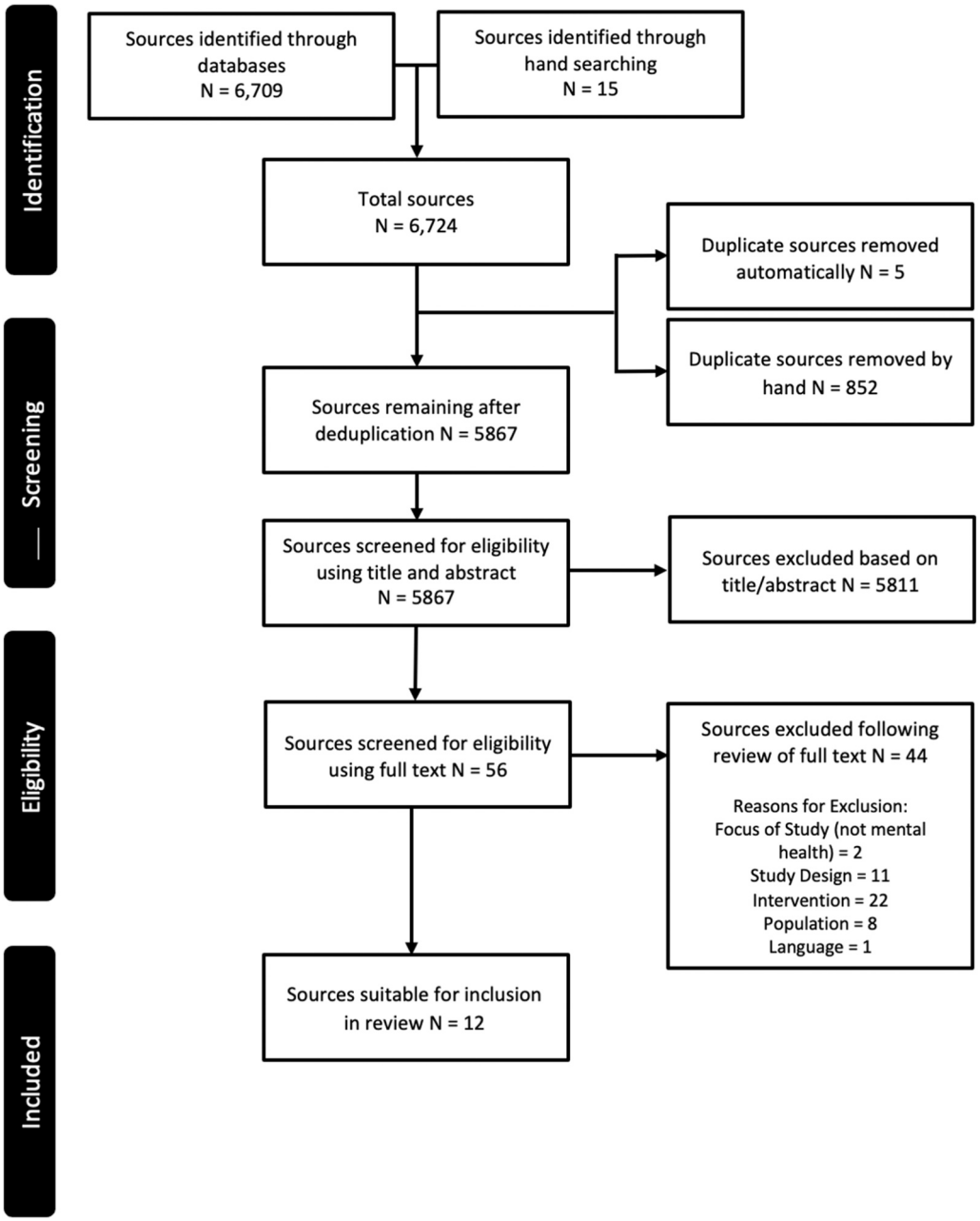

Fig. 1. Systematic search process reported according to PRISMA guidelines.

Table 2
Description of included studies; including participant (RQ1) and intervention (RQ2) characteristics and methods used to measure effect (RQ3).

	Study ID	Location		Condition		Participants					Intervention					Effect
		Country	**Setting**	**Experimental Condition**	**Control Condition**	**No. of Participants**	**Age**	**Sex**	**Presenting Problem / Diagnosis**	**Nature of Offence**	**No. of Sessions**	**Freq. of Sessions**	**Duration of Sessions**	**Format**	**Group Size**	**Outcome Measures / Measures of impact**
Randomised Controlled Trials	van den Broek et al. (2011)	Netherlands	Forensic Psychiatric Centre	Arts therapies & schema focused therapy	Arts therapies & treatment as usual	Intervention N = 6 Control N = 4	40.7 years (mean)	Male	Substance, paraphilic, mood, anxiety & personality disorders	Murder, manslaughter, sex offences, assault or property crimes	N/R	Weekly	N/R individually Total 1–1.5 years	One to one	N/A	Mode Observation Scale, Therapy Integrity Scale
Non-Randomised Experimental Studies	Reiss et al. (1988)	UK	Young Person's Unit Forensic Hospital	Dramatherapy	N/A	Intervention N = 12 Control N = 0	25.8 years (mean)	Male	Personality disorders, paranoid schizophrenia & schizoaffective disorder	Homicide, rape, child sex offences & assault	5	Daily	N/R	Group	4–6	Adapted NOVACO, STAXI, workshop ratings
	Koch et al. (2015)	Germany	3 Prisons (no further information given)	Movement & dramatherapy anti-violence training	Waitlist	Intervention N = 29 Control N = 18	34 years (mean)	Male	Anger & aggressive behaviour	N/R	5	Daily	7 h (including 1.5 h break)	Group	8–12	STAXI, Control Beliefs Questionnaire, Consciousness of Body Scale Questionnaire, Buss-Perry Aggression Questionnaire, Heidelberg State Inventory
	Keulen-de Vos et al. (2017)	Netherlands	Maximum secure hospital	Dramatherapy	N/A	Intervention N = 9 Control N = 0	38.2 years (mean)	Male	Cluster B personality disorders	Aggression causing harm to others or death	5	Weekly	45 min	Group	9	Mode Observation Scale
	van den Broek et al. (2021)	Netherlands	High secure hospital	Arts Therapy	N/A	Intervention N = 8 Control N = 0	41.2 years (mean)	Male	Substance, paraphilic & personality disorders	Sex offenses, assault, murder, arson & property crimes	5	N/R	50 min	Group	8	Mode Observation Scale, Schema mode inventory
Qualitative Studies	Colquhoun et al. (2018)	UK	Secure forensic hospital	Dramatherapy (alongside CBT)	N/A	Intervention N = 5 Control N = 0	25–50	Male	Paranoid schizophrenia, personality disorder, Asperger syndrome	Sex offences, homicide	"Intensive three-day dramatherapy workshop in week 12" (of an 18-week programme)			Group	N/R	Semi-structured interviews with 5 participants
Case Series	Stamp (2000)	UK	N/R	Dramatherapy	N/A	Intervention N = 3 Control N = 0	20–40	Mixed	Mental health difficulties	Sexual offences, violence & theft	N/R	N/R	N/R individually Total approx. 1 year	One to one	N/A	Therapist / author reflections are provided
Case Studies	McAlister (2000)	UK	Medium secure hospital	Dramatherapy	N/A	Intervention N = 1 Control N = 0	N/R	Male	Paranoid schizophrenia	N/R but violent relapses are mentioned.	N/R	N/R	N/R individually but at least 2 years	One to one	N/A	Therapist / author reflections are provided
	Leeder & Wimmer (2007)	USA	Residential drug & alcohol treatment facility	Dramatherapy	N/A	Intervention N = 40 Control N = 0	18–45	Female	Addiction	N/R	12	Weekly	1.5 h	Group	Average of 8	Participant feedback & brief written performance pieces are provided

(*continued on next page*)

Table 2 (*continued*)

Study ID	Location		Condition		Participants				Intervention					Effect
	Country	Setting	Experimental Condition	Control Condition	No. of Participants	Age	Sex	Presenting Problem / Diagnosis	Nature of Offence	No. of Sessions	Freq. of Sessions	Duration of Sessions	Format	Group Size	Outcome Measures / Measures of impact
Stahler (2007)	USA	Residential recovery centre	Dramatherapy	N/A	Intervention N = 12 Control N = 0	N/R in full (24 & 43 are mentioned)	Female	Addiction	N/R	N/R	N/R	N/R individually Total of 12 weeks	Group	8–12	Participant feedback, images of created masks & brief written excerpts are provided
Daccache (2022)	Lebanon	Psychiatric unit of a prison	Dramatherapy	N/A	N/R	N/A	Male	"Labelled by the Lebanese Penal Code as 'insane, mad, or possessed" Alzheimer's, bipolar & schizophrenia are also mentioned	Murder & substance related crimes are mentioned	N/R	2 or 3 times per week	45 min Total of 15 months	Group	"Small"	Therapist / author's discussion of the intervention's impact on policy, the community & individual participant lives
Bornmann (2022)	USA	Jail (no further information given)	Dramatherapy (particularly mask work)	N/A	Intervention N = 1 Control N = 0	Over 50	Male	Mental health difficulties	N/R	6	N/R	1 h	One to one	N/A	Indirect report of participant comments by author

Abbreviations:
N/R = Not recorded
N/A = Not applicable
Staxi = State Trait Expression Inventory (Spielberger, 2010)

were 7 h (Koch et al., 2015). In six studies the duration of sessions were not reported.

Frequency: In three studies sessions were delivered weekly and, in a further three, sessions were delivered daily as part of an intensive model or programme. In one study, sessions were delivered 2–3 times per week (Daccache, 2022). In five studies, the frequency of sessions was not reported.

Methods for measure of effect (RQ3)

Across the twelve studies, a range of methods were used to measure the effect of dramatherapy on areas such as mental health symptoms, social and community impact and with regards to participant experience. The most popular method for measuring and reporting effect was the collection and presentation of participant feedback; this was present in five studies (Bornmann, 2022; Colquhoun et al., 2018; Leeder & Wimmer, 2007; Reiss et al., 1998; Stahler, 2007) and took both quantitative and qualitative form. Therapist and author reflections on participants' progress (McAlister, 2000; Stamp, 2000) and the presentation of participants' arts-based outputs (Leeder & Wimmer, 2007; Stahler, 2007) were also used in the studies; these methods were present in two studies each. In one study (Daccache, 2022), a detailed qualitative description of the intervention's impact on the wider community, including national policy changes, was also given. Quantitative measures of effect were employed in five studies (Keulen-de Vos et al., 2017; Koch et al., 2015; Reiss et al., 1998; van den Broek et al., 2011; van den Broek et al., 2021) and, within these, a total of ten different outcome measures were used. A detailed breakdown of measures used, and the quantitative effects measured, are provided in Table 3. Other measures of effect included a training progress questionnaire and a movement observation using the Kestenberg Movement Profile (Kestenberg-Amighi et al., 2018) (Koch et al., 2015) and a 5-point workshop rating scale (Reiss et al., 1998).

Qualitative and quantitative effects (RQ4)

Quantitative findings

As can be seen in Table 3, across the five studies reporting quantitative data, 10 measures relating to participant mental health were reported on. The pre-to-post intervention effect sizes ranged from $d = 0.01$ to $d = 1.25$ thus reflecting a varied level of change. Regretfully, in one study (van den Broek et al., 2011), the intervention related to the arts therapies as a whole and it was not possible to extract dramatherapy specific data.

Some of the largest intervention effects in this review were seen in Reiss et al. (1998). In this study, a therapeutic theatre project was used to affect levels of anger in offenders with mental disorders. Following the use of an adapted NOVACO scale (Novaco, 1974), large effects were seen with regards to reduced anger and reduced reactivity in participants after the intervention; the effect sizes were $d = 1.08$ and $d = 0.92$ respectively. This paper was the only one in this review which conducted follow-up data collection and the large effects seen in the adapted NOVACO (Novaco, 1974) were maintained at three-month follow-up. The State-Trait Anger Expression Inventory (Spielberger, 2010) was also used in this paper but did not yield such large effect sizes despite also measuring anger; the mean pre- to post-intervention effect size for this outcome measure was small at $d = 0.27$. Interestingly, at three month follow up, the mean effect size increased to $d = 0.63$ which is considered a medium effect. Contributing to this follow-up figure were also several large effects relating to reduced general feelings of anger ($d = 0.81$) and increased attempts to control anger ($d = 0.94$). It should be noted that the adapted NOVACO scale (Novaco, 1974) had not been subjected to formal reliability and validity studies and, as such, the authors utilised the State-Trait Anger Expression Inventory (Spielberger, 2010) to validate their findings.

Large effects were also seen in this review in a paper by van den

Table 3
Quantitative outcome measures and related effect sizes (Cohen's *d*) (■ = large ■ = medium ■ = small).

	Study ID	Outcome Measure	Sub-Scale	Intervention Effect Size Baseline to Post Intervention (*d*)	Intervention Effect Size Baseline to Follow Up (*d*)	Control Effect Size (*d*)
Randomised Control Trial	van den Broek et al., 2011	Mode Observation Scale	N/A	Not possible to extract dramatherapy only data	N/A	Not possible to extract dramatherapy only data
		Therapy Integrity Scale	N/A		N/A	
Non-Randomised Experimental Studies	Reiss et al., 1988	NOVACO Anger Scale (Adapted)	"How angry"	1.08	0.99	N/A
			"How reactive"	0.92	1.13	N/A
		State-Trait Anger Expression Inventory	S-Anger (current anger)	0.26	0.34	N/A
			T-Anger (general anger)	0.39	0.81	N/A
			Ax/in (supressed anger)	0.23	0.37	N/A
			Ax/out (anger expressed towards others)	0.22	0.68	N/A
			Ax/con (attempted control of anger)	0.26	0.94	N/A
	Koch et al., 2015	Agression Implicit Association Test	N/A	Not reported due to computer illiteracy of participants and low trust in subsequent data	N/A	Not reported due to computer illiteracy of participants and low trust in subsequent data
		State-Trait Anger Expression Inventory	T-Anger (general anger)	0.02	N/A	0.43
			Ax/in (supressed anger)	0.26	N/A	0.08
			Ax/out (anger expressed towards others)	0.02	N/A	0.05
			Ax/con (attempted control of anger)	0.03	N/A	0.08
		Control Beliefs Questionnaire	Self-Concept	0.23	N/A	0.02
			Internal LoC	0.21	N/A	0.17
			External LoC, social	0.18	N/A	0.07
			External LoC, fatalistic	0.07	N/A	0.01
		Consciousness of Body Scale Questionnaire	Private Body Consciousness	0.45	N/A	1.28
			Body Competence	0.49	N/A	0.4
		Buss-Perry Aggression Questionnaire (Short form)	Physical	0.07	N/A	0.03
			Verbal	0.13	N/A	0.07
			Hostility	0.3	N/A	0.08
			Anger	0.05	N/A	0.07
		Heidelberg State Inventory	Tension	0.34	N/A	0.13
			Positive Affect	0.004	N/A	0.07
			Anxiety	0.22	N/A	0.01
			Depressed Affect	0.12	N/A	0.1
	Keulen-de Vos et al., 2017	Mode Observation Scale	Vulnerability Peak Score (Post Session 3)	0.08	N/A	N/A
			Vulnerability Peak Score (Post Session 4)	0.2	N/A	N/A
			Anger Peak Score (Post Session 3)	0.58	N/A	N/A
			Anger Peak Score (Post Session 4)	0.14	N/A	N/A
	van den Broek et al., 2021	Mode Observation Scale	Emotional Vulnerability Score (Post Session 3)	1.5	N/A	N/A
			Emotional Vulnerability Score (Post Session 4)	1.25	N/A	N/A
		Schema mode inventory	Emotional Vulnerability Score (Post Session 3)	0.31	N/A	N/A
			Emotional Vulnerability Score (Post Session 4)	0.07	N/A	N/A

Abbreviations:
Ax = Anger
LOC = Locus of control

Broek et al. (2021). In this paper, the arts therapies were used to evoke emotional vulnerability in forensic patients and dramatherapy specific data was used to calculate relevant effect sizes. The Mode Observation Scale (Bernstein et al., 2009), which measures the intensity of a range of emotional states, was used in this paper. Large effects, $d = 1.5$ and $d = 1.25$, were seen in participants emotional vulnerability scores following the two intervention sessions. Interestingly, the Schema Mode Inventory (Lobbestael et al., 2010), which is also used to measure

emotional vulnerability, was used in this study but did not yield such high effect sizes ($d = 0.31$ and $d = 0.07$). This paper was also uncontrolled and did not employ a follow up. A second use of the Mode Observation Scale (Bernstein et al., 2009) was by Keulen-de Vos et al. (2017) wherein five sessions of dramatherapy was given to personality disordered offenders in order to elicit a range of emotions. In this paper, both medium and small effects were seen. Regarding emotional vulnerability, a small effect of $d = 0.2$ and a medium effect of $d = 0.58$ were calculated. It should be noted however that insignificant ($d < 0.2$) effects were also seen in vulnerability post-session 3 and anger post-session 4. As before, this study was uncontrolled and did not employ a follow up.

A range of outcome measures were employed in an extensive study by Koch et al. (2015). This study which relates to a movement- and dramatherapy based, anti-violence training delivered in a male prison, employed a waitlist control for a number of their measures. Whilst generally, small pre- to post-intervention effects were seen across the measures in this paper, one measure, the Consciousness of Body Scale Questionnaire (Miller et al., 1981) did yield effect sizes which were very close to medium. A body competence score of $d = 0.49$ and a private body consciousness scale $d = 0.45$ were both calculated using data from this study. Whilst promising, this study did employ a waitlist control measure wherein the private body consciousness score was much higher at $d = 1.28$. It was not clear in the study why the control group may have scored more highly in this area; the use of follow up data may have illustrated this further. (Table 4).

Qualitative findings

This review also sought to determine the qualitative effects of dramatherapy as reported in the literature available. Using direct participant feedback and quotations, a content analysis revealed the following key themes: 1) experiencing new ways of being 2) experiencing feelings and self-expression 3) feeling supported by the group or therapist. Each is presented below alongside a portion of text which informs it.

Experiencing new ways of being. Many participants spoke of new ways of understanding themselves and being freed from their past narratives.

> "I could forgive myself for not being educated enough on domestic violence, not blame myself." (Leeder & Wimmer, 2007, p. 203)

> "I am saved. Dope fiend, meth monster, that's my past. I am free, free at last." (Leeder & Wimmer, 2007, p. 211)

> "My past is my past—when I get out of here I'm like a phoenix." (Colquhoun et al., 2018, p. 366)

> "The family mask intervention provided a journey from destruction to life." (Bornmann, 2022, p. 284)

Experiencing feelings and self-expression. Participants also spoke of feeling and experiencing a range of emotions and the use of expressing these in dramatherapy.

> "When I pretended to call my son's father, who abused me for seven years, it felt good to say everything I wanted to say towards him, and that relieved a lot of my anger toward him. I think that once the anger came out, I could forgive myself." (Leeder & Wimmer, 2007, p. 203)

> "The patients also mentioned a number of things they found positive, such as being shown that they had anger 'deep down'." (Reiss et al., 1998, p. 148)

> "And you get to express it, however, whatever, you want to say." (Leeder & Wimmer, 2007, p. 212)

Feeling supported by the group or therapist. A sense of support and community received from other group members was also qualitatively expressed by participants.

> "the trust and support of everyone working together [was positive]." (Reiss et al., 1998, p. 148)

> "[The domestic violence group] made me feel stronger about myself." (Leeder & Wimmer, 2007, p. 200)

> "No judging. That's what was really amazing for me, that your drama is your therapy." (Leeder & Wimmer, 2007, p. 212)

In one study, by Colquhoun et al. (2018), the group intervention was not experienced entirely positively with some members finding it exposing and comparative.

> "I don't like interacting with groups of people 'cause I have… err… social fears." (Colquhoun et al., 2018, p. 361)

> "You want to know, well, am I the worst offender here or am I Joe Average?" (Colquhoun et al., 2018, p. 361)

> "I don't want to be in the same boat as these people… What I'd done was much worse than what anyone else had done." (Colquhoun et al., 2018, p. 362).

Risk of Bias

The studies in this review were all assessed for bias using the JBI critical appraisal tools (2020); Fig. 2 shows the risk of bias present in the studies.

RCT: The randomised control trial (Fig. 2a) by van den Broek et al. (2011), was deemed to be adequate quality. This paper scored positively with regards to the selection and application of outcome measures, follow up and appropriate statistical analysis. It was unclear in the study if true randomisation had been employed and if the treatment groups were treated identically and thus bias may have been present in this manner. Similarly, this paper scored negatively with regards to the blindness of outcome assessors however, the blindness of participants and those delivering the treatment was deemed not applicable due to the experiential nature of the intervention.

Table 4
Coding strategy as applied in this review.

Category / Code	Description	Example
Experiencing new ways of being	Dramatherapy allowed participants to explore their identity and develop new interpretations of themselves and their narratives.	"I think that once the anger came out I could forgive myself for not being educated enough on domestic violence, not blame myself." (Leeder & Wimmer, 2007, p. 203)
Experiencing feelings and self-expression	In dramatherapy, participants were encouraged to feel their emotions and explore them further. They were also encouraged to healthily and creatively express themselves.	"It is really about this energy that is there. And you get the opportunity for no one to say "calm down," "that's too violent," "that's too that," "that's too this." And you get to express it, however, whatever, you want to say." (Leeder & Wimmer, 2007, p. 212)
Feeling supported by the group or therapist	Many participants found the experience of being alongside others in group helpful. They were able to build relationships and experience trust both in and outside dramatherapy sessions.	"The trust and support of everyone working together." (Reiss et al., 1998, p. 148)

Non-randomised experimental studies: The non-randomised experimental studies, summarised in Fig. 2d, were generally deemed to be good quality. The strongest study was by Koch et al. (2015); this study scored positively in all categories. The three remaining studies (Keulen-de Vos et al., 2017; Reiss et al., 1998; van den Broek et al., 2021) all scored positively with regards to appropriate statistical analysis and outcome measures however, only Reiss et al. (1998) and van den Broek et al. (2021) utilised multiple measures for validation whilst Keulen-de Vos et al. (2017) used only one. The inclusion of a control group would have strengthened these studies and further reduced bias.

Qualitative Studies: The one qualitative study (Colquhoun et al., 2018) in this review scored positively in all areas investigated by the JBI as shown by Fig. 2b. There was a felt sense of congruity between philosophical perspective, the research methodology, research questions and results and the effect of the researcher on the research was adequately addressed.

Case Series: As illustrated by Fig. 2c, the case series (Stamp, 2000) in this review had a number of areas for methodological improvement. Whilst it was agreed that suitable participant demographics and relevant clinical information was provided in the paper, areas such as clear criteria for inclusion and the process by which participants were selected for inclusion (such as consecutive vs. purposive) were lacking. It should be noted that this paper, whilst fitting best into the case series methodology is not, and does not seek to be, a traditional case series. Rather, the author attempts to illustrate a point and uses multiple cases to do so. Whilst steps to improve methodological quality could have been taken, this format may have had led to a lower score, and hence reduced the risk of bias, against the JBI.

Case Studies: The case studies in this review were deemed to have the highest risk of bias. McAlister's (2000) study was methodologically the strongest of this study type; this paper scored positively in relation to the clear description of the participant and of the intervention. Detail regarding methods of assessment and take away lessons would have improved this study. Of the four remaining case studies, three (Daccache, 2022; Leeder & Wimmer, 2007; Stahler, 2007) scored positively with regards to clear patient demographics however, in Bornmann's (2022) study such detail was missing. All four studies scored positively with regards to a description of the intervention, however, more detail regarding assessment methods and participant history would have further strengthened these studies.

Discussion

To our knowledge, this is the first systematic review of dramatherapy interventions which are delivered in forensic settings for adult mental health. As such, it sought to explore the nature and scope of such interventions as well as the qualitative and quantitative effect of those.

The first two research questions, which sought to explore both participant and intervention characteristics revealed the varied nature of dramatherapy interventions and the diverse manner in which they are, and can be, delivered in forensic settings. Whilst this review sought to explore dramatherapy specifically for mental health, the sheer range of diagnoses present in the sample, and the diagnostic heterogeneity present *within* each study, points towards the accessibility of this intervention for a wide range of participants as well as the variety of dramatherapy practice. This reflects dramatherapy as described by Dokter and Winn (2009) and Casson (1998) and is of particular value in forensic settings wherein participations are likely to have a diverse range of complex clinical and emotional needs (Rutherford & Duggan, 2009). Levels of security and the number, frequency and duration of sessions

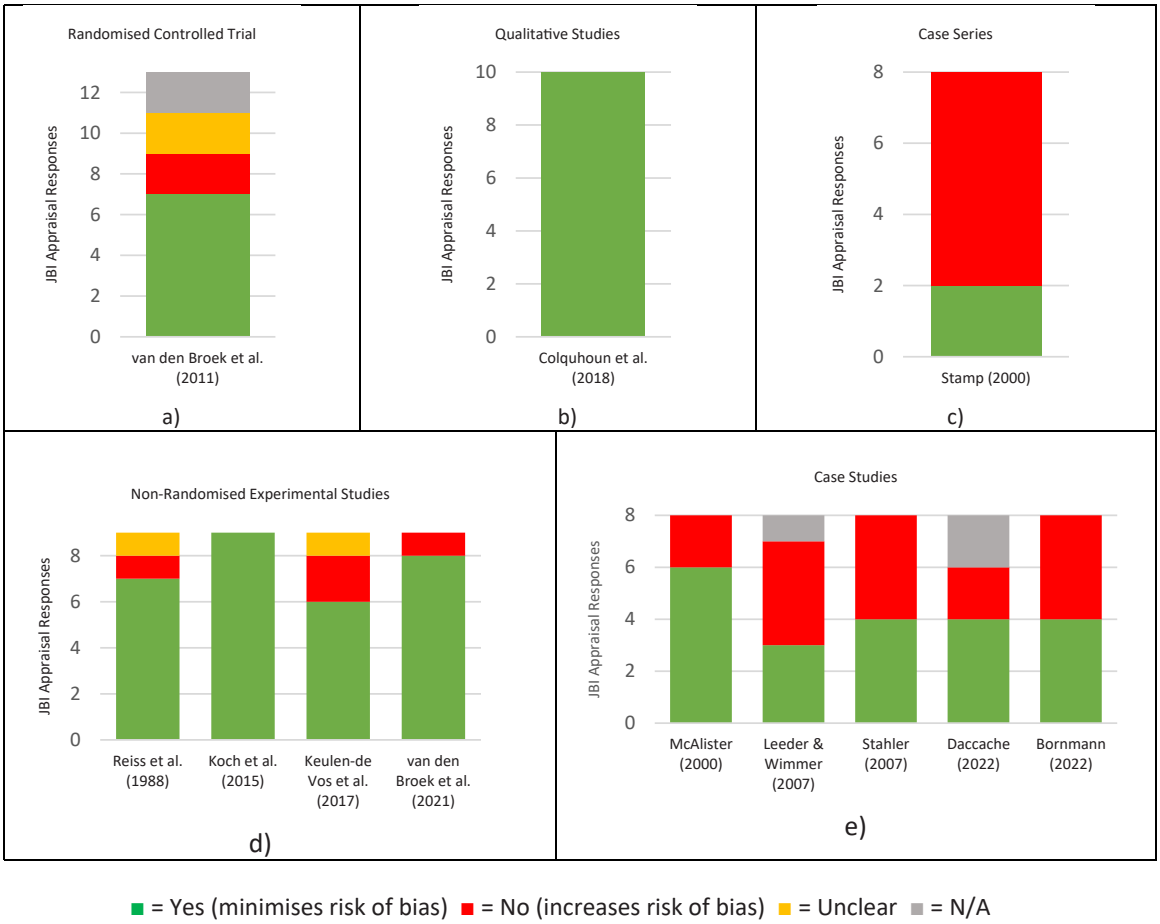

Fig. 2. Risk of bias results using Joanna Briggs Institute Critical Appraisal Tools.

were also varied. Less variation was seen, however, in the gender make-up of participants. 75% of the papers detailed in this review related to dramatherapy with solely male participants. Whilst this may seem disproportionate, females make up only 6.9% of the global prison population (Fair & Walmsley, 2022); forensic dramatherapy interventions which focus on male mental health and the causes of mental ill heath in this population group may wish to be explored.

Research question 3 of this review sought to determine the variety of methods used to measure the effect of forensic dramatherapy interventions. Qualitatively, the most popular measure of effect was the collection of participant comments and feedback which are often favoured by dramatherapy practitioner-researchers. The strongest study in this area was by Colquhoun et al. (2018) wherein semi-structured interviews were conducted with five participants. A clear and robust methodology was applied in this study and the data was usefully presented to illustrate the study's findings. Another form of qualitative data, used in two studies, was the presentation of participants' arts-based outputs. Not only was reading and witnessing this data emotive for the reader, it gave a clear *felt* sense of the interventions impact on participants. This form of data is congruent with dramatherapy interventions wherein the experience cannot always be translated into textual or verbal form. Five studies in this review also employed quantitative measures of effect and, in total, 10 different measures were used. The most popular were the Mode Observation Scale (employed a total of three times) and the State-Trait Anger Expression Inventory (utilised twice). The studies wherein a range of measures were employed, and wherein a range of areas were measured (such as in Koch et al., 2015) were deemed most useful. Similarly, the use of outcome measures which are validated and published would allow for further investigation by the reader. Overall, a strengthened use of both qualitative and (validated) quantitative measures of effect, as described by Jones (2015) and Armstrong et al. (2019) is encouraged.

The final research question (RQ4) of this review explored the effect of forensic dramatherapy interventions as currently described in the literature. Whilst varied quantitative effects were seen, some of the largest effects were seen in data relating to reduced anger. This was particularly true in Reiss et al. (1998) wherein reduced general anger, reduced reactivity and an increase in attempts to control anger were maintained at follow up. Conversely, such an effect on anger was not recorded in Koch et al. (2015) wherein the State-Trait Anger Expression Inventory revealed only small to negligible effects for reduced anger. As the number of studies quantitatively exploring a reduction in anger is small, and as the data shows potential but is somewhat divided, the design, delivery and further investigation of dramatherapy interventions which specifically address forensic participant's anger is warranted.

Interestingly, anger was also measured by Keulen-de Vos et al. (2017); whilst a medium effect size of $d = 0.58$ was seen in this study, this data related to *increased* feelings of anger rather than reduced feelings. As this study sought to *evoke* emotions rather than reduce them, this finding is coherent with the investigation. A study by van den Broek et al. (2021) which used role play to evoke and increase emotional feelings (such a vulnerability) saw large effects ($d = 1.5$ and $d = 1.25$) in their study. These findings (as well as the qualitative finding that participants experience emotions in dramatherapy), suggests that dramatherapy can be usefully employed to evoke participants' emotions and to access emotional states in forensic participants. In line with work by Armstrong et al. (2016), which considers the importance of experiencing in dramatherapy, this is useful knowledge for the development of future forensic dramatherapy interventions. When considering dramatherapy that does not take place in forensic settings, for people of all ages, dramatherapy is not necessarily used to *reduce* anger, rather, participants are often encouraged to *express* their anger in a healthy, or dramatically distant, way (Domikles, 2012; Jaaniste et al., 2015; Waite, 1993). With this in mind, those working in forensic settings may wish to encourage the healthy expression, rather than, or alongside, the reduction, of participant's anger in their work or future literature.

A final area of quantitative investigation was by Koch et al. (2015) wherein participants' body consciousness, using the Consciousness of Body Scale Questionnaire, was measured. The effect on participants' body competence and private body consciousness was $d = 0.49$ and $d = 0.45$ respectively. Whilst these effects were still small, they were just 0.01 and 0.05 points from being considered medium ($d = 0.5$) and thus, warrant deeper consideration. Whilst the language of body competence is yet to be adopted more broadly in dramatherapy literature, embodiment, and the importance of supporting participants to be 'in' their body, and to use it for expression, is widely recognised and practiced (Dokter, 2016). Embodiment is also a useful tool when working with participants who have experienced trauma (Van der Kolk, 2014) of which there are many in forensic settings (Gunter et al., 2012; Podubinski et al., 2015). With this in mind, dramatherapy practitioners and researchers may wish to develop future work in this area which aligns with existing dramatherapy language, and which seeks to support participants with their capacity for embodied expression. Alongside measuring body competence and consciousness, Koch et al.'s., (2015) study employed a movement- and dramatherapy-based training using activities such as Aikido stick fighting to support participants to also develop body awareness. A small to medium effect on reduced body tension was also witnessed ($d = 0.34$). Overall, the data from this study suggests that body- and movement-based dramatherapy may be useful in this setting. In line with Jones' (2009) belief that dramatherapy must engage 'the whole person in action' (p. 98); developing the mind-body connection and supporting forensic participants' regulation via embodiment may be useful for future work in forensic settings.

Finally, the qualitative findings of this review are also concomitant with existing dramatherapy literature. Much like in non-forensic work by Cassidy et al. (2017), participants described experiencing new ways of being in dramatherapy and found liberation from their pasts. This may be of particular importance, or use, in forensic dramatherapy where the events of one's past influences greatly on both their present and future. The second qualitative finding of this review, that participants experience feelings and self-expression in dramatherapy is also reflective of wider non-forensic literature.

When exploring participant-reported active ingredients of dramatherapy with children and young people, Keiller et al. (2023), identified that one's experience of self-expression was a critical element of effective dramatherapy practice. Finally, the third finding of this review, that forensic participants felt supported by the group or therapist is also relevant to wider dramatherapeutic literature. In one study, in particular, Ellinor (2019), notes that in a family group of PMLD children and parents, members effectively co-supported each other in their dramatherapy sessions. The importance of our findings, regarding forensic dramatherapy, being concomitant with broader dramatherapy literature should not be understated. As the field as a whole is under-researched (Fernández-Aguayo & Pino-Juste, 2018), shared, cross-sector, insights into the practice is of significant value to all. Whilst research on forensic dramatherapy, in particular, should be furthered, learning from other areas of dramatherapy, and applying knowledge to this sector is also of great value to the field as a whole.

Limitations and recommendations for future research

Although this paper is the first of its kind in exploring dramatherapy for forensic mental health, this review does have a number of limitations. The first limitation relates to the number of the studies available for inclusion. The field of dramatherapy has a developing evidence base and this review contained just twelve studies (including 5 case studies with limited empirical data). The availability, and review, of a greater number of studies may have led to different or more concrete outcomes and, as such, more research in this area is encouraged. A second limitation relates to studies which were excluded but may have offered useful information to this review. In particular, studies which were not explicitly about mental health or illness (such as those about building

community (Jennings, 1999; King, 2000) or developing communication skills (Afary & Alteet, 2022)) may have offered useful perspective or insight on this area. In addition, valid and relevant accounts of dramatherapy which are published as book chapters, editorials and on websites have also been excluded; this is due to the inclusion of empirical peer-reviewed research only. Future research, published in both arts-based and forensic mental health peer-reviewed journals, is encouraged. Another limitation is that detail regarding the dramatherapy techniques used in each of the studies were not included. The authors recognise that this may have given a more complete picture of the interventions explored in this study. A research question or paper which explores this aspect of dramatherapy may offer further insight into this area; in such cases, authors should seek to include this information in their publications as it was not present in all studies. A final limitation is that the quality of the studies included in this review was mixed. Whilst this, no doubt, relates to the developing evidence base, future research which is methodologically strong and which utilises mechanisms such as control groups, follow-up and structured qualitative methodology is also encouraged.

Conclusion

This review has revealed the participant and intervention heterogeneity within forensic dramatherapy for mental health. The varied practice identified in this review, and the flexibility and adaptability with which dramatherapists deliver their work, is particularly useful for dramatherapy in forensic settings. This review also identified that the evidence base is small, however, the findings of this review suggest that forensic dramatherapy is often practiced in the UK (33%) with groups (66%) of male participants (75%). Forensic dramatherapy is offered to support diagnoses such as personality disorder (42%), substance issues or addiction (33%) and psychotic disorders (33%) such as schizophrenia; it is also offered in high, medium and low secure settings. The effects of forensic dramatherapy interventions are measured both quantitatively and qualitatively (including via arts-based methods). Quantitative outcomes suggest that dramatherapy *may* lead to reduced anger and increased emotional activation. However, the studies in this review are methodologically limited and as such, further robust research is encouraged. Studies which employ robust control conditions, randomisation and use psychometrically tested outcome measures are recommended. In particular, studies which compare dramatherapy against other mental health interventions offered in forensic settings and studies which compare against non-clinical interventions such as lessons on communication skills, or even participatory drama, would be of value. Such studies would allow for the further exploration both of the effect and mechanisms of forensic dramatherapy and, in the future, would perhaps lead to improved outcomes for forensic participants. The qualitative results of this review, which align with non-forensic dramatherapy literature, suggest that dramatherapy participants are able to experience new ways of being and create new narratives via dramatherapy. They are also able to feel their emotions, express themselves and, most often, they feel supported by the group or therapist. As these findings align with other areas of dramatherapy practice, cross-sector learning is encouraged. Overall, whilst it remains vital to conduct further methodologically robust research on the topic, this review suggests that dramatherapy may be an effective mental health treatment when provided in adult forensic settings.

Funding Source

This project was funded by the British Association of Dramatherapists. The project was supervised by their chair and the decision to submit to this journal was also theirs. The funding source did not have any other role in the conduct of this review or the production of this manuscript.

Declaration of Competing Interest

The authors of this work declare that they have no conflicting interests in relation to this work.

Data availability

The paper utilised secondary data and, as such, all data is available in the original publications used.

Acknowledgements

The authors would like to thank Lorna Downing for her insight and expertise in the conduct and write up of this paper.

References

Afary, K., & Alteet, E. M. (2022). Narradrama, intersectionality and devised therapeutic theatre in the prison communication studies classroom (Drama Therapy with Incarcerated, Criminalized and Justice-Impacted Populations) *Drama Therapy Review, 8*, 23–44. https://doi.org/10.1386/dtr_00091_1.

Armstrong, C., Frydman, J., & Rowe, C. (2019). A snapshot of empirical drama therapy research: Conducting a general review of the research. *GMS Journal of Arts Therapies*, *1*. https://doi.org/10.3205/jat000002

Armstrong, C., Rozenberg, M., Powell, M., Honce, J., Bronstein, L., Gingras, G., & Han, E. (2016). A step toward empirical evidence: Operationalizing and uncovering drama therapy change processes. *The Arts in Psychotherapy, 49*, 27–33. https://doi.org/10.1016/j.aip.2016.05.007

Bernstein, D.P., van den Broek, E.P. A., & de Vos, M.E. (2009). Mode Observation Scale Manual [Unpublished manuscript].

Bornmann, B. A. (2022). Drama Therapy Family Mask Protocol in a forensic setting: Participant and therapist experience. *Drama Therapy Review, 8*(2), 281–287. https://doi.org/10.1386/dtr_00111_7

British Association of Dramatherapists, 2020, About Us. Retrieved 31/08/2022 from https://www.badth.org.uk/.

Campbell, M., McKenzie, J. E., Sowden, A., Katikireddi, S. V., Brennan, S. E., Ellis, S., Hartmann-Boyce, J., Ryan, R., Shepperd, S., Thomas, J., Welch, V., & Thomson, H. (2020). Synthesis without meta-analysis (SWiM) in systematic reviews: reporting guideline. *BMJ, 368*, l6890. https://doi.org/10.1136/bmj.l6890

Cassidy, S., Gumley, A., & Turnbull, S. (2017). Safety, play, enablement, and active involvement: Themes from a Grounded Theory study of practitioner and client experiences of change processes in Dramatherapy. *The Arts in Psychotherapy, 55*, 174–185. https://doi.org/10.1016/j.aip.2017.05.007

Casson, J. (1998). Dramatherapy: A heterodoxy not an orthodoxy. *Dramatherapy, 20*(2), 23. https://doi.org/10.1080/02630672.1998.9689482

Colquhoun, B., Lord, A., & Bacon, A. M. (2018). A qualitative evaluation of recovery processes experienced by mentally disordered offenders following a group treatment program. *Journal of Forensic Psychology Research and Practice, 18*(5), 352–373. https://doi.org/10.1080/24732850.2018.1510280

Daccache, Z. (2022). The Blue House: An analysis of the production of Johar Up in the Air! (Drama Therapy with Incarcerated, Criminalized and Justice-Impacted Populations) *Drama Therapy Review, 8*, 9–22. https://doi.org/10.1386/dtr_00090_1.

Dokter, D. (2016). Embodiment in dramatherapy. In C. J. Holmwood, & Sue (Eds.), *Routledge International Handbook of Dramatherapy* (pp. 115–124). Routledge.

Dokter, D., & Winn, L. (2009). Evaluating Dramatherapy. EBP and PBE: A Research Project. *Dramatherapy, 31*(1), 3–9. https://doi.org/10.1080/02630672.2009.9689762

Domikles, D. (2012). Violence and laughter: How school based dramatherapy can go beyond behaviour management for boys at risk of exclusion from school. *Dramatherapy with Children, Young People and Schools: Enabling Creativity, Sociability, Communication and Learning* (pp. 71–82). *New York*: Routledge,.

Durcan, G., & Zwemsta, J.C. (2014). Mental Health in Prison. In S. M. Enggist, Lars; Galea, Gauden; Udesen, Caroline (Ed.), World Health Organisation Europe: Prisons and Health (pp. 207). World Health Organisation. https://edisciplinas.usp.br/pluginfile.php/4253174/mod_resource/content/1/Prison%20and%20health%20-%20WHO%202014.pdf#page=104.

Ellinor, J. (2019). It's the 'group' that matters: Dramatherapy working with a group of parents and their children who have profound and multiple learning difficulties. *Dramatherapy, 40*(1), 5–16. https://doi.org/10.1177/0263067219834697

Eurostat, 2023, EU prisons in 2021: populations & overcrowding. European Union. ⟨https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20230512–2⟩.

Fair, H., & Walmsley, R. (2021). World Prison Population List. ⟨https://www.prisonstudies.org/sites/default/files/resources/downloads/world_prison_population_list_13th_edition.pdf⟩.

Fair, H., & Walmsley, R. (2022). World Female Imprisonment List. ⟨https://www.prisonstudies.org/sites/default/files/resources/downloads/world_female_imprisonment_list_5th_edition.pdf⟩.

Fernández-Aguayo, S., & Pino-Juste, M. (2018). Drama therapy and theater as an intervention tool: Bibliometric analysis of programs based on drama therapy and theater. *The Arts in Psychotherapy, 59*, 83–93. https://doi.org/10.1016/j.aip.2018.04.001

Gunter, T. D., Chibnall, J. T., Antoniak, S. K., McCormick, B., & Black, D. W. (2012). Relative contributions of gender and traumatic life experience to the prediction of mental disorders in a sample of incarcerated offenders. *Behavioral Sciences & the law, 30*(5), 615–630.

Health and Social Care Committee, 2018, Prison Health. ⟨https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf⟩.

HM Prison and Probation Service, 2023, Healthcare for Offenders. ⟨https://www.gov.uk/guidance/healthcare-for-offenders⟩.

Hoffmann, T. C., Glasziou, P. P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D. G., Barbour, V., Macdonald, H., Johnston, M., Lamb, S. E., Dixon-Woods, M., McCulloch, P., Wyatt, J. C., Chan, A. W., & Michie, S. (2014). Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *BMJ, 348*, g1687. https://doi.org/10.1136/bmj.g1687

Ismail, N. (2020). *The Politics of Austerity, Imprisonment and Ignorance: A Case Study of English Prisons* (pp. 89–92). London, England: SAGE Publications Sage UK,.

Jaaniste, J., Linnell, S., Ollerton, R. L., & Slewa-Younan, S. (2015). Drama therapy with older people with dementia—Does it improve quality of life? *The Arts in Psychotherapy, 43*, 40–48. https://doi.org/10.1016/j.aip.2014.12.010

Jennings, S. E. (1999). The Traveller: Healing Theatre in Magilligan Prison. *Dramatherapy, 21*(2), 3–6. https://doi.org/10.1080/02630672.1999.9689512

Joanna Briggs Institute, 2020, Critical Appraisal Tools. https://jbi.global/critical-appraisal-tools.

Jones, P. (2009). Therapists' understandings of embodiment in dramatherapy: Findings from a research approach using vignettes and aMSN messenger research conversations. *Body, Movement and Dance in Psychotherapy, 4*(2), 95–106. https://doi.org/10.1080/17432970802476321

Jones, P. (2015). Three challenges for drama therapy research: Keynote NADTA conference, Montreal 2013. *Drama Therapy Review, 1*(1), 87–99. https://doi.org/10.1386/dtr.1.1.87_1

Kedem-Tahar, E., & Felix-Kellermann, P. (1996). Psychodrama and drama therapy: A comparison. *The Arts in Psychotherapy, 23*(1), 27–36.

Keiller, E., Murray, A., Tjasink, M., Bourne, J., Ougrin, D., Carr, C. E., & Lau, J. Y. F. (2023). Children and Young People's Perception of the Active Ingredients of Dramatherapy When Used as a Treatment for Symptoms of Emotional Disorders: A Meta-synthesis. *Adolescent Research Review*. https://doi.org/10.1007/s40894-023-00221-z

Kestenberg-Amighi, J., Loman, S., & Sossin, K.M. (2018). The Meaning of Movement Embodied Developmental, Clinical, and Cultural Perspectives of the Kestenberg Movement Profile *(2 ed.)*. Routledge.

Keulen-de Vos, M., van den Broek, E. P. A., Bernstein, D. P., Vallentin, R., & Arntz, A. (2017). Evoking emotional states in personality disordered offenders: An experimental pilot study of experiential drama therapy techniques. *The Arts in Psychotherapy, 53*, 80–88. https://doi.org/10.1016/j.aip.2017.01.003

King, J. (2000). Community Dramatherapy at HMP Magilligan. *Dramatherapy, 22*(1), 3–9. https://doi.org/10.1080/02630672.2000.9689531

Koch, S. C., Ostermann, T., Steinhage, A., Kende, P., Haller, K., & Chyle, F. (2015). Breaking barriers: Evaluating an arts-based emotion regulation training in prison. *The Arts in Psychotherapy, 42*, 41–49. https://doi.org/10.1016/j.aip.2014.10.008

Leeder, A., & Wimmer, C. (2007). Voices of Pride. *Women & Therapy, 29*(3–4), 195–213. https://doi.org/10.1300/J015v29n03_11

Lobbestael, J., van Vreeswijk, M., Spinhoven, P., Schouten, E., & Arntz, A. (2010). Reliability and Validity of the Short Schema Mode Inventory (SMI). *Behavioural and Cognitive Psychotherapy, 38*(4), 437–458. https://doi.org/10.1017/S1352465810000226

MacDonald, M. (2018). Overcrowding and its impact on prison conditions and health. *International Journal of Prisoner Health, 14*(2), 65–68. https://doi.org/10.1108/IJPH-04-2018-0014

McAlister, M. (2000). An Evaluation of Dramatherapy in a Forensic Setting. *Dramatherapy, 22*(1), 16–19. https://doi.org/10.1080/02630672.2000.9689533

Miller, L. C., Murphy, R., & Buss, A. H. (1981). Consciousness of body: Private and public. *Journal of Personality and Social Psychology, 41*, 397–406. https://doi.org/10.1037/0022-3514.41.2.397

Ministry of Justice, 2022, Her Majesty's Prison and Probation Service workforce quarterly: March 2022. ⟨https://www.gov.uk/government/statistics/hm-prison-and-probation-service-workforce-quarterly-march-2022/her-majestys-prison-and-probation-service-workforce-quarterly-march-2022⟩.

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *BMJ, 339*, b2535. https://doi.org/10.1136/bmj.b2535

National Audit Office, 2017, Mental health in prisons. ⟨https://www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons.pdf⟩.

National Audit Office. (2022). Ministry of Justice Departmental Overview 2021 - 22. ⟨https://www.nao.org.uk/wp-content/uploads/2023/01/ministry-of-justice-departmental-overview-2021–22.pdf⟩.

Novaco, R. (1974). The effect of disposition for anger and degree of provocation on self report and physiological measures of anger in various modes of provocation. [Unpublished Manuscript]. Indiana University.

Podubinski, T., Lee, S., Hollander, Y., & Daffern, M. (2015). Evaluating the relationship between childhood abuse and neglect, interpersonal hostile-dominance, and aggression in psychiatric hospitals. *Journal of Aggression, Maltreatment & Trauma, 24*(9), 986–1001.

Pont, J., & Harding, T.W. (2019). Organisation and Management of Health Care in Prison. ⟨https://info.harmreduction.eu/COE_EDITION.pdf⟩.

Reiss, D., Quayle, M., Brett, T., & Meux, C. (1998). Dramatherapy for mentally disordered offenders: changes in levels of anger. *Criminal Behaviour and Mental Health, 8*(2), 139–153. https://doi.org/10.1002/cbm.232

Rutherford, M., & Duggan, S. (2009). Meeting complex health needs in prisons. *Public Health, 123*(6), 415–418. https://doi.org/10.1016/j.puhe.2009.04.006

Spielberger, C. D. (2010). State-Trait Anger Expression Inventory, 1-1 *In The Corsini Encyclopedia of Psychology*. https://doi.org/10.1002/9780470479216.corpsy0942.

Stahler, W. (2007). Pray erformance. *Journal of Creativity in Mental Health, 2*(1), 3–12. https://doi.org/10.1300/J456v02n01_02

Stamp, S. (2000). A FAST-MOVING FLOORSHOW—the space between acting and thinking in Dramatherapy with offenders. *Dramatherapy, 22*(1), 10–15. https://doi.org/10.1080/02630672.2000.9689532

Sturge, G. (2022). UK Prison Population Statistics. H. o. C. Library. ⟨https://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf⟩.

Teasdale, C. (1999). Report: developing principles and policies for arts therapists working in united kingdom prisons. *The Arts in Psychotherapy, 26*(4), 265–270. https://doi.org/10.1016/S0197-4556(99)00010-6

Tomlin, J., Lega, I., Braun, P., Kennedy, H. G., Herrando, V. T., Barroso, R., Castelletti, L., Mirabella, F., Scarpa, F., & Völlm, B. (2021). Forensic mental health in Europe: some key figures. *Soc Psychiatry Psychiatr Epidemiol, 56*(1), 109–117. https://doi.org/10.1007/s00127-020-01909-6

Tong, A., Flemming, K., McInnes, E., Oliver, S., & Craig, J. (2012). Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Medical Research Methodology, 12*(1), Article 181. https://doi.org/10.1186/1471-2288-12-181

van den Broek, E., Keulen-de Vos, M., & Bernstein, D. P. (2011). Arts therapies and Schema Focused therapy: A pilot study. *The Arts in Psychotherapy, 38*(5), 325–332. https://doi.org/10.1016/j.aip.2011.09.005

van den Broek, E. P. A., Strijbos, N., Vromen, J., van Duursen, S., Cousijn, J., Bosschaert, L., Zeegers, L., van Zeeland, G., Pouwels, S., van den Berge, M., Vallentin, R., Korsten, D., & Keulen-de Vos, M. (2021). A pilot study of arts therapy techniques to evoke emotional states in forensic patients. *The Arts in Psychotherapy, 74*, Article 101798. https://doi.org/10.1016/j.aip.2021.101798

Van der Kolk, B. (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. Penguin.

Waite, L. M. (1993). Drama therapy in small groups with the developmentally disabled. *Social Work with Groups, 16*(4), 95–108.

World Health Organisation, 2023, One-third of people in prison in Europe suffer from mental health disorders. ⟨https://www.who.int/europe/news/item/15-02-2023-one-third-of-people-in-prison-in-europe-suffer-from-mental-health-disorders⟩.