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A scoping review of observed benefits of Developmental Transformations (DvT)

ABSTRACT

Developmental Transformations (DvT), a practice involving interactive, improvisational play in pairs or groups, has gained international appeal as a therapeutic intervention for different populations in a variety of health, care and recreational contexts. However, a rigorous review of the benefits of DvT has not been conducted. The purpose of this study was to review extant literature for the observed benefits of DvT, identify gaps in the literature and make recommendations concerning future research including identifying possible areas for outcome measurement for preliminary studies. The authors, who each completed training in this approach, conducted a scoping review of English-language, published, peer-reviewed and grey DvT literature through 2021. From an initial 745 records retrieved through databases and a manual search, 51 publications met criteria, which, when analysed using in-vivo and pattern coding, resulted in a total of seventeen categories of observed benefits ascribed to DvT. These included six general categories – relational, emotional, social, cognitive, behavioural and physical benefits – and eleven complex categories of benefits to participants across the lifespan. In addition to

KEYWORDS

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benefits for participants, benefits of DvT were also observed and reported for facilitators, therapists, teachers and supervisors engaged in this practice. This review revealed inconsistencies regarding the reporting of practitioner training, frequency, format, population, intended goals, assessment measures and outcomes. Future studies with increased experimental rigor, standardized outcome measures and consistent reporting are recommended.

PALABRAS CLAVE

Transformaciones del Desarrollo
DvT
salud
improvisación
juego
revisión de alcance
beneficios
drama

RESUMEN

Las Transformaciones del Desarrollo (DvT), una práctica que involucra juegos interactivos e improvisados en parejas o grupos, han ganado atractivo internacional como una intervención terapéutica para diferentes poblaciones en una variedad de contextos de salud, cuidado y recreación. Sin embargo, no se ha realizado una revisión rigurosa de los beneficios de la aplicación de la DvT. El propósito de este estudio fue revisar la literatura existente sobre los beneficios observados de la DvT, identificar las lagunas presentes en la literatura y hacer recomendaciones para las investigaciones futuras, incluyendo la identificación de posibles áreas para la medición de resultados para estudios preliminares. Los autores, cada uno de los cuales completó la capacitación en este enfoque, realizaron una revisión de alcance, de la literatura gris y revisada por pares, publicada sobre la DvT, en inglés hasta 2021. De los 745 registros iniciales recuperados a través de bases de datos y una búsqueda manual, 51 publicaciones cumplieron con los criterios que, cuando se analizó mediante codificación in vivo y de patrones, dio como resultado un total de 17 categorías de beneficios observados atribuidos a la DvT. Estos incluían seis categorías generales: beneficios relacionales, emocionales, sociales, cognitivos, conductuales y físicos; y 11 categorías complejas de beneficios para los participantes a lo largo de la vida. Además de los beneficios para los participantes, también se observaron e informaron los beneficios de la DvT en los facilitadores, terapeutas, maestros y supervisores involucrados en esta práctica. Esta revisión reveló inconsistencias con respecto al informe de la capacitación de los profesionales, la frecuencia, el formato, la población, las metas previstas, las medidas de evaluación y los resultados. Se recomiendan estudios futuros con mayor rigor experimental, medidas de resultado estandarizadas e informes consistentes.

MOTS-CLÉS

transformations développementales
DvT
santé
improvisation
jeu
examen de la portée
avantages
théâtre

RÉSUMÉ

Les transformations développementales (DvT) – une pratique impliquant un jeu interactif et improvisé en paires ou en groupes – ont acquis un attrait international en tant qu'intervention thérapeutique pour différentes populations dans une variété de contextes de santé, de soins et de loisirs. Cependant, on n'a pas effectué d'examen rigoureux des avantages des DvT. Le but de cette étude était d'examiner les avantages observés des DvT, d'identifier les lacunes dans la littérature à ce sujet, et de faire des recommandations concernant les recherches futures, y compris l'identification des domaines possibles de mesure des résultats pour les études préliminaires. Les auteurs, qui ont chacun suivi une formation sur cette approche, ont examiné la portée de la littérature DvT en anglais, publiée, évaluée par des pairs et grise jusqu'en 2021. Sur les 745 premiers enregistrements récupérés via des bases de données et une recherche manuelle, 51 publications répondaient aux critères qui, lorsqu'ils ont été analysés à l'aide d'un codage in vivo et de modèles,

ont abouti à un total de 17 catégories d'avantages observés attribués aux DvT. Celles-ci comprenaient six catégories générales: avantages relationnels, émotionnels, sociaux, cognitifs, comportementaux et physiques, ainsi que 11 catégories complexes d'avantages pour les participants tout au long de la vie. Les avantages des DvT ont été observés et signalés par des animateurs, des thérapeutes, des enseignants et des superviseurs engagés dans cette pratique. Cet examen a, en outre, révélé des incohérences concernant les rapports sur la formation des praticiens, la fréquence, le format, la population, les objectifs visés, les mesures d'évaluation et les résultats. On recommande que de futures études soient menées avec une rigueur expérimentale accrue, des mesures de résultats standardisées, et des rapports cohérents.

INTRODUCTION

Developmental Transformations (DvT), originally conceived by David Read Johnson, is an improvisation-based practice with a recognizable individual and group protocol, involving an entrance structure, unison sound and movement, structured and unstructured role play and an exit structure throughout

> which the client, called a *player*, spontaneously enacts how they are feeling and what they are thinking with a therapist, called a *playor*, and other players if in a group format. This practice can occur in any arts modality, and any social frame (e.g., therapy, performance, education, public health), though DvT was created within a drama therapy context.
>
> (Johnson and Pitre 2021: 123)

It has been discussed and used in the context of other creative arts therapies such as dance therapy (Johnson 1993) and art therapy (Rosen et al. 2016) and used to promote health and well-being as well as manage and treat clinical symptoms (Johnson and Pitre 2021; Landers 2012a, 2012b). Despite the fact that DvT is widely taught in drama therapy and postgraduate training programs around the world and used in a variety of clinical and community-based care programs, a systematic investigation of the benefits ascribed to the practice has not been undertaken. Such appraisals are necessary to ethical practice, training and useful to the development or selection of suitable outcome measures to further investigate the impact of DvT. Therefore, the purpose of this scoping review was to identify and analyse literature documenting observed benefits of DvT towards identifying patterns, gaps in the literature and making recommendations concerning future research.

A chronological review of benefits attributed to DvT

This review of literature tracks the chronological evolution of DvT with a focus on the benefits that have been theorized and proposed by people trained in this approach in order to establish the context for this study. The theoretical frameworks, settings and proposed goals of DvT have changed over time and oscillated between a focus on representing internal experience in the closed context of a psychiatric unit or residential care facility and an exploration of the external conditions that influence interpersonal experience in open, community and public contexts. As Johnson writes:

> DvT was originally conceived as a form of therapeutic free play (Johnson 1982, 1991, 1993, 2007), and then it transformed into an exploration of intimacy (Johnson 2009; Johnson, Forrester, Dintino, James, & Schnee et al. 1996; Porter 2000), and then an encounter with presence (Johnson 2013). Now DvT is being framed as a means of questioning and disrupting discourses of power.
>
> (Johnson and Pitre 2021: 124)

The earliest publication by Johnson on what he then referred to as the *Developmental Method* stressed its value in 'increasing [one's] range of expression, so that the person has access to, and flexibility to move among, all developmental levels […] [and an] ability to adapt flexibly to changing circumstances' (1982: 185). In the early 1980s, the Developmental Method united aspects of dance movement and drama therapy which, according to Johnson, seemed 'to be associated with an increased access to and flow of images and words' (1984: 313). His observations, while providing group drama therapy in an elder care facility, led to insights about how this approach might improve the overall milieu of care while also instilling hope, enhancing vitality and deepening meaningful relationships. In the latter half of the 1980s, Johnson began to stress the value of DvT in reducing rigidity, anxiety and promoting greater psychological flexibility in addition to aforementioned benefits of freeing up and expanding one's range of expression and adaptability to change (Johnson 1985, 1986).

In the 1990s, those writing about DvT appeared to place a greater emphasis on how this approach might lead to increased self-acceptance and a sense of meaning. Johnson wrote that 'the benefits it provides include a sense of inner calm, acceptance of oneself and one's painful history, a sense of fullness and an increased range of experiencing, deepened by the stirrings of an inner life, moving upward from below' (1991: 299). Referring then to the practice as *Transformations*, Johnson wrote that this approach to drama therapy could increase 'the client's access to and tolerance of internal states that have for various reasons been cast aside, labeled as unacceptable, or seen as threatening' (1992: 128).

From the mid-1990s onwards, we see assertions of the benefits of this approach in publications written by other practitioners or co-authored with Johnson (Forrester and Johnson 1996; Dintino and Johnson 1997; Schnee 1996). The *Developmental Method* and *Transformations* merged into its current form, *Developmental Transformations* (DvT), in an article written by Johnson et al. in which they emphasized the potential of DvT to reduce 'existential discomfort and achieve greater intimacy' (1996: 296). In an article exploring the benefits of DvT in the treatment of combat-related post-traumatic stress disorder, there was an explicit differentiation between the aims of DvT from other approaches in drama therapy:

> The major focus on DvT is not the re-living or problem solving of life experiences, nor achieving catharsis, but rather embracing an attitude of acceptance and tolerance of the multifaceted aspects of self, good and bad, profound and superficial. The goal becomes to expand the freedom that the individual has in moving from one level of experience to another, rather than the ability to work out one particular conflict.
>
> (James and Johnson 1996: 138)

The moral benefits of DvT emerged as a focus during the end of the 1990s and early 2000s. In work with Vietnam veterans, Johnson and Dintino (1997) asserted the benefits of self-acceptance and psychological flexibility but also highlighted how the representational properties of the playspace enabled clients to 'acknowledge their past actions and future potential for violent behavior as they choose to behave differently […] each moment in the playspace is a choice not to act in violence' (1997: 220). Landers (2002), in an article about the use of DvT to deconstruct toxic masculinity, also asserted that it may contribute to a reduction in violent behaviour.

Articles published in the 2000s reinforced earlier assertions about the benefits of DvT. In an article focusing on the benefits of DvT with older adults, Smith (2000) emphasized the potential of DvT to reduce existential fear. Johnson et al. (2003) revisited the contributions of DvT to a sense of vitality, meaning and self-acceptance while also contributing to a positive cultural change within care institutions. Galway et al. (2003) and Glaser (2004) explored the role of DvT in promoting greater flexibility, spontaneity and a means of disrupting limiting self-narratives. James et al. (2005) articulated the value of DvT in desensitizing memories of past sexual abuse in their work with children.

As we approached the 2010s and entered into the next decade, we saw the emergence of writing about DvT in languages other than English (see Dočkal 2009, 2010; Hannagan and Lau 2019; Louis 2021; Willemsen 2014). We also observed a critical turn in how the practice was being written about in that the benefits of DvT began to be discussed in terms of agentic potential and disruptions to the status quo. No longer was DvT solely located within a private, clinical context but situated as a public practice capable of deconstructing stereotypes and enabling a greater sense of responsiveness and freedom amidst restrictive social conditions. For example, Mayor (2012) discussed DvT as a means of playing with race as a social construct. Landers (2012a) introduced *Urban Play* as an expression of DvT designed for public spaces and as a response to neo-liberalism in which participants might be awakened 'to the opportunities for action that are everywhere among us' (2012a: 205). Sajnani et al. (2014) presented the value of DvT in school-based settings, and Sajnani and Johnson (2016) discussed DvT in relation to social change.

Previous assertions remained, though they were, at times, directed at related fields outside of drama therapy. Domikles (2012) discussed the potential of DvT to provide relief and greater self-acceptance of unpreferred feelings. Reynolds (2011), in a journal for group social work, described the benefits of DvT in relation to increased 'flexibility and capacity for creative expression' in an inpatient psychiatric unit for children. Like several publications within this period, he emphasized the benefits of DvT for individual participants as well as facilitators and the social and cultural milieu in which the practice was taking place.

Alongside these developments was a more rigorous engagement with how DvT could contribute to a reduction of symptoms of post-traumatic stress in children, adolescents and adults. In what could be described as a trauma-informed turn in the literature, Johnson proposed *Trauma-Centred DvT* (2014) in which he situated the practice as a form of imaginal exposure therapy. In keeping with DvT as a response to trauma, Pitre (2014), Pitre et al. (2015, 2016), Frydman and Pitre (2019), Webb (2019) and Willemsen (2020) demonstrated the potential of DvT to offer emotional release and relief from stressful memories. Further, McAdam and Johnson (2018) wrote about the potential of

DvT in addressing symptoms of depression amongst adolescents. While not specific yet still relevant to trauma treatment, Frydman (2017) theorized how an embodied understanding of cognition might contribute to DvT practice.

The technological turn is the most recent lens through which the benefits of DvT have been explored. Regula (2020) asserted the possibility of experiencing the benefits of interpersonal presence in DvT online. Marshall (2020) raised ethical and practical questions about the relationship between DvT and developing technologies with a particular focus on similarities between the DvT practitioner's capacities to notice micro movements and differences in interpersonal, embodied play and the mass deployment of artificial intelligence (AI) to gather granular human data. Buckley (2020) called attention to how DvT online may both amplify and reduce isolation.

This chronological review reveals an evolution of how this approach has been theorized. This is evident in the writing of its progenitor, David Read Johnson, whose publications reflect the same commitment to transformation as the method itself. When taken up by other authors, DvT theory was brought into conversation with their unique interests and world-views such as Buddhism (Legari 2019), cognitive neuropsychology (Frydman 2017), neoliberalism (Landers 2012a), gender studies (Dintino 1997; Dintino et al. 2015; Landers 2002), critical race and performance theory (Mayor 2012), attachment theory (Pitre 2014), family systems (Domikles 2012) and group work theory (Reynolds 2011) that likely influenced how they understood the value and purpose of DvT.

In summary, there have been many psychological, physical, relational, social (including cultural) and moral benefits attributed to the practice of DvT inspired by the theory and practice of its founder and people who trained in this approach. Amongst these are an expanded range of expression, greater psychological flexibility, adaptability, tolerance of uncertainty, a reduction of fear and violent impulses and an increased sense of vitality and intimacy in interpersonal relationships and various spheres of social organization.

METHOD

The purpose of this scoping review was to systematically identify which benefits have been observed in DvT practice, identify gaps in the literature and make recommendations concerning future research. The primary research question for this study was 'What are the observed benefits of DvT?'. As authors, each of us had completed training in DvT, used it in clinical practice and trained students in this approach at our respective institutions. We chose to conduct a scoping review as it is an approach that can facilitate a broad investigation of the breadth and depth of what has been written about in a field of practice and highlight directions for further research (Arksey and O'Malley 2005; Peters et al. 2015, 2020). A scoping review is a 'form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts, types of evidence, and gaps in research related to a defined area or field by systematically searching, selecting, and synthesizing existing knowledge' (Colquhoun 2014: 1292–94). We used the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist to facilitate complete and transparent reporting (Tricco et al. 2018). Consistent with guidelines concerning scoping reviews, the protocol for the search was registered,[1] and more than two researchers were involved in the selection and screening process. In

1. The protocol for this scoping review was registered with the Open Science Framework: https://osf.io/8zrtq/?view_only. Accessed 1 July 2023.

accordance with the purpose of scoping reviews, we did not appraise the quality of the study extracted before inclusion, but rather provided an overview to map the variety of research, identify gaps and make recommendations (see Appendix 1).

Eligibility criteria

On average, we met online biweekly and used an iterative process to define inclusion and exclusion criteria prior to the selection phase. We agreed that literature had to include statements about benefits directly or indirectly observed as a result of the DvT intervention. Direct observations involved documented practitioner accounts of the benefits of DvT intervention. Indirect observations were the practitioner accounts of what clients or involved staff shared with the practitioner about the benefits of DvT intervention as well as observations recorded by researchers. We agreed that the literature had to be published in English, as this was the language common to the co-authors, in a peer-reviewed publication before 2021. Consistent with best practice concerning reviews, we included grey literature in order to further 'reduce publication bias, increase reviews' comprehensiveness and timeliness, and foster a balanced picture of available evidence' (Paez 2017: 233). Grey literature may be divided into sources of varying trustworthiness relating to degrees of editorial oversight and peer review. We included first-level grey literature consisting of literature published in books and periodicals (e.g. articles published in the *Chest of Broken Toys*), but excluded second- and third-level grey literature such as theses and opinion pieces (Higgins et al. 2019; Pollock et al. 2021).

Information sources

We searched the following databases for English peer-reviewed literature: PsycINFO, Academic Search Complete, Web of Science and Sage. In addition, we asked the directors of DvT training institutes around the world to send DvT publications in English that they have used in their training. Contributions to peer-reviewed and grey literature came from Belgium, Canada, China, Czech Republic, France, Hong Kong, Israel, the Netherlands and the United States. Finally, we completed a manual search through the references listed on the online DvT library.[2]

Search

The search protocol was developed from December 2020 to January 2021 in consultation with two research librarians at our affiliated universities. The list of search terms was organized in search strings adjusted to the underlying structure, syntax and capabilities of each specific database used.[3]

Selection of publications

In the different databases, 643 records were identified and 95 duplicate records were removed. The remaining 548 publications were imported into the web tool Rayyan (Ouzzani et al. 2016). We screened the title and abstracts for every entry independently from each other. In case of doubt or disagreement, we examined the full text and came to consensus. Although entries were filtered for English language, several publications were excluded because they were in another language (n = 7). We also excluded publications that did not have direct

2. The online DvT library is accessible here: http://developmentaltransformations.com. Accessed 1 July 2023.

3. The databases, date of search, search strings and identified records may be found in the registered protocol on Open Science Framework: https://osf.io/8zrtq/?view_only=. Accessed 1 July 2023.

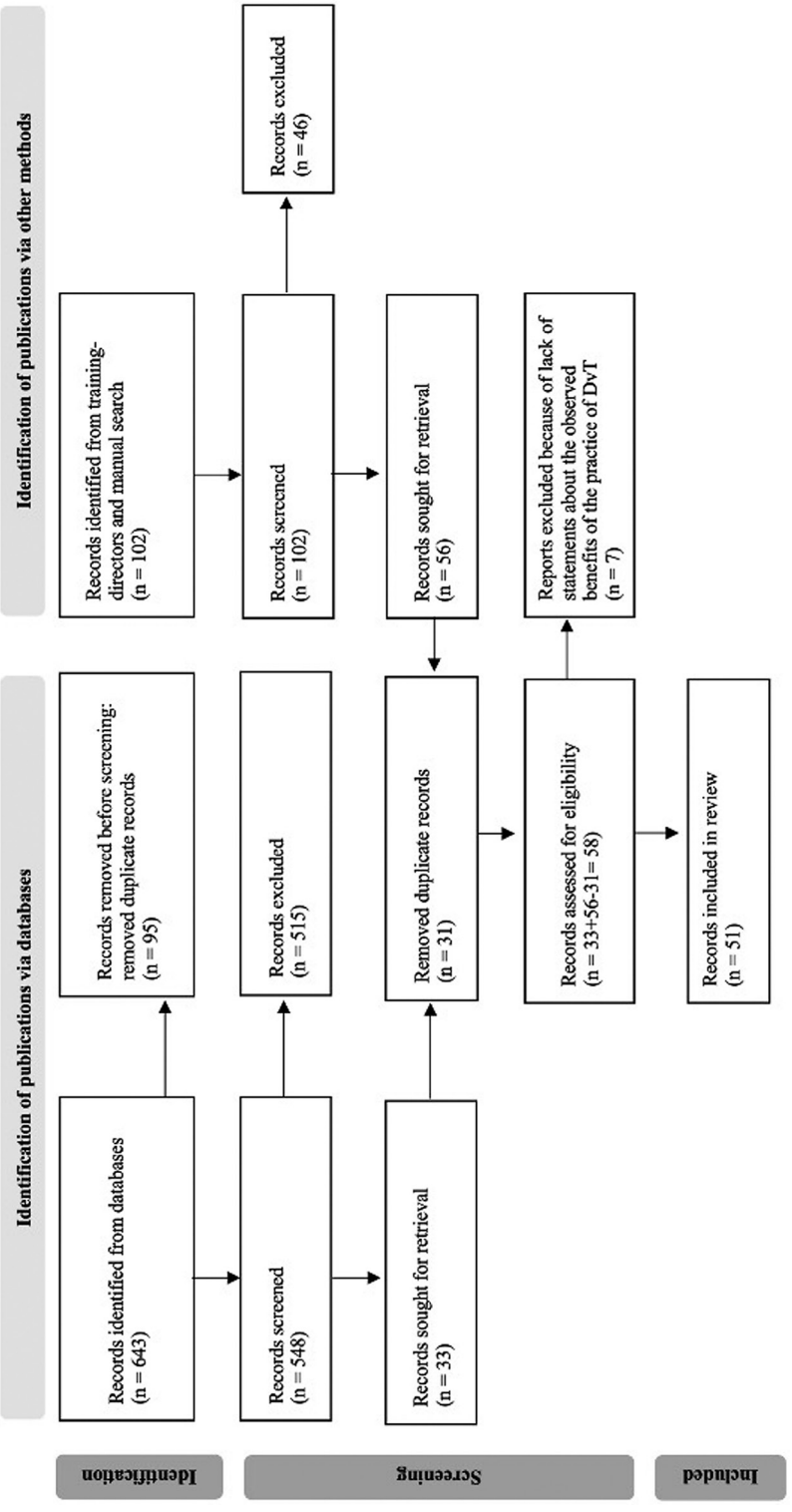

Figure 1: PRISMA flow chart.

or indirect observations about the benefits of the practice of DvT (n = 508). The materials received from the DvT training directors and found through a manual search were read and discussed individually (n = 102). Reasons for exclusion included 'not relevant', 'wrong publication type', 'background article' (n = 46). After a full-text reading of the remaining 58 relevant entries, seven publications were excluded from the scoping review because they did not contain direct or indirect observations about the benefits of the practice of DvT, leaving a total of 51 (Figure 1). For example, Frydman (2017) was purely theoretical.

Data extraction

The 51 publications were divided between each of us, and we rotated the publications through a process of extracting and charting information on a shared Google Excel document. During this process, the chart was refined several times. To best meet the objectives of the scoping review, we extracted and charted the following information from each of the included publications: year of publication; authors; title including title in language of origin; type of source (i.e. chapter, book, article); abstract; age of the target group; characteristics of population; intended benefits; DvT concepts; settings (i.e. private practice, outpatient care, school, public space); frequency; format (i.e. individual, group); country where DvT took place; method of research if any; DvT primary intervention or not; training of the first author; full APA citation; the authors' assumptions about the theoretical benefits of DvT with quotes; observed benefits of the practice of DvT with indicative quotes.

Data analysis

We used in vivo coding to identify the observed benefits of the practice of DvT (Saldaña 2014). To stay as close to the intended meaning of the author(s) as possible, we bolded words and phrases within each excerpt in the chart that stood out as indicative of what the author(s) documented as benefits. In total, 615 codes were identified and transferred to the computer-assisted qualitative data analysis software (CAQDAS) Dedoose. Using Dedoose, we grouped these initial 615 codes into 102 unique codes and then, upon further examination, reduced this to 95 unique codes.

We further categorized these 95 unique codes according to their similarities. As a result of this pattern coding (Saldaña 2014), a hierarchically organized outline was developed. Fifty of the 95 coded benefits were categorized into six general categories: cognitive, behavioural, relational, social, emotional and behavioural. The remaining 45 coded benefits were grouped into eleven additional 'complex categories' as they were observed to have a complex mixture of the general categories (i.e. both emotional *and* cognitive). After pattern coding, we went back to the excerpts of the observed benefits to check if any possible benefits were not identified. This did not lead to new codes. From Dedoose, the results were brought to a shared Google document and, in accordance with the last step of the coding process (Saldaña 2014), a cross-case analysis was conducted to come to a final layout (Table 2) of the observed benefits of DvT and findings written below (Onwuegbuzie et al. 2016).

FINDINGS

Fifty-one publications met the inclusion criteria in that they presented direct or indirect observations of benefits ascribed to DvT (Table 1). Only one of the

Table 1: Included publications.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Johnson (1982). Developmental approaches in drama therapy. *Arts in Psychotherapy, 9*(3), 183–189. https://doi.org/10.1016/0197-4556(82)90035-1	Mixed	Young adults with schizophrenia; 20-year-old mute man with catatonic schizophrenia. Patients in a nursing home; 12-year-old boy with autistic behaviour, fragmented movement, impulsivity, fits of rage, somatic delusions	Private practice	Partially indicated	Both	Increased flexibility, adaptability, security, attachment, intimacy, self-expression, social engagement
Johnson, D. (1984). The representation of the internal world in catatonic schizophrenia. *Psychiatry*, *47*, 299–314.	Adults	Catatonic schizophrenia	Inpatient hospital	Twice/week	Group	Initiate movement, active engagement, feeling hopeful (therapist), explore aspects of self, boundaries, clarification, differentiation, increased quality of life, vocalization, self-acceptance, self-awareness, self-regulation, collaboration, tolerance of emotions, authentic emotions, optimism, changes relationship to self and others, self-expression, reduced violence, psychological symptom reduction
Johnson, D. (1985). Expressive group psychotherapy with the elderly. *International Journal of Group Psychotherapy*, *35*, 109–127.	Older adults	64–96-year-olds in residential care facility	Aged care facility	Once/week	Group	Active engagement, interpersonal investment, social engagement

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Johnson, D. R. (1986). The developmental method in drama therapy: Group treatment with the elderly. *Arts in Psychotherapy, 13*(1), 17–33. https://doi.org/http://dx.doi.org/10.1016/0197-4556(86)90005-5	Older adults	Individuals in wheelchairs, 80–94 years old	Aged care facility	Once/week	Group	Meaning-making, increased playfulness, increased flexibility, optimism, changes relationship to self and others, forgiveness of self, increased self-awareness, integration of self, social engagement, tolerance of emotions
Johnson, D. R. (1992). The dramatherapist 'in-role'. In S. Jennings (Ed.), *Dramatherapy: Theory and practice, vol. 2* (pp. 112–136). Routledge.	Adults	Depression, overeating, low libido, past sexual abuse	Private practice	Not indicated	Individual	Increased agency, increased dimensionalization, increased self-awareness, increased self-acceptance
Johnson, D. R. (1993). Marian Chace's influence on drama therapy. In S. Sandel, S. Chaiklin & A. Lohn (Eds.), *Foundations of dance/movement therapy* (pp. 176–189). Marian Chace Memorial Fund.	Adults	Veterans	Inpatient hospital	Not indicated	Group	Mourning, emotional release, self-expression, physical release, acknowledging shame, increased self-awareness
Forrester, A. M. & Johnson, D. R. (1996). The role of dramatherapy in an extremely short-term inpatient psychiatric unit. In A. Gersie (Ed.), *Dramatic approaches to brief therapy* (pp. 125–138). Jessica Kingsley.	Adults	Psychosis, suicidality, substance abuse	Inpatient hospital	Once/week	Group	Empowerment, therapy adherence, humour, aliveness, support, social engagement, transform shame

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
James, M. & Johnson, D. R. (1996). Drama therapy in the treatment of combat-related post-traumatic stress disorder. *Arts in Psychotherapy, 23*(5), 383–395.	Adults	Veterans with PTSD	Inpatient hospital	Once/ week	Group	Mourning, intimacy, increased self-acceptance, forgiveness of self, support, acceptance of others, transform shame, tolerance of emotions, tolerance of others
James, M. & Johnson, D. (1996). Drama therapy for the treatment of affective expression in post-traumatic stress disorder. In D. Nathanson (Ed.), *Knowing feeling: Affect, script, and psychotherapy* (pp. 303–326). Norton.	Adults	Veterans	Inpatient hospital	Once/ week	Group	Mastery, positive behavioural change, active engagement, explore aspects of self, revision, clarification, increased playfulness, fun, humour, spontaneity, role flexibility, increased quality of life, mourning, authentic emotions, stress relief, optimism, aliveness, reduce fear, increased presence, increased attention, changes relationship to self and others, intimacy, self-expression, embodied, experiencing, stress relief, increased self-acceptance, forgiveness of self, vulnerability, integration of self/experience, increased self-regulation, collaboration, tolerance of emotions, tolerance of uncertainty, desensitization
Johnson, D. R., Forrester, A. M., Dintino, C., James, M. & Schnee, G. (1996). Towards a poor drama therapy. *Arts in Psychotherapy, 23*(4), 293–306.	Adults	General wellness	Private practice	Once/ week	Individual	Increased presence, self-expression, social engagement

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Schnee, G. (1996). Drama therapy in the treatment of the homeless mentally ill: Treating interpersonal disengagement. *Arts in Psychotherapy*, *23*(1), 53–60. https://doi.org/10.1016/0197-4556(95)00041-0	Adults	Homelessness, mental illness	Inpatient hospital	Twice/ week	Group	Fun, self-expression, social engagement
Dintino, C. & Johnson, D. R. (1997). Playing with the perpetrator: Gender dynamics in developmental drama therapy. In S. Jennings (Ed.), *Drama therapy: Theory and practice 3* (pp. 205–220). Routledge.	Adults	Veterans	Outpatient care	Not indicated	Group	Increased agency, role flexibility, reduce fear, increased self-awareness, reduce violence, morality, desensitization
Johnson, D. R. (1998). On the therapeutic action of the creative arts therapies: The psychodynamic model. *Arts in Psychotherapy*, *25*(2), 85–99.	Children	7–9-year-old boys with acting out behaviour, interpersonal violence and distress	Outpatient care	Not indicated	Group	Increased agency, active engagement, fun, role flexibility, increased quality of life, changes relationship to self and others, calm down, reduce violence
Johnson, D. R. & Lewis, P. (2000). Developmental Transformations: Toward the body as presence. In *Current Approaches in Drama Therapy* (1st ed., pp. 87–110). Charles C Thomas.	Adults	32-year-old woman with depression, overeating, low libido, past sexual abuse. 36-year-old woman concerned about intimacy	Private practice	Partially indicated	Individual	Therapy adherence, perspective, pleasure, healthy relationships, intimacy, self-expression, increased self-acceptance, psychological symptom reduction, tolerance of emotions

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Porter, L. (2000). The bifurcated gift: Love and intimacy in drama psychotherapy. *Arts in Psychotherapy*, *27*(5), 309–320. https://doi.org/10.1016/s0197-4556(00)00070-8	Adults	Desire for romantic connection and a sense of meaning	Private practice	Not indicated	Individual	Freedom, explore aspects of self, increased flexibility, emotional release, healthy relationships, intimacy, physical release, increased self-awareness, integration of self/experience, social engagement, tolerance of uncertainty
Smith, A. G. (2000). Exploring death anxiety with older adults through Developmental Transformations. *Arts in Psychotherapy, 27*(5), 321–331. https://doi.org/10.1016/s0197-4556(00)00074-5	Older adults	Older adults with existential concerns	Aged care facility	Once/week	Group	Aliveness, existential fear, changes relationship to self and others, intimacy, ownership, reduced isolation, tolerance of emotions
Landers, F. (2002). Dismantling violent forms of masculinity through Developmental Transformations. *Arts in Psychotherapy*, *29*(1), 19–29. https://doi.org/10.1016/S0197-4556(01)00132-0	Adults	Veterans	Outpatient care	Variable	Individual	Increased sense of safety, increased self-acceptance, reduce violence
Galway, K., Hurd, K. & Johnson, D. R. (2003). Developmental Transformations in group therapy with homeless people who are mentally ill. In D. J. Wiener & L. K. Oxford (Eds.), *Action therapy with families and groups using creative arts improvisation in clinical practice, vol. 1* (pp. 135–162). American Psychological Association.	Adults	Homelessness, mental illness	Outpatient care	Once/week	Group	Explore aspects of self, humour, increased flexibility, interpersonal investment, increased self-awareness, deconstruct stereotypes, social engagement

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Johnson, D. R., Smith, A. G. & James, M. (2003). Developmental Transformations in group therapy with the elderly. In C. E. Schaefer (Ed.), *Play therapy with adults* (pp. 78–103). John Wiley.	Older adults	Physical immobility, dementia	Aged care facility	Once/ week	Group	Increased self-acceptance, transform shame
Porter, L. (2003). Death in transformation: The importance of impasse in drama therapy. *Arts in Psychotherapy*, *30*(2), 101–107. https://doi.org/10.1016/S0197-4556(03)00025-X	Older adults	General wellness	Aged care facility	Once/ week	Group	Explore aspects of self, meaning-making, fun, reduce fear, self-expression, increased self-acceptance, vulnerability, social engagement, increased tolerance, tolerance of contradictions
Glaser, B. (2004). Ancient traditions within a new drama therapy method: Shamanism and Developmental Transformations. *Arts in Psychotherapy*, *31*(2), 77–88.	Adults	General wellness	Private practice	Not indicated	Group	Emotional release, stress relief, changes relationship to self and others, intimacy, physical release, social engagement, somatic symptom reduction
James, M., Forrester, A. M. & Kim, K. C. (2005). Developmental Transformations in the treatment of sexually abused children. In A. M. Weber & C. Haen (Eds.), *Clinical applications of drama therapy in child and adolescent treatment* (pp. 67–86). Brunner-Routledge.	Children	Sexual abuse	Private practice	Not indicated	Individual	Increased agency, reduce fear, increased sense of safety, trust in caring adult, embodied, reduce violence, somatic symptom reduction, desensitization

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Johnson, D. R. (2007). British influences on Developmental Transformations. *Dramatherapy*, *29*(2), 3–9. https://doi.org/10.1080/02630672.2007.9689719	Adults	Unclear	Private practice	Not indicated	Both	Role flexibility
Parkinson, E. (2008). Developmental Transformations with Alzheimer's patients in a residential care facility. *Arts in Psychotherapy*, *35*(3), 209–216.	Older adults	Alzheimer's	Aged care facility	Not indicated	Group	Humour, reduce fear, self-expression, increased self-acceptance, transform shame, increased tolerance
Johnson, D. R. (2009). Developmental Transformations: Towards the body as presence. In D. R. Johnson & R. Emunah (Eds.), *Current approaches in drama therapy* (pp. 89–116). Charles C Thomas.	Adults	32-year-old woman with depression, overeating, low libido, past sexual abuse. 36-year-old woman concerned about intimacy	Private practice	Once/week	Individual	Increased playfulness, increased quality of life, improved mood, increased self-acceptance, forgiveness of self, increased self-awareness
Mayor, C. (2010). Contact zones: The ethics of playing with 'The Other'. *Poiesis: A Journal of the Arts and Communication*, *12*, 82–90.	Children	Psychiatric	Inpatient hospital	Not indicated	Group	Freedom, perspective, increased playfulness, humour, movement repertoire, social engagement
Reynolds, A. (2011). Developmental Transformations: Improvisational drama therapy with children in acute inpatient psychiatry. *Social Work with Groups: A Journal of Community and Clinical Practice*, *34*, 296–309.	Children	Acute psychiatric symptoms including aggression and signs of traumatic stress	Inpatient hospital	Weekly	Group	Explore aspects of self, intimacy, experiencing, increased self-awareness, participation, tolerance of others

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Butler, J. (2012). Playing with madness: Developmental Transformations and the treatment of schizophrenia. *Arts in Psychotherapy*, *39*, 87–94.	Adults	Schizophrenia	Outpatient care	Not indicated	Group	Increased agency, empowerment, explore aspects of self, revision, differentiation, meaning-making, pleasure, increased flexibility, increased quality of life, increased presence, integration of self/experience, increased self-regulation, symptom reduction
Domikles, D. (2012). Violence and laughter: How school-based dramatherapy can go beyond behaviour management for boys at risk of exclusion from school. In L. Leigh, I. Gersch, A. Dix & D. Haythorne (Eds.), *Dramatherapy with children young people and schools: Enabling creativity, sociability, communication and learning* (pp. 71–82). Taylor & Francis. https://doi.org/10.4324/9780203138830	Children	School children with behavioural difficulties	School	Once/week	Individual	Mastery, positive behavioural change, improved academic performance, low drop-out rate, increased quality of life, emotional release, aliveness, self-expression, physical release, increased self-regulation, reduced violence, social engagement
Landers, F. (2012). Urban play: Imaginatively responsible behavior as an alternative to neo-liberalism. *Arts in Psychotherapy, 39*, 201–205.	Adults	General wellness	Public space	Variable	Group	Self-expression, vulnerability, social engagement, tolerance of uncertainty

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Landers, F. (2012). Occupy wall street, urban play and the affirmation of crisis. *Journal of Urban Culture Research*, *4*, 40–55.	Adults	General wellness	Public space	Variable	Group	Increased playfulness, increased tolerance
Mayor, C. (2012). Playing with race: A theoretical framework and approach for creative arts therapists: The creative arts therapies and social justice. *Arts in Psychotherapy*, *39*, 214–219.	Adults	General wellness	College/ university	Single session	Individual	Empowerment, revision, mourning, emotional release, changes relationship to self and others, physical release, deconstruct stereotypes
Sajnani, N. (2012). Improvisation and art-based research. *Journal of Applied Arts & Health*, 79–86.	Adults	Secondary traumatic stress with drama therapists working in trauma centre	Private practice	Variable	Group	Increased playfulness, humour, increased self-awareness, reduced isolation
Johnson, D. (2014). Trauma-centered Developmental Transformations. In N. Sajnani & D. Johnson (Eds.), *Trauma-informed drama therapy: Transforming clinics, class-rooms, and communities* (pp. 68–92). Charles C Thomas.	Mixed	Trauma	Private practice	Not indicated	Individual	Positive behavioural change, low drop-out rate, benefits to therapist, explore aspects of self, differentiation, increased playfulness, spontaneity, improved mood, stress relief, optimism, reduce fear, increased attention, stress relief, reduce violence, conforming to social norms, symptom reduction, psychological symptom reduction, tolerance of emotions, tolerance of others, tolerance of uncertainty

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Omens, S. (2014). Body as impasse: Drama therapy with medically compromised children. In N. Sajnani & D. Johnson (Eds.), *Trauma- informed drama therapy: Transforming clinics, classrooms, and communities*. Charles C Thomas.	Children	Medically compromised children and grieving parents	Inpatient hospital	Variable	Individual	Active part of client lives, therapist flexibility, optimism, aliveness, reduce fear, increased presence, embodied, increased tolerance
Pitre, R. (2014). Extracting the perpetrator: Fostering parent/child attachment with Developmental Transformations. In N. Sajnani & D. Johnson (Eds.), *Trauma-informed drama therapy: Transforming clinics, classrooms, and communities* (pp. 243–269). Charles C Thomas.	Children	Trauma and attachment concerns	Outpatient care	Not indicated	Individual	Positive behavioural change, benefits to parents and carers, boundaries, positive cognitive change, differentiation, perspective, pleasure, cognitive flexibility, adaptability, increased quality of life, mourning, stress relief, reduce fear, attachment, changes relationship to self and others, self-expression, trust in caring adult, sensory integration, stress relief, vulnerability, reduce violence, tolerance of emotions, tolerance of uncertainty, desensitization
Sajnani, N., Jewers-Dailley, K., Brillante, A., Puglisi, J. & Johnson, D. (2014). Animating learning by integrating and validating experience. In N. Sajnani & D. Johnson (Eds.), *Trauma-informed drama therapy: Transforming clinics, classrooms, and communities* (pp. 206–242). Charles C Thomas.	Mixed	Students and teachers in primary school	School	Variable	Both	Positive behavioural change, benefits to teachers, improved mood, stress relief, increased attention, self-expression, stress relief, increased self-awareness, calm down, improved atmosphere

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Dintino, C., Steiner, N., Smith, A. & Carlucci Galway, K. (2015). Developmental Transformations and playing with the unplayable. *A Chest of Broken Toys: A Journal of Developmental Transformations*, 12–31.	Adults	Veteran with violent history. HIV+ transgender young adult with feelings of humiliation, shame and rage. Older adults in a nursing home. Homeless man with schizophrenia	Multiple	Not indicated	Both	Active engagement, explore aspects of self, positive cognitive change, clarification, differentiation, meaning-making, fun, cognitive flexibility, role flexibility, mourning, authentic emotions, optimism, aliveness, increased presence, changes relationship to self and others, experiencing, deconstruct stereotypes, social engagement, tolerance of contradictions, tolerance of emotions
Miller, R., Vgenopoulou, S. & Johnson, D. (2015). Tending to the supervisory relationship through Developmental Transformations. *A Chest of Broken Toys: A Journal of Developmental Transformations*, 35–52.	Adults	Graduate student and DvT trainee – general wellness in supervisory relationship	DvT training (post-graduate)	Once/ week	Individual	Benefits to supervisory relationship, healthy relationships, changes relationship to self and others, self-expression, increased self-awareness
Pitre, R., Sajnani, N. & Johnson, D. (2015). Trauma-centred developmental transformations as exposure treatment for young children. *Drama Therapy Review*, *1*, 41–54.	Children	Children with trauma	Private practice	Once/ week	Individual	Mastery, therapy adherence, benefits to parents and carers, differentiation, pleasure, increased flexibility, role flexibility, interpersonal investment, attachment, vulnerability, increased self-regulation, reduced violence, social engagement, symptom reduction, somatic symptom reduction, increased tolerance, desensitization

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Armstrong, C. R., Rozenberg, M., Powell, M. A., Honce, J., Bronstein, L., Gingras, G. & Han, E. (2016). A step toward empirical evidence: Operationalizing and uncovering drama therapy change processes. *Arts in Psychotherapy*, *49*, 27–33. https://doi.org/10.1016/j.aip.2016.05.007	Adults	One Black adult male – general wellness	College/ university	Single session	Individual	Experiencing, increased self-acceptance, psychological symptom reduction
Domikles, D. (2016). Stop kicking: The story of Lucy and Tracey. *A Chest of Broken Toys: A Journal of Developmental Transformations*, 129–138.	Children	Abuse and neglect	Outpatient care	Not indicated	Both	Benefits to parents and carers, differentiation, pleasure, increased quality of life, attachment, changes relationship to self and others, feel witnessed, reduce violence
Pitre, R., Mayor, C. and Johnson, D. R. (2016). Developmental Transformations short-form as a stress reduction method for children. *Drama Therapy Review*, *2*(2), 167–181. https://doi.org/10.1386/dtr.2.2.167_1	Children	11-year-old student with violent history and stress	School	Variable	Individual	Pleasure, role flexibility, emotional release, stress relief, increased presence, intimacy, trust in caring adult, physical release, stress relief, vulnerability, desensitization
Reisman, M. D. (2016). Drama therapy to empower patients with schizophrenia: Is justice possible? *Arts in Psychotherapy*, *50*, 91–100. https://doi.org/10.1016/j.aip.2016.06.001	Adults	Schizophrenia	Multiple	Once/ week	Individual	Empowerment, explore aspects of self, perspective

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Rosen, M., Pitre, R. & Johnson, D. R. (2016). Developmental Transformations art therapy: An embodied, interactional approach. *Art Therapy, 33*(4), 195–202. https://doi.org/10.1080/07421656.2016.1229514	Adolescents	12-year-old male with history of violence	Private practice	Not indicated	Individual	Self-expression, increased self-awareness
McAdam, L. & Johnson, D. (2018). Reducing depressive symptoms in adolescents with post-traumatic stress disorder using drama therapy. In A. Zubala & V. Karkou (Eds.), *Arts therapies in the treatment of depression* (pp. 48–67). Routledge.	Adolescents	15-year-old male and 16-year-old female with depressive and PTSD symptoms	School	Once/week	Individual	Empowerment, positive behavioural change, improved academic performance, active engagement, perspective, improved mood, emotional release, optimism, physical release, increased self-awareness, increased self-regulation, psychological symptom reduction
Frydman, J. S. & Pitre, R. (2019). Utilizing an embodied, play-based intervention to reduce occupational stress for teachers. *Drama Therapy Review, 5*(1), 139–55. https://doi.org/10.1386/dtr.5.1.139_1	Adults	Teachers – stress reduction	School	Variable	Individual	Increased quality of life, stress relief, increased presence, changes relationship to self and others, integration of self/experience, increased self-regulation, calm down
Legari, S. (2019). The direct transmission of DvT. *A Chest of Broken Toys: A Journal of Developmental Transformations*, 141–158.	Adult	DvT trainee	DvT Training (postgraduate)	Not indicated	Both	Benefits to supervisory relationship, increased self-acceptance, increased self-awareness

Table 1: Continued.

Full APA citation	Population age	Clinical focus	Setting	DvT frequency	Group vs. individual	Identified benefits
Pitre, R. & Johnson, D. (2019). 400 seconds. *A Chest of Broken Toys: A Journal of Developmental Transformations*, 182–227.	Children	8-year-old girl with trauma, shock and non-verbal	Private practice	Once/ week	Individual	Revision, emotional release, stress relief, reduce fear, existential fear, increased presence, attachment, self-expression, embodied, physical release, increased self-regulation, increased tolerance, tolerance of others, desensitization
Webb, E. (2019). Pocket play: Playful persona as an approach to stress-reduction in an elementary school program. *Drama Therapy Review*, *5*, 267–277.	Children	Stress reduction	School	Variable	Both	Increased playfulness, stress relief, self-expression, stress relief, increased tolerance
Willemsen, M. (2020). Reclaiming the body and restoring a bodily self in drama therapy: A case study of sensory-focused trauma-centred developmental transformations for survivors of father–daughter incest. *Drama Therapy Review*, *6*(2), 203–219, https://doi.org/10.1386/dtr_00028_1	Adults	26-year-old incest survivor with PTSD	Private practice	Once/ week	Individual	Increased agency, empowerment, mastery, initiate movements, active engagement, explore aspects of self, boundaries, positive cognitive change, revision, clarification, differentiation, perspective, imagination, cognitive flexibility, role flexibility, increased quality of life, increased presence, healthy relationships, changes relationship to self and others, intimacy, self-expression, embodied, experiencing, sensory integration, increased self-acceptance, vulnerability, increased self-awareness, increased self-regulation, transform shame, transform guilt, desensitization

4. Amongst the included publications were five involving one or more of the co-authors of this study.

included publications constituted a formal study; it involved process research. The rest included observations made by the authors about the benefits of DvT as demonstrated through case vignettes and, in one case, descriptive statistics. Of the included publications, the majority (47/51) were from authors located in the United States. Also represented were contributions from Canada (1), the Netherlands (1) and the United Kingdom (2). Thirty-one (31) publications were from peer-reviewed sources, and twenty entries consisted of grey literature, including book chapters and non-peer-reviewed articles.[4]

Authorship of the included publications was limited to David Read Johnson, the originator of DvT, from 1982 to 1995 after which co-authored publications began to emerge (Figure 2). There was variation and inconsistency with regard to whether and how details such as age group, clinical focus, setting, frequency and format were reported. Included publications presented work with children (twelve), adolescents (two), adults (28), older adults (six), and the remaining publications included work with mixed age groups (three). The majority of sessions took place within a private practice (fifteen), followed by inpatient hospitals (nine), outpatient care (seven), aged care centers (six), schools (six), training institutes (two), universities (two), public spaces (two) and mixed settings (two). An examination of age in relation to setting, in the included publications, revealed that adults participated in DvT across settings; children were seen in outpatient and inpatient settings as well as in schools; older adults were seen uniquely in aged care facilities; and adolescents were minimally represented in schools and public spaces (Figure 3).

The majority of reported sessions took place once a week (twenty); other intervals reported were variable (nine), twice per week (three), single session

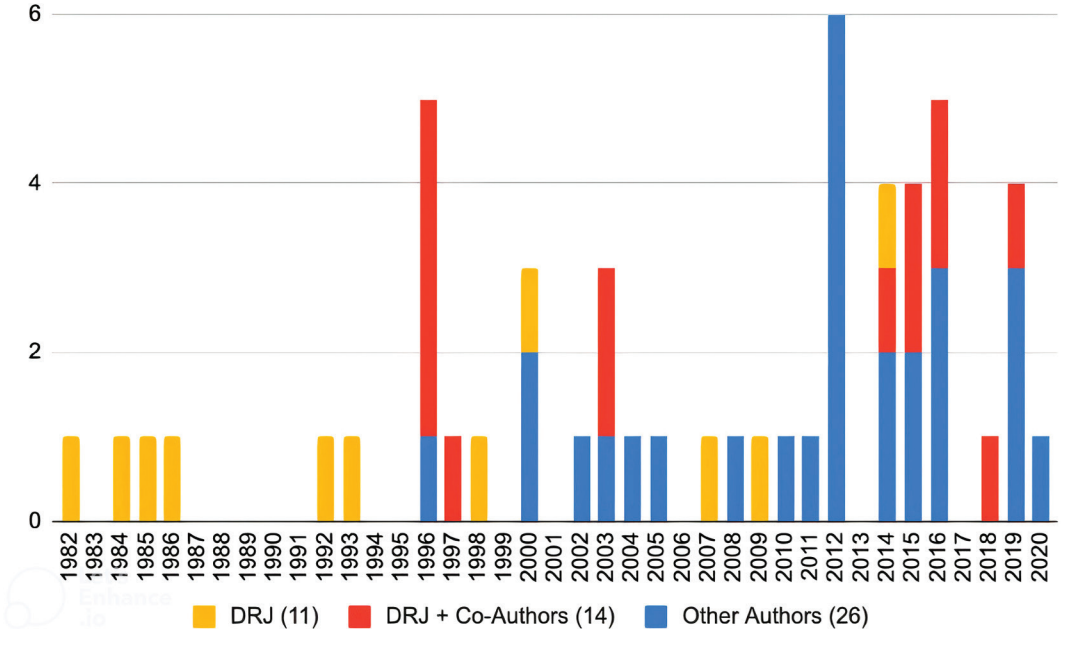

Figure 2: Authorship of included literature.

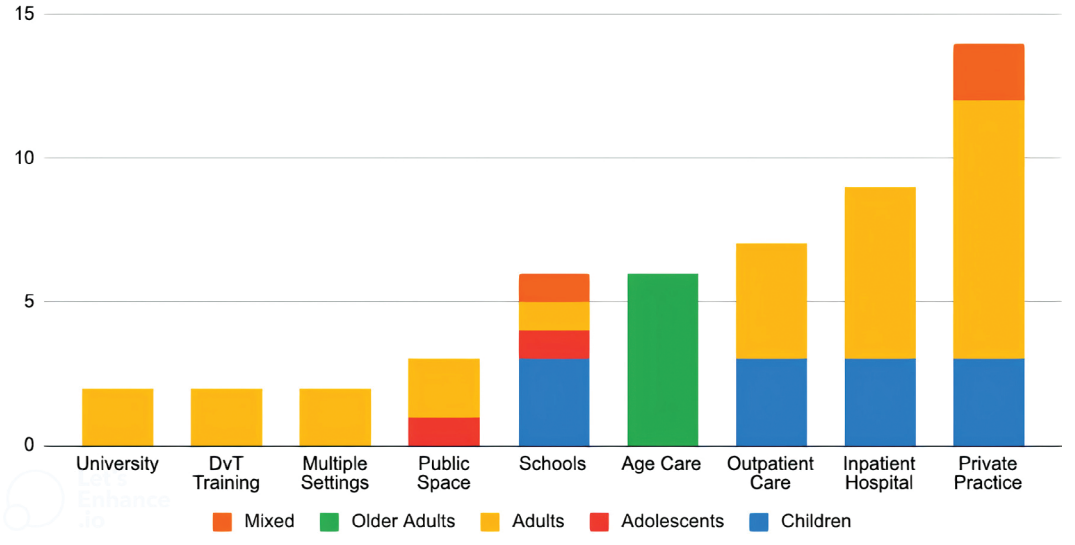

Figure 3: Age and setting.

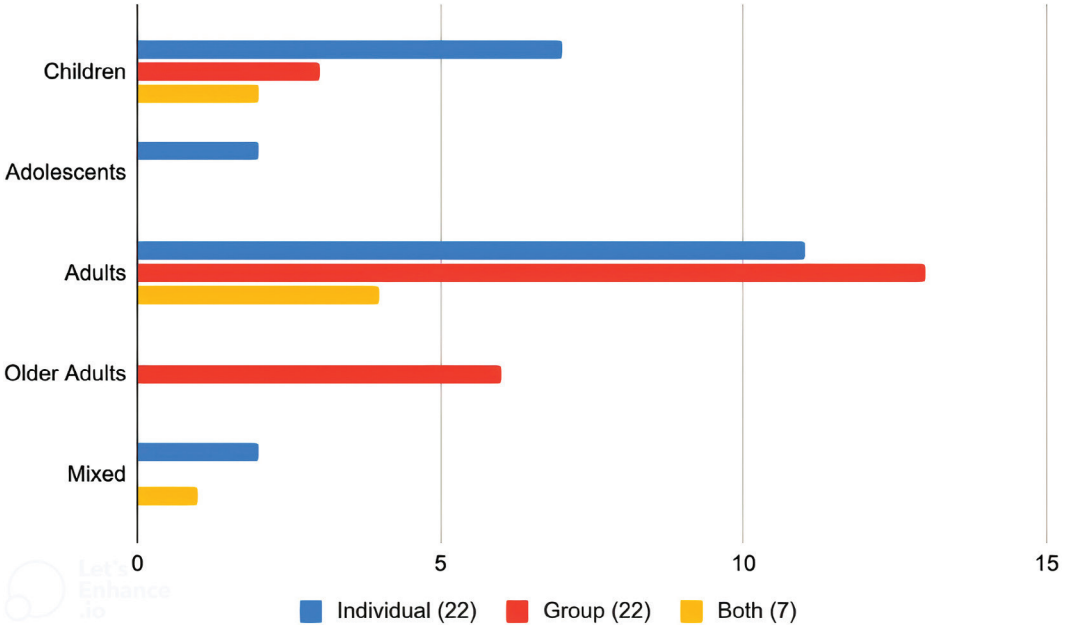

Figure 4: Reported format by age.

(two), and seventeen did not indicate frequency. An equal number of reported sessions took place within a group format (22) vs. individual format (22), while the remaining publications referred to both individual and group sessions (seven). When examined in relation to age, the majority of included publications involved adults in group DvT (Figure 4).

Categories of benefits

Through an analysis of the coded segments, we grouped observed benefits into six general categories and an additional eleven complex categories of benefits (Table 2). The six general categories are *positive relational change*, *positive cognitive change*, *positive emotional change*, *positive social change*, *positive physical change*, *positive behavioural change*. The eleven complex categories are *increased tolerance*, *increased playfulness*, *increased self-acceptance*, *increased self-regulation*, *increased agency*, *increased flexibility*, *increased dimensionalisation*, *symptom reduction*, *increased presence*, *increased quality of life* and *benefits to others*.

DISCUSSION

Before moving into a discussion of the categories of benefits observed, it is important to note that, with the exception of one study, all the observations were made in the context of case vignettes rather than intentional research studies. Therefore, confidence in these findings must be calibrated accordingly. This review also revealed several inconsistencies regarding the reporting of practitioner training, frequency, format, population, intended goals, assessment measures and outcomes, which are further discussed in the context of recommendations. Finally, it is important to remember that the language used to describe categories of benefits arose from a combination of *in vivo* and pattern coding in combination with our own interpretations as co-researchers. This is further discussed in the context of limitations.

Categories of observed benefits of DvT

The 95 unique coded benefits found in the selected 51 publications, distributed across six general and the additional eleven complex categories, show a wide variety of observed benefits. While we did not conduct a comparative analysis of theoretical versus identified benefits, it would appear that the findings resemble the benefits presented in the chronological review of theoretical benefits ascribed to DvT. The exception to this was the 'moral benefits' of DvT, which were theorized to be a possible benefit of DvT in the review of literature but were not identified explicitly in the included publications.

Discussing each of the codes in depth is beyond the scope of this article; however, we have chosen to highlight some of our observations. The general category of *positive relational change* had the largest number of coded segments, with representation in 36 different publications, related to interpersonal engagement. This is consistent with Johnson and Pitre's (2021) articulation that DvT theory went through periods focusing on intimacy, encountering others and power, all dynamics that are centred around relationships and engagement with the 'other'. For example, in early writing, Johnson theorized the impact of DvT on relationships, noting that groups, in particular, could lead to 'increasing the sense of spontaneity, hopefulness, and life, through the development of meaningful interpersonal relationships' (Johnson 1985: 125).

The complex categories, however, included a mixture of the general categories. The complex category with the highest number of representative publications was *increased tolerance* (23). This is also resonant with the existing theoretical literature where it has been theorized that benefits include the tolerance of internal states (Johnson 1991, 1992, 2013), the tolerance of multifaceted aspects of experience (James and Johnson 1996) and, as the focus

Table 2: Results.

Benefit (number of distinct publications where benefit was observed)	Sub-categories (number of distinct publications per code)	Sample segments
Positive relational change (36)	• Self-expression (18) • Changes relationship to self and others (13) • Intimacy (11) • Attachment (6)	'The group had been able to tolerate intimacy and find support and forgiveness' (James and Johnson 1996: 391).
	• Healthy relationships (5) • Trust in a caring adult (3) • Interpersonal investment (2) • Support (2)	'He has been increasingly open with Claire at home about memories of his early experiences, and there seem to be a few barriers in their attachment with each other' (Pitre 2014: 267).
Positive cognitive change (30)	• Self-awareness (16) • Differentiation (8) • Perspective (6) • Integration of self/experience	'The therapy also helped to bring deep subconscious fears and behavior patterns to the forefront so that they could be recognized, assimilated and released' (Porter 2000: 318).
	• Revision (5) • Clarification (4) • Meaning making (4) • Positive cognitive change (3) • Imagination (1)	'The themes of power and powerlessness permeated the session, with the patients exploring the role of doctor and temporarily experiencing the feeling of being one-up over a staff member, thus gaining a new perspective on their usually second-class status' (Reisman 2016: 96).
Positive emotional change (28)	• Stress relief (9) • Reduce fear (9) ◦ Existential fear ◦ Security ◦ Increased sense of safety	'Many students return to class much calmer and in an almost introspective mood […] Students' level of self-perceived stress was rapidly and statistically significantly decreased by these individual drama therapy sessions' (Sajnani et al. 2014: 233).
	• Emotional release (8) • Optimism (7) • Mourning (6)	'As I double for her and Derick in response, she begins to thaw and withdraw from that frozen, fearful place' (Omens 2014: 278).
	• Aliveness (6) • Improved mood (4) • Authentic emotions (3)	'During the time of this treatment, Jamal's depressive symptoms and mood dramatically improved' (McAdam and Johnson 2019: 63).

Table 2: Continued.

Benefit (number of distinct publications where benefit was observed)	Sub-categories (number of distinct publications per code)	Sample segments
Positive social change (25)	• Social engagement (15) ◦ Participation (1) • Deconstruct stereotypes (3)	'The group began in the shame phase but advanced to the empathy phase by transforming shame play into enactments of mutual support and grieving' (James and Johnson 1996a: 393).
	• Support (2) ◦ Collaboration (2) ◦ Reduce Isolation (2) ◦ Acceptance of others (1)	'Overall, the group members were able to practice positive interpersonal skills and be recognized as human beings with unique attributes' (Galway et al. 2003: 160).
	• Improved atmosphere (1) • Morality (1) • Conforming to social norms (1)	'In this way, our collective improvisation was also generative in that it disrupted the isolation that often comes with vicarious traumatization' (Sajnani 2012: 86).
Positive physical change (23)	• Stress relief (9) • Physical release (8) • Experiencing (6)	'Engaged in developmental transformations, Jamaar slowly reinhabited his body and regained a felt sense of safety and control' (James et al. 2005: 84).
	• Embodied (5) • Sensory integration (2) • Increased vocalization (1) • Movement repertoire (1)	'Neomi starts to feel more embodied and present in and outside of therapy […] says that she better knows where she is and more aware of what is going on for her […] This process shows that her bodily self is developing and her inner compass based on sensory information and integration is evolving' (Willemsen 2022: 212–13).
		'Jamal demonstrated evidence of physical release through tears or bodily relaxation' (McAdam and Johnson 2019: 63).
Increased tolerance (23)	• Tolerance of emotions (9) • Desensitization (8) • Increased tolerance (7) • Tolerance of others (5) • Tolerance of uncertainty (5) • Tolerance of contradictions (2)	'Where the group had been depressed, fearful, hostile, the physio-affective expression was now playful, light, spontaneous, and more tolerant of emotional complexity and ambiguity' (James and Johnson 1996b: 320).
		'By the 20th session, Frankie had achieved a successful desensitization of his traumatic memory, and was able to play freely with references to it' (Pitre, Sajnani, Johnson 2015: 47).

Table 2: Continued.

Benefit (number of distinct publications where benefit was observed)	Sub-categories (number of distinct publications per code)	Sample segments
Increased playfulness (21)	• Playfulness (8) • Pleasure (8) • Humour (6) • Fun (5) • Spontaneity (2)	'His defensive posturing, when incorporated into the group, became less rigid. His awareness of this guardedness became more pronounced, and he was able to laugh about this with the group' (Galway et al. 2003: 159). 'This play allowed for humour to be injected into serious topics, provided a mutual and discrepant space where real differences like age, race and therapist-patient dynamics could be explored, and allow us to see each other in new ways' (Mayor 2010: 87). 'Unlike the beginning, his play was much more spontaneous, open-ended, and relaxed, even with the direct references to his traumatic experiences' (Johnson 2014: 87).
Increased self-acceptance (21)	• Self-acceptance (12) • Vulnerability (7) • Forgiveness of self (4) • Acknowledging shame (2) • Feel witnessed (1) • Ownership (1)	'They as well as the therapist benefited greatly from this group, through which they held firmly to an appreciation for life and learned to forgive themselves for some of their own faults' (Johnson 1986: 31) 'In facing death in this way, the group has chosen life, and in this role play they have taken responsibility for the choices they made and continue to make in life' (Smith 2000: 328–29). 'Elaine used this and other sessions to acknowledge her feelings about not having children, about her fears that such a decision would be a rejection of her mother and grandmother, and about her doubts whether her career was the right one for her' (Johnson 2009: 32).
Increased self-regulation (17)	• Self-regulation (10) • Reduce violence (10) • Calm down (2)	'The shift in play occurred simultaneously with a reduction in their acting out behavior, interpersonal violence and distress outside the session' (Johnson 1998: 95).

Table 2: Continued.

Benefit (number of distinct publications where benefit was observed)	Sub-categories (number of distinct publications per code)	Sample segments
		'They can play at being all-powerful, and vent their destructiveness on the world, without really hurting anyone […] she noted that Lucy's aggression towards her had diminished since the session' (Domikles 2016: 134-135)
		'Many students return to class much calmer and in an almost introspective mood' (Sajnani et al. 2014: 233).
Increased agency (15)	• Agency (6) • Empowerment (6) • Mastery (4) • Freedom (2)	'Neomi is developing a sense of agency and a sense of being able to actively defend and protect herself in her daily life instead of constantly being overwhelmed' (Willemsen 2022: 215).
		'His playful exuberance speaks to his achievement of a state of mastery over his past' (Pitre, Sajnani, Johnson 2015: 51).
Positive behavioural change (14)	• Active engagement (7) • Behavioural change (6) • Therapy adherence (3)	'[P]roblem behaviors in the entire school had collapsed, including office referrals, suspensions, and lost days due to disciplinary actions' (Sajnani et al. 2014: 235).
	• Initiate movements (2) • Low drop-out rate (2) • Improved academic performance (1)	'As Jeremy has progressed through treatment, his sexual acting-out behaviors have disappeared. He no longer gorges on food' (Pitre 2014: 267).
Increased flexibility (14)	• Role flexibility (8) • Flexibility (5) • Cognitive flexibility (3) • Adaptability (2)	'However, during his 2 years with the group, he began to show more flexibility in this area. Although he still did the same movements, he took in the other members of the group while he did this. He allowed other members to 'borrow' his movement, something that previously upset him a great deal' (Galway et al. 2003: 159).
		'The client transcends the rigidity and stereotypical behaviors common to his diagnosis in these moments' (Dintino et al. 2015: 29).

Table 2: Continued.

Benefit (number of distinct publications where benefit was observed)	Sub-categories (number of distinct publications per code)	Sample segments
Increased dimensionalization (13)	• Explore aspects of self (11) • Boundaries (3)	'Switching back and forth between punishing figure and victim was helpful in delimiting the extent of destructive power maintained in his fantasy' (Johnson 1985: 307).
Symptom reduction (12)	• Psychological symptom reduction (5) ◦ Transform shame (5) ◦ Transform guilt (1)	'He did not fight at school anymore, he had stopped urinating in his bed at night, he was no longer afraid of monsters' (James et al. 2005: 82).
	• Symptom reduction (5) • Somatic symptom reduction (3)	'[B]oth students experienced dramatic reductions in their scores on the Beck Depression Inventory' (McAdam and Johnson 2019: 64).
Increased presence (11)	• Presence (9) • Increased attention (3)	'Neomi starts to feel more embodied and present in and outside of therapy' (Willemsen 2022: 212). 'For S to allow herself to experience the moment freed of the control of her schema is indeed an act of great courage, achieved not through an act of strength, but of letting go' (Pitre and Johnson 2019: 224).
Increased quality of life (transfer to everyday life) (11)	• Quality of life (11)	'Jake's quality of life at least at school was significantly better' (Domikles 2012: 79).
Benefits to others (9)	• Benefits to parents and carers (3) • Benefits to supervisory relationship (2)	'As a practitioner of DvT, this method has allowed me to be more available and more successfully tolerate unplayable aspects of the medical condition and to be an active part of the lives of the children I encounter' (Omens 2014: 272).
	• Benefits to therapist (1) ◦ Active part of client lives (1) ◦ Feeling hopeful about participant (1) • Benefits to teachers (1)	'[B]etter understanding of her daughter, and their relationship had significantly improved' (Domikles 2016: 138).

Note: Greyed items indicate six general categories.

turned towards trauma-informed DvT with its emphasis on desensitization, a greater tolerance for anxiety and uncertainty (James et al. 2005; Johnson 2014; Pitre 2014; Webb 2019; Willemsen 2020). Rather than being firmly in one general category, our analysis highlighted both the emotional *and* cognitive components of tolerance, informing the creation of this complex category.

The benefits observed in the earliest selected literature (Johnson 1982, 1984, 1985, 1986) continued to recur in the literature that followed. An exception to this is that *increased agency* and *increased presence* were not observed in those first four publications by Johnson. This relative consistency remained despite the fact that the included literature covered a wide variety of target groups and, over time, reflected a wider authorship beyond the originator of the method. This may be due to the fact the categories are quite broad. Benefits of DvT were also observed and reported not only for clients but also for facilitators, therapists, teachers and supervisors engaged in this practice who reported feeling more hopeful and/or emotionally able to tolerate unplayable material in encounters with students and clients, depending on the context.

Although a majority of the DvT sessions referred to in the selected publications took place within a mental health care setting, the benefits were, on the whole, not linked to specific symptoms or diagnoses but appeared to refer to transdiagnostic factors – factors that cut across different mental disorders like negative affectivity (Böhnke et al. 2014) related to *positive emotional change*, intolerance of uncertainty (Khakpoor et al. 2019) related to *increased tolerance*, repetitive negative thinking (Ehring et al. 2008) related to *positive cognitive change*, emotion regulation difficulties (Cludius et al. 2020) related to *increased self-regulation* and experiential avoidance (Khakpoor et al. 2019) related to *increased tolerance*.

Lastly, the observed benefits were unevenly balanced across age groups. The majority of included publications were about individual and group DvT with adults. DvT with children and adolescents was mostly presented in the context of individual care, while older adults were only discussed in the context of group work. This raises questions about whether the provision of DvT was determined by the format of care available to these age groups in specific settings or by what clinicians considered to be most effective.

Limitations

The primary limitations of the review process itself are tied to critiques of scoping reviews. Namely, the limitations of a scoping review are typically associated with the lack of critical appraisal that limits its capacity to identify gaps in literature or offer recommendations concerning policy or practice (Pham et al. 2014).

The primary limitation of the literature included in this review is that observations were not made within the context of intentional research studies, with the exception of one publication (see Armstrong et al. 2016). The majority of included publications did not state a research question and were based on case vignettes and therapist observations without a defined methodological approach. Given the inconsistencies in reporting, it was often necessary for us to make interpretations about the authors and their observations. For example, in cases where the author's training was not indicated, we relied on our knowledge of the author. In addition, this review did not include publications written in languages other than English.

We also acknowledge our own biases as practitioners versed in the theory and practice of this approach as well as the biases present in the publications included in this review. For the most part, the benefits ascribed to the practice of DvT were documented from the perspective of practitioners rather than participants and, in nearly half of the included publications, were authored or co-authored by the founder of the approach. Additionally, most of the case vignettes were used to illustrate a DvT concept; thus, they may not be representative of general DvT practice and likely highlight positive outcomes. It was not possible to determine whether the articulated benefits were actually due to DvT or external factors, or whether the benefits observed and reported by practitioners occurred at all for the participants.

Consistent with confirmation bias, our tendency to interpret evidence in ways that confirm existing beliefs, explanatory models used to describe DvT influenced the kinds of benefits that contributing authors were inclined to notice, document and report (Mynatt et al. 1977). Of course, given that we were analysing observations reported as case illustrations of theory, this is not surprising. For example, in Willemsen's (2020) case study of a woman working through the impact of incest through weekly DvT in an individual format, he used 'parental embodied mentalization' with its emphasis on the development of the bodily self as an explanatory model and, consequently, described the benefits of DvT in similar terms such as the integration of exteroceptive and interoceptive body sensations or sensory integration. However, this tendency may have obscured or minimized attention to information that appeared to fall outside of an author's original theoretical frame.

Implications for practice and training

Notwithstanding these limitations, there remain several insights and implications arising from this review that may be beneficial for students and practitioners of DvT. Considering possible benefits associated with the practice may facilitate making more informed decisions about the suitability of DvT as an intervention. For example, documentation about the relational benefits of DvT may offer insights to practitioners working with clients who struggle with intimacy about the potential ways in which DvT may support treatment goals.

The categorization of the observed benefits may support students and practitioners in setting treatment goals as well as identifying and documenting possible positive impacts of their practice. It may also aid trainees and practitioners in finding a language to communicate observations made within the context of their DvT practice to others involved. As revealed by this review, such communication should include salient details such as the setting, diagnosis, format, frequency and outcomes of practice.

Recommendations for future research

This review revealed a need for research about the impact of DvT across age groups, diagnoses, formats and settings. For example, there were very few publications about DvT with adolescents, and those that existed were focused uniquely on individual DvT. While there were multiple publications about working with older adults, these were all in group-based format and in aged care settings. It was not possible to determine whether this was reflective of what is happening in practice or only an indication of what was being written about. Future research might also focus on the intersections of age and other aspects of identity or social determinants of health such as socio-economic

status, access to healthcare and housing and availability of social support networks.

Given the inconsistency of reporting, our overall recommendation to those interested in documenting and/or researching the practice of DvT is to include standardized information such as intended goals, frequency (e.g. once a week for 45 minutes over six weeks), format (individual or group), the context of intervention (i.e. school, hospital, etc.), any measures used to evaluate impact including participant feedback, and outcomes. Documented accounts of practice should also include demographic information including the age, gender identity, race and ethnicity and referring concern or diagnosis.

DvT practitioners are trained to facilitate using a recognizable protocol for individual and group intervention. Manualizing this protocol, including the operationalization of key terms (e.g. dimensionalization), would enable research of DvT's effectiveness and impact to be conducted by both DvT and non-DvT researchers and further reduce the risk of bias. Further research might also focus on specific adaptations of this protocol such as Trauma-Centred DvT (Johnson 2014), short-form DvT (Pitre et al. 2016), urban play (Landers 2012a) and sensory-focused Trauma-Centred DvT (Willemsen 2020).

It is necessary to organize well-designed qualitative, quantitative and mixed-method studies with identified research questions and clearly articulated procedures towards increasingly rigorous quasi-experimental and experimental research. Future qualitative research would benefit from a rigorous analysis of the voices and perspectives of participants of individual and group DvT in a variety of settings. Future quantitative and mixed-method research would benefit from the use of validated measures to evaluate the effectiveness of this approach in addressing the benefits observed in this scoping review. Given the findings of this review with regard to the potential of DvT to increase one's tolerance of uncertainty or facilitate positive emotional and cognitive change, such instruments might include Dalbert's Uncertainty Tolerance Scale (1996), the Profile of Mood States Scale (POMS) (McNair et al. 2003) and/or the Alternative Uses Task (AUT) (Felsman et al. 2020; Guilford 1967; Lewis and Lovatt 2013) to measure divergent thinking as possible pre and post measures. As intolerance of uncertainty has been correlated with both anxiety and depression (Carlton et al. 2012), this may be a unique area where DvT may be able to offer relief and therefore should be studied further.

Finally, future research might also examine therapeutic factors theorized and demonstrated to contribute to the benefits observed in DvT in connection with observations made about the therapeutic factors in the creative arts therapies (see de Witte et al. 2021), improvised dramatic interaction (Felsman et al. 2019) and non-scripted and semi-scripted drama (Zeisel et al. 2018).

CONCLUSION

Given the interest in DvT and its use across several populations, systematic appraisals of impact and efficacy are necessary to ethical practice. This scoping review revealed six general and eleven complex categories of observed DvT benefits in the included publications as well as significant inconsistencies in documentation. These findings may support students and practitioners of DvT in making more informed decisions about the suitability of DvT as an intervention and to document and communicate their observations about the benefits of this practice to others. Findings from this review also offer us

useful starting points from which to design focused studies on the impact of DvT with specific age groups, settings and concerns. Finally, this review has revealed the need for a standardized approach to documenting the impact of DvT and increasingly rigorous methods of evaluation, which include participant voices, towards increasing confidence in and accessibility to this compelling and creative approach to care.

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CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

AUTHOR CONTRIBUTIONS

All authors mutually developed the research question and aim of the article, assessed all the publications, extracted and analysed the data, formulated the results and contributed to the content of this article.

ETHICS STATEMENT

No ethical approval was sought to pursue this scoping review.

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APPENDIX 1: PRISMA CHECKLIST WITH APPLICABLE ITEMS RELEVANT TO THIS SCOPING REVIEW

Checklist items	Status
Title: identify as scoping review	Completed
Abstract	Completed
Introduction	
Rationale	Completed
Objectives	Completed
Methods	
Eligibility criteria with rationale	Completed
Information sources: all databases including the dates of the last search	Completed
Search strategy: present the full search strategies	Completed
Selection of evidence: how we chose	Completed

Checklist items	Status
Data collection process: specify the methods used to decide whether a study met the inclusion criteria	Completed
Data items: list and define all outcomes for which data were sought	Completed
Data items: list and define all other variables for which data were sought	Completed
Study risk of bias assessment: specify the methods used to assess risk of bias in the included studies	Completed
Synthesis: describe the process used to decide which studies were eligible for each synthesis	Completed
Results	
Selection of sources using flow diagram	Completed
Cite studies that might appear to meet the inclusion criteria, but which were excluded and explain why	Completed
Characteristics of the evidence	Completed
Results of individual sources	Completed
Discussion	
Summary	Completed
Limitations	Completed
Conclusions	Completed
Other information	
Registration and protocol: provide information for the review, including register name and registration number	Completed
Indicate where the review protocol can be accessed	Completed
Describe and explain any amendments to information provided at registration or in the protocol	Completed
Support: describe sources of financial or non-financial support for the review	Completed
Declare any competing interests of review authors	Completed
Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other material used in the review	Completed

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