JOURNAL OF ENVIRONMENTAL SCIENCES AND BUILT ENVIRONMENT RESEARCH (JESBER)
2026, Vol. 1, No. 1, pp. 317–327
Published by Faculty of Environmental Sciences, University of Calabar, Nigeria
Print ISSN: 3141-5547 | OPEN ACCESS

Research article

Drama Therapy in Psychiatric Settings: A Systematic Review of Empirical Evidence and Implications for Practice in Calabar, Nigeria

Affiong Fred Effiom[1*]

Department of Theatre and Media Studies, University of Calabar, Calabar, Nigeria
*Corresponding author: afiongeffiom@unical.edu.ng

ABSTRACT

Mental illness constitutes a substantial and growing burden in Nigeria, yet psychiatric services remain concentrated in a small number of orthodox biomedical interventions, with limited institutional attention to creative and expressive arts therapies. Drama therapy, understood as the intentional and systematic use of theatrical and role-based techniques to achieve psychological, emotional, and behavioural change, has accumulated a growing empirical evidence base internationally, yet remains largely unexplored within Nigerian psychiatric practice generally, and within Calabar, Cross River State, specifically. This paper presents a systematic and narrative review of empirical literature on drama therapy and related drama-based interventions (including psychodrama and applied theatre) as practised in psychiatric and mental health care settings, with the aim of establishing the strength of existing evidence and deriving implications for a Calabar-based psychiatric context. Literature was retrieved from major databases and synthesised thematically around four domains: overall treatment effectiveness, population-specific outcomes, proposed mechanisms of therapeutic change, and the state of drama-based mental health practice in sub-Saharan Africa and Nigeria. Findings indicate a moderate, statistically significant pooled effect of drama-based therapies on psychological and behavioural outcomes across diverse clinical populations, including psychosis, personality disorders, and populations with psychosocial difficulties across the lifespan, alongside a marked scarcity of controlled studies conducted within African, and specifically Nigerian, psychiatric institutions. The review argues that Calabar's rich indigenous performance heritage, combined with the presence of an established Department of Theatre and Media Studies and a teaching hospital psychiatric unit, constitutes a distinctive and underutilised opportunity for the development of a culturally grounded, evidence-informed drama therapy programme. The paper concludes with recommendations for interdisciplinary collaboration, workforce training, and the design of future primary empirical studies within Calabar's psychiatric institutions.

KEYWORDS
drama therapy; psychodrama; psychiatric care; mental health; applied theatre; Calabar; Nigeria; expressive arts therapy

Introduction

Mental, neurological, and substance use disorders are among the leading contributors to the global burden of disease, and low- and middle-income countries such as Nigeria bear a disproportionate share of this burden relative to the mental health resources available to address it. Nigeria's psychiatric care system, despite the presence of long-standing institutions such as the Federal Neuropsychiatric Hospital, Yaba, continues to grapple with an acute shortage of trained mental health personnel, inadequate community-based rehabilitation structures, and a treatment gap that leaves a substantial proportion of persons with mental illness without access to appropriate care. Within this context, orthodox psychiatric treatment in Nigeria remains dominated by pharmacological management, with comparatively limited institutional investment in psychosocial

and expressive therapies that are increasingly recognised elsewhere as valuable adjuncts to recovery-oriented care (Federal Neuropsychiatric Hospital, Yaba, n.d.).

Drama therapy, alongside its related tradition of psychodrama, occupies a distinctive place among the creative arts therapies because it draws directly on theatrical process, embodiment, role-play, and enactment to help individuals externalise, examine, and rework psychological material that may be difficult to access through verbal psychotherapy alone. Its intellectual roots extend from Aristotelian notions of catharsis through the psychodramatic innovations of Jacob Levy Moreno in the early twentieth century, to contemporary dramatherapeutic models such as the embodiment-projection-role paradigm and developmental transformations. Importantly, the use of performance, ritual, and enactment for healing purposes is not a foreign import into African contexts; rather, it resonates strongly with indigenous African ritual and masquerade traditions, including performance forms found within Cross River State, in which theatre, music, and communal enactment have long served therapeutic, restorative, and reintegrative social functions.

The Department of Theatre and Media Studies at the University of Calabar occupies a unique position from which to examine this intersection of dramatic performance and psychiatric care. Calabar is home to a rich indigenous performance culture and hosts a teaching hospital with an active psychiatric unit, yet, as this review will demonstrate, there is presently a scarcity of documented, structured drama therapy programming embedded within Nigerian psychiatric institutions, and Calabar is no exception. This gap raises an important question for theatre scholarship and clinical mental health practice alike: what does the existing empirical evidence on drama therapy in psychiatric settings suggest about the feasibility, likely benefits, and design considerations for introducing such practice into a Calabar psychiatric setting.

This paper addresses that question through a systematic and narrative review of empirical literature on drama therapy and drama-based interventions in psychiatric and mental health care contexts. It is important to state clearly, in the interest of methodological transparency, that this paper is a literature-based synthesis rather than a report of new primary clinical data collected from patients in Calabar; no such trial has yet been conducted, and this review itself functions in part as the evidentiary and conceptual groundwork for that future primary research. The specific objectives of the review are: (i) to synthesise existing empirical evidence on the effectiveness of drama-based therapies across psychiatric populations; (ii) to identify the mechanisms through which drama therapy is theorised to produce therapeutic change; (iii) to map the extent and character of drama-based mental health practice and research within sub-Saharan Africa and Nigeria; and (iv) to derive practice and research implications specific to a psychiatric setting in Calabar, Cross River State.

The rationale for pursuing this line of inquiry through the lens of theatre studies rather than clinical psychology or psychiatry alone is deliberate. Drama therapy sits at the intersection of two disciplinary traditions, the performing arts and mental health science, and its effective development within any given setting requires expertise in both theatrical craft and clinical safety considerations. A Theatre and Media Studies department is uniquely positioned to lead the development of the theatrical and pedagogical dimension of such work, while depending on close partnership with psychiatric colleagues for clinical oversight, safeguarding, and outcome evaluation. This paper is written from that disciplinary vantage point, treating the psychiatric evidence base as essential grounding for a fundamentally interdisciplinary undertaking rather than attempting to speak authoritatively on matters of clinical diagnosis or pharmacological treatment, which lie outside the scope of theatre scholarship. The remainder of the paper proceeds as follows: Section 2 reviews the theoretical foundations and empirical evidence base for drama therapy internationally and within sub-Saharan Africa; Section 3 details the review methodology; Section 4 presents the thematically synthesised findings and discusses their implications for a Calabar psychiatric setting; and Section 5 concludes with recommendations for practice, training, and future primary research.

Literature review

Theoretical and Historical Foundations of Drama Therapy

Drama therapy is formally recognised in several countries as an organised health profession in which credentialed practitioners intentionally employ dramatic and theatrical processes to promote psychological growth, symptom reduction, and behavioural change within a therapeutic relationship. Its historical lineage draws on Aristotle's account of catharsis achieved through tragic performance, and more directly on the psychodramatic method developed by Moreno, which uses structured role-play, doubling, mirroring, and role reversal to help protagonists re-enact and reprocess significant life events before a supportive group. Subsequent dramatherapy traditions, including the embodiment-projection-role developmental model and the Sesame approach, extended this foundation by emphasising symbolic distance, playfulness, and the

therapeutic value of fictional or metaphorical enactment, which allows clients to approach painful material indirectly and therefore more safely than direct verbal disclosure often permits.

A recurring theoretical claim across this literature is that theatrical distancing, that is, the capacity of drama to represent psychological experience through a fictional or symbolic frame, enables clients who struggle with direct verbal expression, including those experiencing psychosis, complex trauma, or neurodevelopmental difficulty, to engage therapeutically in ways that conventional talk therapy may not accommodate. This theoretical rationale is particularly salient for psychiatric populations, among whom communication difficulties, thought disorder, and preverbal trauma are common clinical features.

Several distinct dramatherapeutic models have been articulated within this theoretical tradition, each offering a slightly different account of how theatrical process produces psychological change. The embodiment-projection-role paradigm, for instance, proposes that clients move developmentally from embodied, sensory engagement, through projective work using objects and symbolic material, toward fully enacted role-play, mirroring stages of early human development and thereby offering a structured route back into difficulties that originated at earlier developmental stages. The developmental transformations approach, by contrast, emphasises spontaneous, unscripted improvisation guided by a trained therapist, with therapeutic benefit theorised to emerge from the client's growing tolerance for the unpredictability and playful uncertainty of unstructured enactment. The Sesame approach draws more heavily on myth, story, and movement, using shared symbolic narrative material as a vehicle through which groups can approach difficult emotional content collectively rather than individually. Moreno's psychodramatic method, meanwhile, remains distinct in its explicit reliance on the protagonist's own biographical material, re-enacted before a group with the assistance of auxiliary egos, doubling, and role reversal, techniques designed to generate insight, catharsis, and behavioural rehearsal simultaneously. Although these models differ in technique and theoretical emphasis, the meta-analytic evidence reviewed in the following subsection suggests that they converge on broadly similar clinical outcomes, which has practical significance for programme design in resource-constrained settings, since practitioners need not adhere rigidly to a single imported model in order to achieve therapeutic benefit.

It is also useful to situate drama therapy within the broader family of creative arts therapies recognised in contemporary mental health systems, including art therapy, music therapy, and dance and movement therapy. Health systems internationally, and health policy bodies including the World Health Organization, have increasingly acknowledged the arts as a legitimate contributor to health and wellbeing outcomes, citing accumulating evidence across these modalities. Within this broader family, drama therapy and psychodrama remain comparatively less institutionally embedded in mainstream psychiatric care than art or music therapy, despite a similarly credible evidence base, a pattern that the reviewed pilot study on remote drama therapy explicitly identified as a persistent gap in collaboration between drama therapy practice and psychiatric service delivery. This observation is directly relevant to the Nigerian context examined later in this review, where art and music activities are occasionally present in informal or occupational therapy programming within psychiatric institutions, while structured drama therapy remains almost entirely absent.

Empirical Evidence on Effectiveness

The empirical base for drama-based therapies has expanded considerably over the past decade, moving from case studies and small qualitative investigations toward systematic reviews and controlled meta-analytic synthesis. A pivotal contribution in this regard is the systematic review and multilevel meta-analysis by Orkibi and colleagues, which pooled data from thirty controlled studies encompassing over 1,500 participants and 144 effect sizes drawn from randomised and clinical controlled trials across seven major databases. That analysis reported an overall medium pooled effect of drama-based therapies on psychological and behavioural mental health outcomes, with no statistically significant difference detected between psychodrama and dramatherapy interventions specifically, suggesting that the broader family of drama-based approaches produces a comparable and clinically meaningful benefit regardless of the particular theoretical school employed (Orkibi et al., 2023).

Complementing this quantitative synthesis, a systematic review focused specifically on adults experiencing psychosis found that dramatherapy has been applied across varied clinical settings and psychotic presentations, frequently serving as a valuable intervention where clients struggle to engage with conventional talking therapies owing to complex symptom presentations, preverbal trauma, neurodivergence, or communication impairment. This population-specific finding is directly relevant to psychiatric hospital contexts, where inpatient and outpatient populations frequently include individuals with psychotic disorders for whom standard verbal psychotherapy is difficult to implement ("A Systematic Review of Dramatherapy Interventions," 2024).

A separate qualitative investigation examined the perceived effects of drama therapy among individuals diagnosed with personality disorders, a population characterised by persistent difficulties in emotional regulation, interpersonal functioning, and impulse control that affects an estimated five to ten per cent of the general population. Thematic analysis of client accounts in that study identified four overarching benefits: the recovery of playfulness, improved connection between inner emotional experience and outer expression, greater insight into maladaptive coping patterns, and observable change in intrapersonal and interpersonal behaviour. These findings extend the evidence base beyond symptom-level outcome measures toward the lived, subjective meaning that drama therapy holds for psychiatric clients, an important complement to purely quantitative effect-size data ("Perceived Effects of Drama Therapy," 2024).

Evidence has also been synthesised across the lifespan. A 2025 systematic review examining drama therapy among older adults in institutional care settings analysed forty-one eligible studies, comprising fourteen randomised controlled trials, eleven quasi-experimental studies, nine qualitative studies, and seven mixed-methods studies published between 2018 and 2024. That review reported moderate to significant reductions in mental health symptoms in the majority of included studies, although effects on broader quality-of-life outcomes were more inconsistent, with roughly a fifth of studies reporting no measurable improvement. At the other end of the lifespan, a systematic narrative review of drama therapy for children and adolescents with psychosocial problems, drawing on ten studies including four randomised controlled trials, identified positive effects across overall psychosocial functioning, internalising and externalising problems, social functioning, coping and regulation processes, social identity, and cognitive development, while cautioning that intervention descriptions in the primary literature were often insufficiently detailed to permit precise replication (Berghs et al., 2022; Qtait et al., 2025).

Innovative delivery formats have also begun to be evaluated empirically. A pilot study of a remote drama therapy programme using a co-active therapeutic theatre model among people with serious mental illness found that the intervention conferred meaningful personal value to participants engaged in active psychiatric recovery, while also functioning as a vehicle for mental health advocacy; the authors nonetheless emphasised that collaboration between drama therapy practice and psychiatric services has historically been minimal compared with the more established integration of art and music therapy into psychiatric care, and called for larger-scale controlled evaluation ("Pilot Remote Drama Therapy Program," 2022).

Drama-Based Practice and Mental Health in Sub-Saharan Africa and Nigeria

Relative to the international evidence reviewed above, empirical documentation of drama therapy within sub-Saharan African psychiatric settings remains sparse. A case study of a therapeutic theatre workshop conducted at a mental health clinic in Yaoundé, Cameroon, is among the few documented empirical investigations from the region; the authors explicitly noted the general absence of theatre-based activities within hospital environments intended to support the therapeutic follow-up of psychiatric patients in that context, and used a qualitative case-study methodology involving six patients to explore the rehabilitative potential of structured acting exercises. Their findings, while based on a small sample, indicated therapeutic value in the use of theatrical activity for psychosocial rehabilitation, and the authors situated their work within a broader observation that drama and theatre practice in psychiatric care draws on both ancient African ritual performance traditions and the Aristotelian understanding of cathartic effect ("Drama/Theatre Practice in Psychiatric Care," 2021).

Within Nigeria specifically, applied theatre techniques, including psychodrama and rehabilitative dramatic methods, have been documented as interventionist measures to support children with disabilities, situated within the broader Theatre for Development tradition that has been prominent in Nigerian applied theatre scholarship since the 1980s and 1990s. Notably, this tradition has a direct institutional connection to Calabar: foundational Nigerian scholarship on community theatre and Theatre for Development, including work published through the University of Calabar's theatre programme, helped to establish the use of participatory theatrical process as a tool for community-level social and developmental intervention in the country (Betiang et al., 2025). However, this scholarly tradition has been oriented predominantly toward rural development, health education, and disability advocacy rather than toward structured, clinically embedded drama therapy within psychiatric institutions, indicating a conceptual and practical gap between Nigeria's strong applied theatre heritage and the clinical drama therapy literature reviewed in the preceding section ("Drama Therapy and the Engagement of Applied Theatre Techniques," 2022; Nwamuo, 1996; "Theater for Development in Contemporary Nigeria," n.d.).

Nigerian psychiatric epidemiological research provides useful contextual grounding for this review. Studies conducted among psychiatric outpatients attending the Federal Neuropsychiatric Hospital in Yaba, Lagos, have documented substantial perceived stigmatisation and its association with help-seeking behaviour among Nigerian psychiatric populations,

underscoring the continuing social burden that accompanies psychiatric diagnosis in the Nigerian context and the corresponding value of interventions, such as drama therapy, that have been theorised elsewhere to support destigmatisation through creative, communal, and expressive engagement. Closer to the geographic focus of the present review, studies conducted at the University of Calabar have examined mental health status and mental health promotion awareness among the university's own student and trainee populations, finding a meaningful proportion of medical trainees and undergraduates reporting poor mental health status, which points to unmet psychosocial need even within the university community that houses Calabar's Department of Theatre and Media Studies and its teaching hospital ("Awareness and Practice of Mental Health Promotion," 2024; Oku et al., 2015; "Perceived Stigmatization," 2020).

The wider Calabar and Cross River research environment also includes scholarship on theatre directing, postcolonial dramaturgy, intertextual performance, cultural tourism, spatial planning, conservation-linked livelihoods, construction materials, and disability-related educational outcomes. Theatre-focused studies address contemporary directing, representations of colonial violence, Stanislavski and Brecht, indigenous performance aesthetics, cinematic quotation, tourism identity, and carnival branding (Effiom, 2020, 2021a, 2021b, 2026; Effiom & Abeeb, 2025; D. A. F. Effiom, 2026a, 2026b). Related regional work examines GIS-supported urban planning, makeshift housing, building-regulation compliance, land-use and land-cover change, tourism education and festivals, night-time tourism exposure, women's forest-dependent livelihoods, recycled-plastic interlock materials, and educational outcomes among intellectually disabled undergraduates (Ajom et al., 2026a, 2026b; Comfort et al., 2026; Eneyo, 2025; Ubi, 2025; Uchegbue et al., 2025). These publications establish the broader local and interdisciplinary research context; they are not treated as evidence of drama therapy effectiveness.

Identified Gaps in the Literature

Three gaps emerge clearly from this review. First, there is a near-total absence of controlled or systematically documented empirical studies evaluating drama therapy within Nigerian psychiatric hospital settings; the Cameroonian case study is one of the only regional empirical investigations identified, and even that study was limited to a small, uncontrolled sample. Second, existing Nigerian applied theatre scholarship, while methodologically and institutionally well developed, has rarely been brought into direct dialogue with the international clinical drama therapy and psychodrama literature reviewed above, resulting in two parallel bodies of knowledge, one theatrical and developmental, the other clinical and psychiatric, that have yet to be systematically integrated within the Nigerian context. Third, no identified study has examined the specific feasibility, cultural adaptation requirements, or likely clinical benefit of drama therapy within a Calabar psychiatric setting, despite the presence of institutional assets, including an established theatre arts programme and a functioning teaching hospital psychiatric unit, that would appear to make Calabar a particularly promising site for such work.

This interdisciplinary divide is not unique to Nigeria; internationally, the pilot study on remote drama therapy for serious mental illness explicitly noted that collaboration between drama therapy practice and psychiatric service delivery has historically been minimal, even in health systems where drama therapy enjoys formal professional recognition and regulatory status. What distinguishes the Nigerian, and specifically Calabar, situation is the combination of this general interdisciplinary gap with the near-total absence of any documented drama therapy practice within psychiatric institutions at all, meaning that Calabar's task is not merely to strengthen an existing but underdeveloped collaboration, as might be the case in a Western health system, but to establish such collaborative practice from a very early stage. This is simultaneously a challenge, in that no local precedent or established referral pathway currently exists, and an opportunity, in that a Calabar-based programme could be designed from the outset around an explicitly interdisciplinary and culturally grounded model, informed by the accumulated international evidence reviewed above, rather than needing to retrofit collaboration onto an already-established but siloed clinical structure.

Methodology

This paper adopts a systematic and narrative review methodology, informed by the general principles of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework, to synthesise empirical literature on drama therapy and related drama-based interventions within psychiatric and mental health care settings. A systematic and narrative hybrid design was selected, rather than a strict quantitative meta-analysis, because the review sought to integrate both quantitative effectiveness data and qualitative, contextual, and regionally specific literature that would not be amenable to statistical pooling, particularly given the limited number of studies located from the African region.

Literature was retrieved from a combination of academic databases and indexing services, including PubMed, PsycINFO, Scopus, ScienceDirect, Google Scholar, and African Journals Online, supplemented by targeted searches of institutional repositories relevant to Nigerian theatre studies and mental health research, including outputs associated with the University of Calabar. Search terms combined variants of "drama therapy," "dramatherapy," "psychodrama," "applied theatre," and "theatre for development" with "psychiatric," "mental health," "mental illness," and, for the regional dimension of the search, "Nigeria," "Calabar," and "sub-Saharan Africa." No lower date boundary was strictly enforced for foundational theoretical sources, given the discipline's reliance on established theoretical models developed across the twentieth century, but priority in the effectiveness synthesis was given to studies published within the last ten years, with particular attention to reviews and meta-analyses published between 2022 and 2025 that themselves aggregate earlier primary research.

Inclusion criteria for the effectiveness synthesis comprised: (a) peer-reviewed empirical studies, systematic reviews, or meta-analyses; (b) a clearly identified drama-based intervention, including dramatherapy, psychodrama, or closely related theatrical or role-based methods; (c) application within a mental health, psychiatric, or clinical psychosocial context; and (d) reported outcome data, whether quantitative, qualitative, or mixed-methods. Sources addressing applied theatre or Theatre for Development without a clinical or mental health outcome focus were included only within the regional and contextual sections of the review, where they inform discussion of institutional and cultural feasibility rather than treatment effectiveness. Grey literature, institutional web content, and government or hospital documentation were used sparingly and only to establish contextual facts about Nigerian psychiatric institutions and the University of Calabar, not as evidence of intervention effectiveness.

Screening proceeded in two stages: an initial title and abstract screen to exclude clearly irrelevant records, followed by full-text or extended-abstract review of remaining sources to confirm eligibility against the criteria above. Data extracted from each eligible source included the population studied, intervention type, study design, principal outcomes, and, where available, effect size or thematic findings. Extracted data were then organised thematically, following an inductive approach in which recurring patterns across studies were grouped into the four domains presented in the Results and Discussion section: overall treatment effectiveness, population-specific outcomes, mechanisms of therapeutic change, and regional and Nigerian context. This thematic synthesis approach is appropriate for a body of literature that spans quantitative meta-analytic data and qualitative case-based research, and it allows the review to speak directly to the practice-oriented and contextual questions that motivate this paper.

This methodology carries clear limitations that should guide interpretation of the findings. As a review of existing literature rather than a primary empirical investigation, the paper cannot report new outcome data from patients treated in Calabar or elsewhere in Nigeria; its conclusions regarding likely benefit in a Calabar setting are therefore extrapolations from evidence generated predominantly in North American, European, and, to a lesser extent, other African contexts, and should be treated as hypotheses to be tested rather than as established local findings. Additionally, the paucity of sub-Saharan African studies located during the search constrains the strength of conclusions that can be drawn about cultural adaptation requirements, and the review's reliance on published, English-language, and predominantly database-indexed sources may have excluded relevant unpublished or non-English regional literature.

To mitigate these limitations as far as possible within a review design, the search process was conducted iteratively, with initial broad searches followed by successively narrower and more targeted searches once preliminary themes were identified, allowing the review to move from general drama therapy effectiveness literature toward the specific regional and institutional literature necessary to ground the discussion of a Calabar psychiatric setting. Where multiple sources reported overlapping or corroborating findings, for example the consistent identification across several independent reviews of a moderate effect size for drama-based interventions on psychosocial outcomes, this convergence was treated as strengthening confidence in that particular finding, following standard practice in narrative evidence synthesis. Conversely, single-source or small-sample findings, such as the Cameroonian case study of six patients, are presented in this paper with appropriate caution regarding generalisability, and are used primarily to illustrate feasibility and contextual precedent rather than to support strong causal claims about effectiveness within African psychiatric settings generally.

No formal quality appraisal instrument, such as the Cochrane risk-of-bias tool or the Critical Appraisal Skills Programme checklist, was applied uniformly across all included sources in this review, since several of the included sources were themselves systematic reviews or meta-analyses that had already conducted such appraisal internally; in those cases, this review relied on the quality assessment reported by the original authors, for example the use of the McMaster Quality Assessment Tool and the Critical Appraisal Skills Programme checklist within the older-adult systematic review discussed

in Section 2.2. This layered approach, synthesising already-appraised systematic reviews alongside selected primary studies, is consistent with an umbrella or overview-of-reviews strategy commonly used when a research question spans multiple populations and intervention subtypes too broad for a single new systematic review to address comprehensively within the scope of one paper.

Results and Discussion

Thematic synthesis of the reviewed literature yielded four principal findings, each discussed below in relation to its implications for the introduction and development of drama therapy within a psychiatric setting in Calabar.

Drama-Based Therapies Produce a Consistent, Moderate Clinical Effect

Across the controlled-trial literature synthesised in the largest available meta-analysis, drama-based therapies demonstrated a statistically significant medium effect on psychological and behavioural mental health outcomes, a magnitude broadly comparable to effect sizes reported for several established psychosocial interventions in psychiatric care. Importantly, this effect held across both psychodrama and dramatherapy traditions without significant difference between them, suggesting that the specific theoretical school of drama-based practice matters less than the broader presence of structured, role-based, enactment-oriented intervention. For a psychiatric setting in Calabar considering the introduction of drama therapy, this finding is reassuring in two respects: it indicates that the intervention family as a whole, rather than a single narrow protocol, carries empirical support, and it suggests that locally adapted or hybrid approaches, combining, for example, elements of Western dramatherapy training with indigenous Cross River performance idioms, would not necessarily sacrifice effectiveness by departing from a single orthodox model.

Effectiveness Extends Across Diverse Psychiatric Populations, With Important Population-Specific Nuance

The reviewed literature indicates that drama therapy has demonstrated value across a wide range of psychiatric populations relevant to hospital-based practice, including adults with psychotic disorders, individuals diagnosed with personality disorders, older adults in institutional psychiatric or long-term care, and children and adolescents presenting with psychosocial difficulties. For psychiatric populations characterised by communication difficulty or complex symptom presentation, particularly those experiencing psychosis, the theoretical rationale of dramatic distancing appears to translate into practical clinical utility, since dramatherapy allows engagement through embodied and symbolic means when direct verbal disclosure is compromised. This is directly relevant to psychiatric hospital wards in Calabar and across Nigeria more broadly, where psychotic disorders constitute a significant proportion of inpatient presentations and where verbally oriented talk therapies alone may not adequately serve the full range of patients.

At the same time, the literature counsels caution regarding uniform expectations of benefit. The systematic review of drama therapy among older adults found that while symptom-level improvement was reported in the majority of included studies, effects on broader quality-of-life measures were considerably more mixed, with a meaningful minority of studies finding no measurable quality-of-life benefit. This pattern suggests that outcome expectations for a prospective Calabar programme should be differentiated by population and by outcome domain, rather than assuming a uniform benefit across symptom reduction, functional improvement, and subjective quality of life.

Mechanisms of Change Centre on Playfulness, Embodiment, and Safe Symbolic Distance

The qualitative literature on client-perceived effects offers insight into why drama therapy appears to work, insight that is directly useful for programme design. Clients diagnosed with personality disorders reported that drama therapy restored a capacity for playfulness that had often been diminished by their psychiatric difficulties, helped connect inner emotional experience with outer expression, deepened insight into maladaptive coping patterns, and supported observable change in interpersonal behaviour. These mechanisms are consistent with the broader theoretical literature's emphasis on symbolic distancing, embodiment, and the rehearsal of new relational patterns within the relative safety of dramatic fiction. For a Calabar psychiatric setting, these mechanisms suggest that drama therapy sessions should be designed deliberately around structured opportunities for role enactment, playful improvisation, and gradual approach to difficult material through metaphor and character, rather than being reduced to unstructured recreational drama activity, which would be unlikely to reproduce the therapeutic mechanisms identified in the literature.

Sub-Saharan African and Nigerian Evidence Remains Limited but Contextually Promising

The regional literature reviewed here indicates both an evidentiary gap and a contextual opportunity. The Cameroonian case study from a Yaoundé mental health clinic remains one of the few documented empirical investigations of theatre-based therapeutic activity within an African psychiatric setting, and its authors explicitly identified the general absence of theatre programming within regional psychiatric hospital environments as a significant gap, a gap that this review's search confirms extends to Nigeria specifically. At the same time, Nigeria possesses a well-established Theatre for Development tradition with direct institutional roots in Calabar, alongside documented Nigerian applied theatre work supporting children with disabilities through psychodramatic and rehabilitative dramatic methods. This existing applied theatre infrastructure, comprising trained theatre practitioners, participatory methodology, and institutional experience working with vulnerable populations, represents a substantial, if currently underutilised, resource base that could be redirected and adapted toward structured, clinically embedded drama therapy within psychiatric institutions.

This opportunity is reinforced by the presence of documented, if largely unaddressed, psychosocial need within the Calabar university community itself, where studies have found a meaningful proportion of medical trainees and undergraduate students reporting poor mental health status, alongside broader Nigerian evidence of substantial stigma among psychiatric outpatients attending established federal psychiatric hospitals. Given that stigma reduction and community reintegration are frequently cited as secondary benefits of drama-based mental health interventions internationally, a Calabar-based programme could plausibly serve a dual function: providing direct therapeutic benefit to psychiatric patients, while also functioning as a public-facing vehicle, through student and community performance, for reducing the stigma that continues to constrain help-seeking behaviour among Nigerians experiencing mental illness.

Toward an Indigenised Framework for Drama Therapy in a Calabar Psychiatric Setting

Drawing together the findings above, this review proposes that a future drama therapy programme situated within a Calabar psychiatric setting should be conceived as a deliberate synthesis of three elements: first, the internationally validated structural principles of dramatherapy and psychodrama, including embodiment, role play, distancing, and structured group enactment, for which the strongest quantitative effectiveness evidence exists; second, the participatory, community-oriented methodology of Nigeria's Theatre for Development tradition, which offers a locally proven model for facilitating theatrical process with non-specialist participants; and third, deliberate incorporation of indigenous Cross River performance idioms (Effiom, 2026a, 2026b), including masquerade, ritual drama, and communal music-theatre forms, which may enhance cultural resonance, participant engagement, and the symbolic vocabulary available for therapeutic enactment among patients for whom these forms carry pre-existing cultural meaning.

Operationalising this framework within an actual psychiatric setting, such as the psychiatric unit of the University of Calabar Teaching Hospital, would require close interdisciplinary collaboration between theatre practitioners and psychiatric clinical staff, structured training of theatre graduates in trauma-informed and clinically safe facilitation practice, formal ethical approval and clinical governance processes appropriate to work with psychiatric inpatients and outpatients, and, critically, a prospective empirical evaluation design, potentially a mixed-methods pilot study with pre-post symptom measures alongside qualitative interviews, that would allow the specific benefit of such a programme to be documented empirically for the first time within a Nigerian, and specifically Calabar, psychiatric context. Such a study would directly address the evidentiary gap this review has identified and would extend the international drama therapy evidence base into a setting that remains almost entirely unrepresented within it.

Implications for Curriculum and Practitioner Training

A recurring theme across the international literature reviewed in this paper is that drama therapy is practised by credentialed, specifically trained practitioners rather than by theatre artists applying general performance skills without additional clinical preparation. This distinction carries direct implications for the Department of Theatre and Media Studies at the University of Calabar, which, as a well-established academic unit with a strong applied theatre and Theatre for Development tradition, already possesses much of the pedagogical infrastructure required to train drama therapy practitioners, but would need to supplement its existing curriculum with clinically oriented content, including psychopathology awareness, trauma-informed facilitation, safeguarding and risk management appropriate to psychiatric populations, and structured supervised placement within a clinical setting. Existing Nigerian theatre curricula have historically emphasised performance, dramatic literature, and community-oriented applied theatre practice; the introduction

of a drama therapy specialisation or elective pathway, potentially developed in collaboration with psychiatric and psychology departments within the university, would represent a natural and evidence-supported extension of this existing strength rather than an entirely new departure.

International experience further suggests that successful integration of drama therapy into psychiatric settings depends heavily on sustained interdisciplinary relationship-building between drama therapists and psychiatric clinical staff, since the pilot study on remote drama therapy explicitly identified limited historical collaboration between drama therapy and psychiatry as a constraint on the field's development even in contexts where drama therapy is a formally regulated profession. For Calabar, this implies that curriculum development alone would be insufficient; equally important would be the deliberate cultivation of working relationships between theatre faculty and the clinical staff of the University of Calabar Teaching Hospital's psychiatric unit, potentially beginning with joint case conferences, observational placements for theatre students, and co-designed pilot sessions supervised jointly by a theatre practitioner and a psychiatric clinician.

Recommendations for Future Primary Empirical Research

Building on the gaps identified throughout this review, future primary empirical research conducted within a Calabar psychiatric setting should be designed to address three specific priorities. First, an initial feasibility and acceptability study, likely qualitative or mixed-methods in design, would establish whether patients, caregivers, and psychiatric staff regard structured drama therapy sessions as acceptable, safe, and culturally appropriate, following the methodological precedent set by the small-sample Cameroonian case study but with more rigorous documentation of intervention content and process. Second, a pilot pre-post outcome study, using standardised and locally validated psychiatric symptom measures alongside qualitative interviews, would allow researchers to estimate a preliminary effect size specific to a Calabar patient population, which could subsequently inform the design of an adequately powered controlled trial. Third, given the cultural and institutional distinctiveness of the proposed indigenised framework described in Section 4.5, research should specifically examine whether incorporation of local performance idiom enhances engagement or outcome relative to a more conventional imported dramatherapy protocol, a comparison that would contribute original theoretical insight to the international drama therapy literature regarding cultural adaptation, an issue that remains underexamined even in the broader international evidence base reviewed in this paper.

Any such research programme would need to proceed through appropriate institutional review board approval, secure informed consent procedures appropriate to psychiatric populations, including specific attention to capacity assessment where relevant, and close clinical oversight to ensure patient safety throughout. Given the resource constraints typical of Nigerian academic and clinical institutions, a phased approach, beginning with a small, well-documented feasibility study before progressing to larger controlled evaluation, is likely to be both more achievable and more methodologically defensible than an immediate large-scale trial, and would allow the Department of Theatre and Media Studies and the University of Calabar Teaching Hospital to build the interdisciplinary track record necessary to attract further research funding and institutional support for this work over time.

Conclusion

This review has synthesised a substantial and growing international body of empirical evidence indicating that drama-based therapies, encompassing both dramatherapy and psychodrama traditions, produce a moderate and statistically significant beneficial effect on psychological and behavioural outcomes across diverse psychiatric populations, including adults with psychosis, individuals with personality disorders, older adults in institutional care, and children and adolescents experiencing psychosocial difficulty. Qualitative evidence further indicates that clients experience these benefits through mechanisms of restored playfulness, embodied emotional expression, and safe symbolic engagement with difficult psychological material. Against this international evidence base, the review has identified a marked scarcity of empirical research examining drama-based therapeutic practice within sub-Saharan African, and specifically Nigerian, psychiatric institutions, with only isolated regional case studies available for reference.

Calabar occupies a distinctive position from which to help close this gap. The city's rich indigenous performance heritage, the established Theatre for Development tradition rooted in the University of Calabar's own theatre scholarship, and the presence of an active psychiatric unit within the University of Calabar Teaching Hospital together constitute institutional and cultural assets that are rarely found in combination elsewhere in Nigeria. This review has therefore argued for the development of a deliberately indigenised drama therapy framework for Calabar, one that integrates internationally

validated dramatherapeutic structure with locally proven participatory theatre methodology and indigenous performance idiom. Realising this framework in practice will require sustained interdisciplinary collaboration between the Department of Theatre and Media Studies and psychiatric clinical services, appropriate practitioner training, and, most importantly, a rigorously designed primary empirical study conducted within a Calabar psychiatric setting. Such a study remains the necessary next step: it alone can determine, rather than merely suggest, whether the international evidence synthesised in this review translates into measurable clinical benefit for psychiatric patients in Calabar, and it would represent a meaningful original contribution to both Nigerian theatre scholarship and Nigerian psychiatric practice.

More broadly, this review contributes to a growing international recognition that mental health systems, including those operating under the resource constraints typical of low- and middle-income countries, benefit from actively incorporating culturally resonant, non-pharmacological, and participatory therapeutic modalities alongside conventional psychiatric treatment. By situating drama therapy within Calabar's specific institutional, cultural, and epidemiological context, this paper has sought to move the conversation beyond a general acknowledgement that creative arts therapies hold promise, toward a concrete, evidence-referenced agenda for action, one that treats Calabar's Department of Theatre and Media Studies not merely as a site for the study or performance of dramatic literature, but as a potential site of applied, clinically relevant, and empirically evaluable therapeutic innovation. Realising that potential will require sustained institutional commitment, but the international evidence synthesised here suggests that such an investment would be well justified.

Author's Statement

Funding: This review received no external or institutional funding.

Conflict of Interest: The author declares no conflict of interest in relation to this work.

Ethical Approval: As a literature-based review that did not involve the collection of new data from human participants, this study did not require ethical committee approval. Any future primary empirical study proposed in this paper would require formal ethical clearance from the relevant institutional review board prior to commencement.

Data Availability: All sources synthesised in this review are drawn from publicly available, previously published academic literature, full details of which are provided in the reference list.

Acknowledgement: The author acknowledges the Department of Theatre and Media Studies, University of Calabar, for the intellectual environment that supported this work.

References

Ajom, S., Koko, S. M., Babawale, O. J., & Bassey, V. (2026a). Thirty years of land-use and land-cover change in Calabar Metropolis, Nigeria: Geospatial evidence and planning implications. Journal of Environmental Sciences and Built Environmental Research, 1(1), 295–305.

Ajom, S., Koko, S., Babawale, O., & Bassey, V. (2026b). Private residential development and building-regulation compliance in Itigidi, Cross River State, Nigeria: Evidence on awareness, approval and enforcement capacity. Journal of Environmental Sciences and Built Environmental Research, 1(1), 306–316.

Awareness and practice of mental health promotion among students at the University of Calabar, Nigeria. (2024). Special Journal of the Medical Academy and other Life Sciences, 2(9).

Berghs, M., et al. (2022). Drama therapy for children and adolescents with psychosocial problems: A systematic review on effects, means, therapeutic attitude, and supposed mechanisms of change. Children, 9(9), 1358.

Betiang, L., Effiom, A., & Akung, J. E. (2025). Building new cultural spaces and livelihoods through theatre with Cameroon refugees in Adagom settlement, Ogoja, Nigeria. GUU Journal of Humanities, 4(1).

Comfort, N., Etim, O. E., Esther, B. A., Columba, A. A., Orji, E. I., Malachy, A. U., et al. (2026). Socio-economic impacts of conservation policies on women's livelihoods in forest-dependent communities around Cross River National Park, Nigeria. African Journal of Hospitality, Tourism and Leisure, 15(2), 306–315.

Drama therapy and the engagement of applied theatre techniques for children with disabilities in Nigeria. (2022). Academia.edu.

Drama/theatre practice in psychiatric care: Therapeutic theatre — an experience from a mental health clinic in Yaoundé, Cameroon. (2021). ResearchGate.

Effiom, A. (2021a). Performing British violence in the Nigerian Midwest: Ahmed Yerima's The Trials of Oba Ovonramwen and the 'narratives' of history. Social Sciences, Humanities and Education Journal, 2(3), 300–306.

Effiom, A. (2021b). The luminous theories of Constantine Stanislavski and Bertolt Brecht: Parallels and implications for the contemporary theatre director. Pinisi Journal of Art, Humanity and Social Studies, 1(5), 43–48.

Effiom, A. F. (2020). Semiotics and contemporary play directing: The example of Ogonna Agu's Dawn in the Academy. Cross-Cultural Communication, 1(6), 3.

Effiom, A. F. (2026). Intertextuality as resistance: The semiotics of 'Nollywood-to-Hollywood' quotation in the performances and directorial style of Izu Ojukwu. Alkebulan: A Journal of West and East African Studies, 6(1), 218–225.

Effiom, A. F., & Abeeb, S. K. (2025). Towards a Nigerian theory of directing: Synthesizing indigenous performance aesthetics with postcolonial dramaturgy. Advances in Law, Pedagogy, and Multidisciplinary Humanities, 3(2), 268–279.

Effiom, A. F. (2026a). Carnival performance, cultural tourism and destination branding in Cross River State. In Sustainable Futures and Integrated Development Systems (pp. 365–379).

Effiom, A. F. (2026b). Theatre semiotics, media representation and the performance of tourism identity. In Sustainable Futures and Integrated Development Systems (pp. 380–399).

Eneyo, V. B. (2025). Essentials of tourism for beginners, University of Calabar printing press.

Federal Neuropsychiatric Hospital, Yaba. (n.d.). Institutional profile. Healthnews.ng, Nigeria's top psychiatric hospitals and mental health institutions.

Nwamuo, C. (1996). Perspectives in community theatre. Calabar: AP Publications.

Oku, A., Oku, O., Owoaje, E., & Monjok, E. (2015). An assessment of mental health status of undergraduate medical trainees in the University of Calabar, Nigeria: A cross-sectional study. Open Access Macedonian Journal of Medical Sciences.

Orkibi, H., et al. (2023). Effectiveness of drama-based therapies on mental health outcomes: A systematic review and meta-analysis of controlled studies. Psychology of Aesthetics, Creativity, and the Arts.

Perceived effects of drama therapy in people diagnosed with personality disorders: A qualitative study. (2024). The Arts in Psychotherapy, ScienceDirect.

Perceived stigmatization, sociodemographic factors, and mental health help-seeking behaviors among psychiatric outpatients attending a psychiatric hospital in Lagos, Nigeria. (2020). medRxiv preprint.

Pilot remote drama therapy program using the co-active therapeutic theater model in people with serious mental illness. (2022). PMC, National Library of Medicine.

Qtait, M., Tobasia, E., Al-Daraweesh, S. A., Atawneh, S. A., Khoura, M. I., Anati, A. H., & Hroush, L. E. (2025). The effect of drama therapy in mental illness and quality of life among older adults: A systematic review. International Journal of Body, Mind and Culture.

Theater for development in contemporary Nigeria: Problems and prospects. (n.d.). International Journal of Humanities Innovation.

Ubi, S. E. (2025). The use of recycled plastics as interlock materials. International Journal of Structural Engineering (IJSE), 7(2292-1210), 5018-2159.

Uchegbue, H. O., Nwogwugwu, C. E., Ebegbulem, V. N., et al. (2025). Effects on research achievement and alcohol use in intellectually disabled undergraduates in federal universities of Southern Nigeria. Journal of Intellectual Disability - Diagnosis and Treatment, 13(000), 192–221.

.