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Drama Therapy and Theater as an Intervention Tool: Bibliometric Analysis of Programs Based on Drama Therapy and Theater.

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Highlights

- The productivity and co-authorship index is low. The Arts in Psychotherapy is the journal that publishes the most on this topic.
- Drama therapy and theater are presented as an innovative intervention tool used in multiple areas, age groups and populations.
- Most of the programs contain personal and social development as a central component.

Drama Therapy and Theater as an Intervention Tool: Bibliometric Analysis of Programs Based on Drama Therapy and Theater.

### **Abstract**

This bibliometric analysis focuses on the use of drama therapy and theater as a therapeutic tool in intervention programs.

The search was carried out in five databases: Wos, Scopus, Eric, Medline and PsycInfo.

Three keywords were used and two searches were performed: drama therapy, theater and program. At the end of the search, 136 documents were obtained, out of which 102 were articles, 18 theses, 6 books, 9 book chapters, and 1 proceeding. No temporal adjustment was applied. The documents presented in the analysis are those that met the selection criteria and are prior to and including 2016. The analysis was conducted in two sections: on the one hand, productivity indicators: years of production, most productive authors, types of studies, collaborations, and most productive institutions, publishing houses or journals; on the other

hand, a content analysis taking into account the type of intervention, target populations or research topics.

The results show, among others, that the most studied topics in the programs are personal and social development. Drama therapy is more used in health care, while theater is more used in education, and the most productive journal is *The Arts in Psychotherapy*.

**Keywords:** Drama therapy; theatre; bibliometric analysis; intervention tool; systematic review.

## 1. Introduction

At present, an increasing number of studies show the effectiveness of performing arts programs as a therapeutic resource, as well as the need to introduce them in the training of different health and education professionals among others (Coleman & Dick, 2016; D'Ardis, 2014; Unal, 2013; Powers & Duffy, 2016; Swift & Stosberg, 2015). However, the replication of programs is difficult due to a lack of systematization in terms of the techniques used and the assessment of results (Fernández-Aguayo, 2017). According to WHO, "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2014: 1). These three areas are essential for well-being, that is why, one should not just focus on a person's physical reconstruction, but also on their complete recovery. Both drama therapy and the different uses of theater as a therapeutic tool consciously employ theatrical processes for therapeutic change. These processes are developed based on practice, promotion of relationships, emotions, imagination, learning (Guli, Semrud-Clikeman, Lerner, & Britton, 2013), self-knowledge, trust (Joronen, Häkämies, & Åstedt - Kurki, 2011), self-esteem (Orkibi, Bar, & Eliakim, 2014).

Given this situation, our proposal is a systematic review of the programs that use drama therapy or theater as a therapeutic tool, with the aim of contributing to the systematization of their methods, techniques and results through a content analysis. This is carried out while understanding the development of this field over time using an analysis of the productivity indicators. Nevertheless, our aim is to provide scientific knowledge that contributes to the

systematization of this field and its scientific development, so that the replication of its programs could be valid and reliable.

## 2. Method

Bibliometrics is a reliable and universal method that allows us, through quantitative techniques, to evaluate the scientific productivity of a given sector (Camps, 2008).

According to this premise, our objective is to analyze the scientific production in the field of theatrical techniques as a tool for human development. In other words, this work is aimed at reviewing the programs which are based on drama therapy or theater.

The study was carried out by means of a retrospective, cross-sectional, and descriptive ex post facto bibliometric analysis (Montero & León, 2002). The search was carried out in five databases: Wos, Scopus, Eric, Medline and PsycInfo. To obtain documents related to our field of interest, 3 keywords were defined: drama therapy, theater and program. The search parameters used were as follows: [(Theater OR drama therapy) AND program], obtaining a large number of documents that were not related to our subject of interest. Therefore, several options were tested to narrow the search: [(Theater OR drama therapy) AND program] in the title section + NOT operat\* in the topic section, obtaining 367 documents: 238 in Wos, 3 in Scopus, 81 in Eric, 9 in Medline and 36 in PsycINFO. This adjustment caused us to miss significant documents, thus a second search was conducted: (drama therapy AND program) in the topic section, obtaining 363 documents: 58 in Wos, 54 in Scopus, 11 in Eric, 5 in Medline and 235 in PsycINFO. Once the search was completed, non-relevant documents (they did not specifically refer to the subject matter of study) and documents repeated in the second search were ruled out, obtaining 136 documents. Out of them, 102 were articles, 18 theses, 6 books, 9 book chapters, and 1 proceeding. No temporal adjustment was applied, and the documents presented in the analysis are those that met the selection criteria and are prior to and including 2016.

The bibliometric analysis was carried out in two sections: on the one hand, the productivity indicators that show quantitative data such as development over time, language, and productivity, co-authorship, and institutional index; on the other, content and methodological indicators that show qualitative data such as topic, research method or population. The Microsoft Excel 2007 program was employed to control and record data, and prepare graphs. The data were organized into tables classified according to indicators and type of documents. For the bibliometric data presentation, an approach similar to the one presented by Escorcía (2008) was used.

### **3. Results**

Set forth below are the data obtained in the analysis of the 136 documents on theater and drama as a tool for human development.

#### *3.1. Productivity Indicators*

The oldest article is from 1974. Until 2016 there were several years in which no work was published, and a clear increase in productivity has been observed since 2007. 63.24% of the publications have been produced over the past ten years, 2011 and 2012 being the most productive years, with 12 publications each. On another note, English is the most used language, with 133 publications out of 136. The remaining three are French, Portuguese, and Spanish.

##### *3.1.1. Productivity Index*

In order to calculate the productivity index, the number of published articles, theses, master's dissertations and proceedings were taken into account by author, institution, journal and country. In the case of books or chapters, the publications were taken into account by author, publishing house and country. Out of a total of 136 documents analyzed, 311 authors were obtained. 92.93% of the authors produced a single work, whereas 5.14% published 2, and only 1.61% produced 3 works. There were 4 one-author articles (0.32%) in this field of study. This shows the low productivity in this research topic.

The productivity per institution was analyzed in articles, doctoral dissertation, master's thesis and proceedings, from which a total of 175 institutions were obtained. 82.86% of the institutions have only one publication, 8.57% two publications and 6.86% three publications. There are a small number of institutions which have four and five publications, 1.14% and 0.57%, respectively.

In addition, our analysis focused on the productivity of publishing houses in relation to books and chapters and on the productivity of journals. Only one publishing house has more than one publication. Routledge/Taylor&Francis Group stands out with 7 publications, making us believe that it is a publishing house specialized in our topic of study.

Regarding the productivity of journals, a total of 102 articles published by 81 journals were found, out of which 88.9% published a single article, 6.2% two articles, 2.5% three articles, 1.2% four articles and only one journal (1.2%) published 10 articles. A small number of journals published more than one article and only one published more than four articles. The Arts in Psychotherapy stands out with 10 publications.

Finally, in terms of productivity index, productivity was analyzed by country, with the United States and the United Kingdom being the most productive and almost the only countries. The most numerous publications were articles. 59.56% of the publications were made in the United States, whereas the remaining 40.44% was distributed among 8 countries, with the United Kingdom accounting for 30.15% of the total. The remaining publications were distributed among Canada with 4.41%, Australia with 2.21%, and Israel, Germany, Brazil, Spain and Italy with 0.735% each.

### 3.1.2. *Collaboration Index*

Almost half (46.32%) of the 136 documents making up the total are single-authored, 19.12% belong to two authors, and 34, 56% to more than two authors. These results showed there was little collaboration among authors and consequently low multi-authorship of publications.

### 3.1.3. *Institutional Index*

The institutional index allows us to find out the number of institutions that collaborate in the same publication. To calculate this index, we have taken into account articles, theses, master's dissertations and proceedings, which resulted in a total of 121 publications. More than half were carried out by a single institution, more specifically 73 publications, 60.33% of the total. It should be pointed out that the total number of theses and master's dissertations were performed by a single institution, reflecting the lack of collaboration between institutions in our topic of study.

### 3.2. *Content Indicators*

Regarding intervention strategies, 21 different methods that employ theater and drama for personal development were found. It is important to note that the lack of systematization in this field means that, in many cases, there is no agreed universal terminology. Therefore, the same strategy is sometimes referred to with different names or there are great differences within the same strategy. The two strategies that predominate over the remaining 18 are Drama therapy (31.6%), and Theater and Drama (27.2%). The populations in which drama therapy is most developed are children and adults with impairments or disorders such as: children traumatized by sexual abuse (Crook, 2009), behavioral disorders (Tevelev, 2012; Mosley, 1991), inpatients in a psychiatric unit (Eliaz & Flashman, 1994), people affected by selective mutism (Oon, 2010), by the conflict in Northern Uganda (Ager et al., 2011), deaf people with cochlear implant or hearing aids (Cernea et al., 2014), adults with mental illness (Haste & McKenna, 2010; Pearlyn, 2009; Bielańska & Cechnicki, 2008; Merritt, 1985; Bielańska, Cechnicki, & Budzyna-Dawidowski, 1991), Korean women with Hwa-Byung (Choi & Lee, 2007), war veterans (James & Johnson, 1996; Towers, 2013), people with dementia (Cyr, 1998), African-American women affected by HIV (Thompson & Neimeyer, 2014). Most theater and drama programs are developed with children and adolescents: programs for children within the school curriculum for the prevention of sexual abuse

(Krahe & Knappert, 2009), reading skills (Nirgiotis, 1983), or social and emotional development (Feldman, 2008); programs with adolescents, generally in schools for socially excluded groups, focused on development of knowledge, inclusion and personal growth: prejudices (González, 1999), sexual education, and HIV and pregnancy prevention (Ponzetti, Selman, Munro, Esmail, & Adams, 2009; Grewea, et al., 2015; Causae, Zuniga, Bailer, Ring, & Gil-Trejo, 2012), immigrants or refugees at risk of dropping out of school (Simon & Grosso, 2009; Rousseau et al., 2014), personal and social development (Kamin, 2007), and drugs and alcohol (Safer & Harding, 1993).

The analysis of the type of study was organized in 4 sections: quantitative-qualitative empirical, qualitative empirical, quantitative empirical, and theoretical. 42.65% of the articles performed a qualitative study, 25.74% corresponding to mixed studies that used both quantitative and qualitative assessment tools. Only 14.7% were quantitative studies, whereas the theoretical studies were reduced to 13.97%. The remaining 2.94% corresponds to the articles whose intervention type is unknown.

In terms of topics, they were grouped into 5 categories, which, in turn, comprise different sub-themes that clarify more accurately the topic to be analyzed in the intervention: Violence, Personal Development, Social Development, Health, Vocational Training.

### *3.2.1. Violence*

Working groups were organized according to the different types of violence and a distinction was made between prevention and action programs. Programs that focus on the prevention of different types of violence are aimed at increasing awareness and warning about the dangers, as well as educating and training different populations on how to detect cases of abuse or on how not to be abused. Action programs seek to develop skills and strategies that allow participants to face the trauma generated by the abuse and reduce violence. Table 1 shows authors, techniques, populations and objectives according to the



topic: prevention, sexual violence, occupational violence, youth violence, violence against children, bullying, cyberbullying.

### 3.2.2. *Personal development*

This is the third largest category. Although the programs described below clearly specify this topic, personal development is implicit in all programs, since the development of any of the topics described in the results defines people as persons. These programs have been implemented with children, adolescents, and adults, as well as in different contexts: social exclusion, school curriculum, conferences, psychiatric units, children with certain disorders or impairments.

Personal development includes different variables such as social functioning (Leigh, Gersch, Dix, & Haythorne, 2012; Santomenna, 2010; McArdle et al., 2011; Feldman, 2001) through the creation of roles, social identities and environments (Feldman, 2008), commitment and prejudices (Gonzalez, 1999) or a positive connection with the community and knowledge, and a relationship with different cultures (Cossa, 1992; Joronen et al., 2011); emotional functioning (Santomenna, 2010; Joronen et al., 2011; Feldman, 2008), in many cases from the perspective of emotional problems and the negative behaviors that result from them (McArdle et al., 2011; Feldman, 2001; Leigh et al., 2012). Both social and emotional functioning are present in almost all programs, making us aware of the importance of these person-related areas and of their significant role in the personal development, people's well-being and consequently in their adaptation to society. Other variables are: academic performance, school attendance, learning and self-sufficiency (Santomenna, 2010; Leigh et al., 2012), improvement of distress and discomfort (Bar Giora, 2014), creativity and development of different arts as a process of change (Leigh et al., 2012; Santomenna, 2010; Butler, Bakker, & Viljoen, 2013), empathy (Santomenna, 2010; Joronen et al., 2011), empowerment, self-esteem, and communicative skills (Cossa, 1992) transference (Eliaz & Flashman, 1994), interaction between students and teachers, and between children and

parents (Joronen et al., 2011), reconstruction of personal stories, destruction and renewal, transformation and restructuring as a personal healing process (Landy & Hadari, 2007; Linden, 1997) and personal skills (McArdle et al., 2011).

In addition to these programs, which are generally aimed at the personal development, there are programs that focus on specific areas or competencies of a person to achieve their development (Table 2).

### 3.2.3. *Social development*

This category has the largest number of programs. While it is true that many of the programs analyzed so far focused on social development as a means to achieve their objectives, there was a set of programs for which social development is the ultimate goal (table 3). The populations in which these programs were developed are very varied: children and adolescents at risk of social exclusion, with impairments or disorders of some kind, secondary students, university students, adults or communities. Their contents are also varied. Table 3 shows a distinction between the programs which seek the development of a community, those that focus on the development of a particular group in order to contribute to the community development, and those aimed at preventing and training the community to avoid diseases or conflicts that endanger their well-being. The latter, for the most part, focus on the most vulnerable groups of society, taking into account that the development of this particular group has an impact on the development and improvement of social welfare.

### 3.2.4. *Vocational training*

This section (Table 4) presents different programs implemented in different working areas: medical, nursing or teacher training students, health and education professionals, or managers. Their common goal is the development of skills that help them to improve their professional practice. There are several university programs that chose theater as a resource for the development of skills and abilities within the curriculum. Using theater for educational purposes in university programs, where work is eminently practical and social,

allows contents, skills and abilities to be developed in a practical way, their acquisition and comprehension by students being thus closer to reality.

In closing of this section, two books (Leavy, 2015; Thompson & Neimeyer, 2014) on methodological tools should be noted. These two books expose and develop different methodologies and assessment techniques through theater, drama therapy and other arts in a wide variety of populations. This allows professionals from different areas not only to have tools they could apply in their fields of work, but also to improve their practices and their assessment.

### 3.2.5. *Health*

This is the second largest category. The described programs are aimed at developing healthy habits, improving abilities and the quality of life when facing different diseases or to prevent deterioration, and delay their onset. It is important to note that there is a wide range of mental disorders which are characterized by a combination of alterations in thinking, perception, emotions, behavior and relationships with others (WHO, 2017). Focusing on works with adults, there are a series of programs implemented with heterogeneous groups, according to participants' diagnosis. The terms used to refer to these groups are varied: mental illness, psychiatric disability, psychiatric patients and in a 1985 program it was called 'mental retardation', which today, according to DSM-5, is 'intellectual disability'. Most of these programs share their work content: popular education and community awareness of mental disorders; personal development and personal growth through self-esteem, identity, trust, sense of autonomy, commitment (Noble, 2005; Johnson & Munich, 1975; Faigin & Stein, 2010); social development as a group and as part of the community through teamwork (O'Beirne, 2010), social skills and behaviors, conflict resolution, coping skills and communication, assertiveness (Merritt, 1985; Pearlyn, 2009), discovering group identity, realizing that they could help others, community integration and adaptation (Faigin & Stein, 2010; Johnson & Munich, 1975). In terms of emotional development, there are expression

and creativity (Noble, 2005; Faigin & Stein, 2010), and emotional skills and recognition of others' emotions (Noble, 2005; Merritt, 1985; Pearlyn, 2009). All this allows patients to recodify their lives through new experiences that allow them to take risks, bring about changes and generate a sense of achievement and well-being. Table 5 describes the remaining programs of this section by diagnosis.

Regarding this section, Green and Drewes (2014), described in their book different practical techniques of expressive arts and play therapy for adolescents and children, focused on professionals for the improvement of clinical practice.

#### **4. Discussion and conclusions**

Drama therapy and theater are presented as non-pharmacological and effective intervention techniques in different groups. This study has shown that programs based on drama therapy and theater as an intervention tool are being used and are effective for the development of communities, acquisition of professional skills, reintegration, prevention, education, development of different areas and skills of the person or transmission and acquisition of knowledge among others. However, it is important to note that this is still a field of study without a consensual conceptual systematization and therefore it is an under-researched area. In particular, there are 2 leading countries in this field, the United States and the United Kingdom. Consequently, it is a very specific area, in which several magazines and publishers are beginning to specialize. The journal 'The Arts in Psychotherapy' should be noted.

Content analysis proved the need to systematize the different strategies, allowing us to have the same language. Also, it is necessary to lay the foundations of each of the approaches that arise in the field of drama therapy and theater as a tool for development. The results in the analysis of study type allow us to understand this situation. This is an empirical, eminently qualitative field. In other words, most of the strategies used in this field

arise from practice and need, that is why, they start to develop in the labor field, after their practical consolidation that resulted in a theoretical frame. As observed in the productivity indicators, today this is a rapidly emerging field. More countries have joined in the research in the field, specialized journals and publishing houses have arisen, productivity has increased over the past years, and, along with empirical documents, theoretical ones are also elaborated. The scientific world is showing an interest in the field, thus developing its basic foundations and systematization.

It is also noted that the areas of implementation are multiple, as well as the age groups and types of population, turning drama therapy and theater into an interesting, useful, and effective tool. The areas in which they have been most commonly used are: health, more specifically mental disorders, personal development and social development. These last two topics are present in most of the programs, corroborating the most developed variables and contents thereof. Theater allows adapting learning and development to physical, cognitive and emotional needs, obtaining optimal results both in terms of learning and development, as well as communication.

As for the specific development of each technique, drama therapy was employed mainly in health, through the design of a program for children and adults suffering from disorders, or other type of diagnosis, such as schizophrenia or autism. Theater had its greatest development with children and adolescents as a method of learning in schools and as a tool for adolescents' social inclusion. An interesting fact is that both drama therapy and theater are equally used to work with adolescents at risk of social exclusion. These being the most outstanding areas, both theater and drama therapy are developed with all populations and working areas.

We are obviously aware of the exclusion of certain reports and publications in this analysis. We have been rigorous in introducing for analysis only those documents that

appeared in the databases selected with the criteria mentioned above. This significant loss of information is further evidence of the lack of systematization within the area and allows us to suggest the need to be meticulous in the introduction of keywords in the scientific productions of this area; as well as to position the journals of this specialty in international databases or to promote the dissemination of doctoral thesis in advanced search engines. Briefly, raising awareness about the need to publish and promote the findings in a scientific manner, not only informative.

Our conclusion is that the progress that has been made in this field is valuable, but further work is needed for a rigorous systematization of the programs that would allow not only their replication, but also a universalization of the theoretical knowledge, intervention types, and study types. However, drama therapy and theater for therapeutic purposes are presented as a complete and effective tool for personal and social development, not just for solving problems, illnesses and conflicts.

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Table 1: Violence

THEME	POPULATION	GOALS	TECHNIQUE	REFERENCE
Prevention	children	<b>Prevent sexual abuse.</b> Develop self-protective skills.	Theatre and drama	Krahe & Knappert, 2009
	adolescents	<b>Prevent youth violence.</b> Analyze offensive behaviors, identify problems and develop action strategies. Develop social skills, safety and self-esteem. Explore feelings, thoughts and fears.	Educational Theatre	Long & Soble, 1999
		<b>Prevent youth violence.</b>		Fontanesi, Rybar, Felitti, Taras, & Reznik, 2003
		<b>Prevent youth violence.</b> Restore the meaning of the apology. Analyze offensive behaviors. Identify problems. Develop social skills.	Theatre and drama	Turner, 2007
	youth and university students	<b>Prevent abuse or sexual violence.</b> Develop self-protective skills.	Theatre and drama	Thatcher, 2011
		<b>Prevent abuse or sexual violence.</b> Analyze discourses and dominant identities.		Iverson, 2006
Sexual Violence	Sexually Traumatized Children	Restore safety and trust. Develop social support. Restore affect regulation and emotional expression. Reduce anxiety and build alternative ways of being.	Drama Therapy	Crook, 2009
	Prisoners in medium security in South Africa	Reduce sexual violence in prisons. Develop dramatic skills as a way to identify the relationships between them and their context.	Theatre and drama	Sutherland, 2013
Occupational violence	Healthcare professionals	Manage emotions	Drama Therapy	Lloret, Ortega, Blanch, & Pacheco, 2012
Youth violence	fourth grade students	Develop skills for building healthy, and respectful interpersonal relationships * Develop skills for conflict resolution, decision-making and impulse control. ** Manage	Educational Theatre	Burman, 2008*
			Interactive Theater	Kisiel et al., 2006* ****



	students at risk of social exclusion	emotions. *** Prevent substance use and pregnancy. **** School commitment.		Zucker, Spinazzola, Pollack, Pepe, & Barry, 2010 * ** ****
	hospitalized adolescents		Theatre and drama	Fredland, 2010
Child Violence	Children in foster care	Improve their functioning. Develop skills that enable them to build healthy relationships	Drama therapy	Vaughan, McCullough, & Burnell, 2016
Bullying	adolescents	Develop behaviors suede harassment and intimidation. Reduce aggressive behaviors. Develop empathy, social interactions and problem solving. * Develop social imagination ** and self-concept	Theater of the Oppressed	Bhukhanwala, 2014 *
Cyberbullying			Theatre and drama	Froeschle, Le Clair, & Berry, 2016**

Table 2: Personal Development

THEME	POPULATION	GOALS	TECHNIQUE	REFERENCE
Cognitive development	Elementary school students	Develop imagination, empathy and understanding.	Theatre in Education Program/ Theater in the curriculum	Mages, 2008
				Miller, 2011
emotional development	adolescent students	Acquire emotional knowledge and learn to manage emotions.		Larson & Brown, 2007
Knowledge and development of a language	university students	Develop communication skills and oral production, self-assurance and self-esteem.	Theatre and drama	Konaxis, 1999
	adolescents and young people at risk	Sexual education. Shape and develop the self, social skills, interpersonal relationships and behavioral adaptation. *Functioning of personality, intelligence and integration.	Community Theatre	Futch, 2011
			Drama therapy	Frehner, 1996*

		Develop self-reflection, self-discovery, self-image, self-healing, self-efficacy.		Nsonwua, Dennisonb, & Long, 2015
Development and improvement of behavior	children at risk	Acquire behavioral skills to learn to understand. Explore alternative ways of responding. * Social and attachment relationships secure. **Work with parents. *** Develop creative expression and positive self-concept.		Mosley, 1991*
				Vaughan, 2010* **
			Creative Drama	Warger & Kleman, 1986***
Reading skills	Children and adolescents	Improve comprehension and communication skills, * research, cooperation, self-realization.	Theatre and Drama	Nirgiotis, 1983*
				New York City Board of Education, 1985
Creativity	adolescents and young people	Develop creativity through theatre and the ability to apply it in your daily life.		Rader, 1993
Spiritual development	elderly with dementia	Explore the nature of the self and inner breadth. Develop self-concept and spiritual process.	Drama Therapy	Cyr, 1998
Healthy Eating Habits	Elementary students	Develop healthy eating habits.	Educational Theatre	Cheadle et al., 2012
Social Skills	Children	Develop imagination and communicative skills.	Theatre in Education Program	California State Board of Education, 1974
	children with autism	Acquire skills for the management and reduction of anxiety, decrease of corporal stiffness and integration.	Drama Therapy	McIlwee, 2015
University theater	university students	Develop skills and personal capacities through the theatre.	Theatre and Drama	Miller, 1989

Table 3: Social Development.

THEME	POPULATION	GOALS	TECHNIQUE	REFERENCE
Community Development	Rural village in Malawi	Acquire skills and abilities for community development	Community Theatre	Manyozo, 2002
	Sipambi ward, Masvingo, Zimbabwe	Improve learning and knowledge transfer. Develop reflective capacity. Provide structures and spaces where the community is heard and answered according to their needs.		Preston & Halpin, 2002
	Shantytowns in Lima, Peru.	Acquire health education. Identify and adopt healthy behaviors and hygiene practices.	Theater of the Oppressed	Pleasanto, Quadros, Pereira-León, & Cabe, 2014
	Communities	Reduce racism through knowledge building, increased group cohesion and intercommunity / cultural understanding.	Street theatre	Hanley, 2014
		Theater as a therapeutic and educational tool for the development of communities.	Theatre	Bryan, 1991
	Groups in crisis due to massive evacuations	Restructure a community in crisis. Develop skills to close situations, calm down and reconnect with their strengths.	Drama Therapy	Lahad, 1999
	communities affected by AIDS	Develop strategies for HIV prevention and coping.	Radio and Television Theater	Galavotti, Pappas-DeLuca, & Lansky, 2001
	Maharashtra, India	Theater as a means of social and political transfer	Tamasha	Abrams, 1975
Development of concrete groups	Children affected by conflict in Northern Uganda	Resilience and Well-being. Acquire safety and control. Develop self-esteem, coping skills in the face of danger and future projection. Create personal narratives.	Drama Therapy	Ager et al., 2011
	African American children	Develop leadership skills, self-esteem and autonomy.	Community Theatre	Ritter, N. E., 2001

children in foster care with dependent mothers	Develop skills and strategies to reduce chaos and understand that there are other forms of life.	Drama Therapy	Hodermarska & Scott-Moncrieff, 2007
students from rural areas in Nanakuli.	Develop personal skills that impact on social development.	Theatre and drama	Kamin, 2007
young immigrants	Develop interaction and communication skills.		Hecht, 1991
immigrants and refugees adolescents at risk	* Develop emotional and behavioral skills. School performance. ** Develop self-esteem and intergroup relationships. Know the culture.	Drama Therapy	Rousseau et al., 2005**
			Rousseau et al., 2006**
			Rousseau et al., 2007* ***
			Rousseau et al., 2014*
adolescent students	Education for peace: develop skills for conflict management, appreciation of diversity and desire to contribute to social change.	Theatre in Education Program	Duckworth, Allen, & Williams, 2012
adolescents at risk	Increase schooling and school performance. Develop perseverance, commitment, leadership, self-awareness, self-esteem, maturity, safety and collaborative skills.	Theatre and drama	Simon & Grosso, 2009
unpaid caregivers	Acquire knowledge and improve relationships and quality of life.	Theater of the Oppressed	Mason, 2008
Nigerian women leaders caretaker of people with malaria	Create appropriate intervention strategies for disease control. Reduce community mortality.	Theatre and drama	Okeke, 2010
children and adolescents with cognitive and socioemotional difficulties	Improve interaction and communication skills to promote their social inclusion and development.	Creative Drama	Walsh, Kosido, & Swanson, 1991

	traumatized children and adolescents	Develop affective self-regulation, mentalization and creative expression for the creation of responses and containment of the desire for revenge.	Drama Therapy	Haen & Weber, 2009
	children with disabilities	Acquire tools and alternatives for communication, participation, development and integration in the school. Improve learning.	Theatre and drama	Kidder, 2011
	children using alternative and augmentative communication			McCarthy & Light, 2001
	Students in an inclusive classroom, Korea.	Improve the knowledge and perception towards the disabled	Theatre in Education Program	Kim, 2009
	Imprisoned men and women	Develop self-efficacy, social skills and self-control. Create referents to change habits.	Psychodrama	Harkins, Pritchard, Haskayne, Watson, & Beech, 2010
		Increase self-awareness and emotional and intellectual stimulation. Develop skills for communication and conflict resolution.	Theatre and drama	Moller, 2003
	Imprisoned men	Identify and generate strategies and skills to manage potentially aggressive situations.	Drama Therapy	Blacker, Watson, & Beech, 2008
	Imprisoned women	Develop a new relationship with themselves and with others. Reconstruction of identity and the role developed in society.		Leeder & Wimmer, 2006
				Stahler, 2007
Prevention	Adolescents	Acquire sexual education. Develop communication in order to prevent sexual violence, gain safety and reduce stigma. * Develop emotional and artistic skills. Identify and set goals.	Educational Theatre	Makulowich, 1997
	adolescents and university students		Theatre and drama	Ponzetti et al., 2009
	university students		Interactive Theater	McMahon et al., 2015
				Grewea et al., 2015*

	Adolescents and young people at risk	Educate sexually for the reduction of unwanted pregnancies and sexually transmitted diseases. Develop skills to build healthy relationships and reduce school failure and truancy.	Theatre and drama	Causae et al., 2012
	Adolescents and young Africans at risk	Develop skills and strategies that encourage them to make behavioral changes that avoid contagion or spread of HIV.	Dramaide	Durden & Tomaselli, 2012
	Adolescents	Prevent and reduce violence.	Drama Therapy	Kelly, Foster, & Hayes, 2015
	adolescent students	Reduce risk behaviors and attitudes and develop knowledge and awareness of alcohol abuse.	Educational Theatre	Quek, White, Low, Brown, Dalton, Dow, & Connor, 2012
	adolescent students at risk	Prevent drug and alcohol use. Increase trust. Develop rejection and communication skills.	Theatre and drama	Safer & Harding, 1993
	intercultural community	Develop skills and practices for cancer prevention.	Forum Theatre	Rustveld et al., 2013

Table 4: Professional development

THEME	POPULATION	GOALS	TECHNIQUE	REFERENCE
Students	Nursing students	Develop skills and practices and acquire knowledge and skills in safe environments.	Educational Theatre	Soares, Silva, & Silva, 2011
			Forum Theatre	McClimens & Scott, 2007
	Medicine students	Develop surgical skills and confidence through theatrical techniques.	Educational Theatre	O'Callaghan, Larkin, Malone, & Kerin, 2010
	Nursing and medical students	Develop communication and cooperation skills among professionals and communication skills with the patient in a collaborative way.	Theatre and drama	Salam, Collins, & Baker, 2012

	student teachers	Acquire knowledge and develop skills in a practical way in a safe environment.	Theater of representation	Meyer, 2004
Professionals	Teachers	Develop theatrical and communication skills in public to improve their teaching techniques.	Theatre and drama	Joint Task Force of the Speech Communication Association, & American Theatre Association, 1975
				Joint Task Force of the Speech Communication Association, & American Theatre Association, 2009
	professionals treating adults with brain injuries	Develop empathy and doctor-patient communication. Acquire new knowledge and attitudes.	Drama as research	Kontos et al., 2012
	professionals treating adults with Alzheimer's	Show results and discuss different perceptions among professionals. Use the theater as a pedagogical tool for the dissemination of information on Alzheimer's care.		Kontos & Naglie, 2007
Executive leadership of a hospital	Develop skills and leadership skills.	Prophetic theater	Haseman, Crethar, Phillips, & Stafford, 2009	

Table 5: Health

THEME	POPULATION	GOALS	TECHNIQUE	REFERENCE
HIV	Hospitalized with HIV	Educate in sexuality and develop communication skills. Build healthy and safe relationships. * Self-reliance and spiritual connection. **Reduction of stigma	Educational Theatre	Nambiar et al., 2011**
	African American women who have HIV		Drama Therapy	Knight, 1999*

Mental disorders	Adults with schizophrenia	Develop skills and social interactions. * Integrate thoughts, feelings and behaviors. Know yourself. Develop responsibility, sense of self and defeat fear.	Drama Therapy	Bielańska & Cechnicki, 2008*
				Bielańska et al., 1991*
				Greg, 1992
	Children with Disruptive Behavior Disorders	Develop self-control, cooperative strategies in social interactions, tolerance and assimilation of behaviors.	Drama Therapy	Tevelev, 2012
	Children with deficits in social perception	Develop tools and strategies for the development of social skills.	Creative Drama	Guli, 2004
	Emotionally disturbed children	Improve relationships with others and with oneself. Create group identity and develop expression and emotions.		Lewis, 1974
	Girl with selective mutism	Improve behavioral skills: speech, positive self-esteem and spontaneity.	Drama Therapy	Oon, 2010
	Adolescents with acquired brain injuries	Develop social, cognitive and emotional skills and skills of community integration.		Agnihotri, 2009
	Adolescents with Autistic Disorder	Develop social skills, identity and group cohesion. build relationships. * Improve spontaneity and creativity. ** Interpret nonverbal communication.	Drama Therapy	Tricomi & Gallo-lópez, 2012*
Creative Drama			Bitel, 2009**	
Children and adolescents with social difficulties	Develop social interactions and improve social competence.	Creative Drama	Guli et al., 2013	
Other diagnostics	Adults with severe neuro-trauma	Develop recovery skills.	Drama Therapy	Haste & Mckenna, 2010
	Children and adolescents students	Prevent and reduce obesity. Develop healthy eating habits and physical activity. Raise awareness of the need to develop these habits.	Educational Theatre	Neumark-Sztainer et al., 2009 Stevens, Foote, & Wu, 2008



	Adults with Parkinson's	Recover body control and social functioning and improve quality of life: social and emotional strategies, mobility, stigma, social support and depression reduction.	Active Theatre	Modugno, 2010
	Seniors with chronic disease and low income	Improve self-esteem and health. Develop skills to defend or present oneself and overcome self-imposed limitations.	Theatre and drama	Yuen, Mueller, Mayor, & Azuero, 2011
	Seniors with dementia and their caregivers	Develop healthy interactions and increase communication between them. Improve professional self-esteem.	Drama Therapy	Lepp, Ringsberg, Holm, & Sellersjö, 2003
	Adolescents suffering from chronic pain	Develop physical and emotional skills.		Christie, Hood, & Griffin, 2006
	Korean women with Hwa-Byung (disease associated with the culture).	Improve health, self-development, expression of internal conflicts and catharsis, anger, empowerment, the search for solutions and the ability to share with others change and hope.		Choi & Lee, 2007
	War veterans	Reduce post-traumatic stress. Develop effective personal processes and coping behaviors.		James & Johnson, 1996
		Reinstatement. Develop interactions with the group and emotional expression.		Towers, 2013
	Children and adolescents with diabetes	1st part: program development. Accept and understand diabetes, developing responsibility, self-care, self-concept and emotional expression.	Theatre and drama	Basso & Pelech, 2008a
		2nd part: evaluation of the program.		Basso & Pelech, 2008b
	Deaf children and adolescents with cochlear implant or hearing aids.	Outsource and express emotions. Improve Life Quality. Develop self-esteem and resilience. Stimulate nonverbal communication skills. Raise	Drama Therapy	Cernea et al., 2014

		awareness of families and community.		
	Adolescents with anxiety	Reduce anxiety. Develop emotional, cognitive and behavioral awareness.	Integrated Performance Therapy	Micera, 2015

ACCEPTED MANUSCRIPT