

Original Paper

Psychodrama with Children: A Theoretical Evaluation and Principles of Practice

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Abstract

This article provides a comprehensive examination of psychodrama, a method developed by Jacob Levy Moreno, as it is adapted and applied to understand the inner worlds of children and provide them with therapeutic support. The abstract nature of traditional talk therapies does not always align with the developmental characteristics and expressive modalities of children, for whom play and action are the most fundamental tools for communication and learning. It details how the essential elements of psychodrama, the protagonist, director, auxiliary ego, stage, and group are differentiated and adapted when working with children. The application of core techniques such as role reversal, doubling, and mirroring using toys, puppets, and symbolic materials is described with concrete examples. The three essential phases of a child psychodrama session warm-up, action, and sharing are analyzed with consideration for the child's developmental needs. Furthermore, the article discusses the method's application for various childhood issues like trauma, anxiety, social skill deficits, and family conflicts, while also exploring its strengths and the potential challenges encountered during practice. Finally, it offers recommendations for practitioners, researchers, and educators, outlining a perspective aimed at increasing the prevalence and efficacy of child psychodrama.

Keywords

psychodrama, child therapy, action methods, play therapy, sociometry, creativity

1. Introduction

The psychic world of a child, unlike that of an adult, is shaped and expressed through concrete experiences, symbolic play, and physical action. For children, whose abstract thinking skills are not yet fully mature, the expectation to articulate their feelings, thoughts, and internal conflicts through purely verbal means can be an approach contrary to their nature (Landreth, 2012). This reality underscores the

importance of mental health interventions for children that can speak their language methods that place play and action at their center. In contrast to traditional “talk therapies”, creative arts therapies and action-oriented approaches offer a foundation where children feel safer, more understood, and more competent. One of these approaches is psychodrama, an action method developed by Jacob Levy Moreno (1889-1974), which allows individuals to explore their internal conflicts, relational difficulties, and life scenarios by dramatizing them with spontaneous creativity before a group (Moreno, 1946/1993).

Psychodrama helps participants cope with loneliness (Amoosoltani et al., 2021; Orkibi et al., 2017; Usakli, 2021), enhance social-emotional learning (Usakli, 2025a; Usakli, 2025b), developing friendships (Amoosoltani et al., 2021; Uşaklı, 2012), and positively contributing to people’s well-being (Katmer et al., 2020; Kaya & Deniz, 2020; Orkibi et al., 2017; Polat & Ceylan, 2023; Tavakoly et al., 2014).

Mythology and fairy tales can be used as sources in psychodrama (Kendle, 2016; Uşaklı, 2022; 2023). Although initially designed for adults, the inherently playful nature, creativity, and emphasis on action within psychodrama make it exceptionally well-suited for working with children. Child psychodrama is a specialized application adapted from adult psychodrama but reshaped according to the child’s cognitive, emotional, and social developmental level. In this method, the child, under the guidance of the therapist (the director), enacts fears, fantasies, traumas, and desires that are difficult to express in words. This occurs on a safe “stage” using toys, puppets, or other group members (auxiliary egos). This process not only allows the child to externalize their problems but also enables them to develop empathy by taking on different roles (role reversal), to see a reflection of their own feelings and behaviors (mirroring), and to have their inner voice made audible (doubling) (Leveton, 2001).

1.1 Problem Statement

Childhood mental health disorders—including anxiety disorders, behavioral problems, post-traumatic stress disorder, and social adjustment difficulties—are demonstrating an increasing prevalence both globally and within specific national contexts. Consequently, there is a growing need for effective intervention methods that are appropriate for the nature of the child. However, a common issue in practice is that interventions for children are largely derived from adult models and place an excessive emphasis on verbal expression. As Piaget (1962) noted, children, particularly those in the concrete operational stage (approximately ages 7-11), make sense of the world through concrete and actionable experiences. Therefore, expecting them to sit in a chair and abstractly “talk about their problems” can lead to a therapeutic impasse and provoke resistance from the child.

The problem statement thus forms along two primary axes: First, among existing child therapy approaches, methods that structure a child’s need for action and play within a therapeutic framework are not sufficiently recognized or utilized. Second, the theoretical knowledge and practical applications regarding the use of a powerful method like psychodrama with children are limited in the existing

literature, making it difficult for specialists wishing to work in this field to access adequate resources. This article aims to fill this gap by demonstrating how psychodrama with children responds to their developmental needs and enriches the therapeutic process.

1.2 Significance of the Research

The significance of this study lies in its provision of a holistic, theoretical, and practical framework for the use of psychodrama with children, aimed at professionals working in the field of child mental health (psychologists, school counselors, psychiatrists, social workers, etc.), educators, and researchers. This article aims to:

Demonstrate the possibilities of conducting therapeutic work that transcends children's verbal limitations by using their most natural means of expression: play and action.

Explain Moreno's complex and philosophical theory in a more understandable and concrete language within the context of child applications.

Illustrate with practical examples how the core concepts and techniques of adult psychodrama can be adapted to the world of children. Emphasize how child psychodrama, unlike individual play therapy, utilizes group dynamics and sociometric relationships. Establish a theoretical foundation for new research and applications in this field.

Thus, the goal is to create a resource that enriches the intervention repertoire of specialists working with children and enables them to offer more appropriate, effective, and creative solutions tailored to children's needs.

1.3 Assumptions

This article has been prepared based on the following assumptions:

Play is the child's most natural form of learning, communicating, and self-expression.

Children externalize their internal conflicts and emotions more comfortably through action and symbols rather than direct verbal expression.

The core principles of psychodrama (spontaneity, creativity, action) are congruent with the developmental characteristics of children.

Dramatization conducted in a safe and structured environment holds a healing and transformative potential for children.

The theoretical information and application examples examined in this article are supported by the work of leading experts in the field and established literature.

1.4 Limitations

This work is a theoretical review and evaluation; therefore, it does not involve an empirical research design. The findings are based on a literature review and existing theoretical knowledge. Other limitations of the study include:

The article addresses general and fundamental principles rather than adhering to a specific school of child psychodrama. Nuances in the application for children from different schools (e.g., classical

Morenian approach, Cognitive-Behavioral Psychodrama) are not discussed in detail.

Child psychodrama applications cover a wide spectrum from preschool to adolescence. While this article focuses more on school-aged children (6-12 years), the core principles are adaptable for other age groups.

2. Method

This research is designed as a qualitative study. Qualitative research is a systematic approach used to explore and understand individuals' experiences, meanings, and social realities. It focuses on non-numerical data—such as words, observations, and narratives—to gain deep insights into human behavior, emotions, and interactions (Creswell & Poth, 2018). Rather than testing hypotheses, qualitative research seeks to describe, interpret, and understand phenomena within their natural context. Qualitative research generally follows these steps:

Identifying a research problem—selecting a topic that requires understanding rather than measurement.

Reviewing literature—analyzing previous studies to build theoretical foundations.

Choosing a qualitative design—such as case study, phenomenology, ethnography, grounded theory, or narrative research.

Selecting participants—typically through purposeful sampling to ensure rich, relevant data.

Collecting data—using interviews, focus groups, observations, or document analysis.

Analyzing data—through coding, theme identification, and interpretation of meanings.

Ensuring trustworthiness—by addressing credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Reporting findings—presenting themes, participant quotes, and researcher reflections clearly.

Qualitative research is vital because it:

Explores complex social issues that cannot be captured by quantitative methods.

Provides in-depth understanding of participants lived experiences, beliefs, and motivations.

Generates theories and insights that can inform practice, policy, and further quantitative testing.

Gives voice to participants and emphasizes context, diversity, and meaning (Merriam & Tisdell, 2016).

By focusing on depth rather than breadth, qualitative studies help researchers understand why and how phenomena occur rather than just what happens.

3. Result

In this section, the theoretical structures that form the basis of child psychodrama, the adaptation of core concepts for children, the application of techniques, and the phases of a session will be discussed in detail.

3.1 The Philosophical and Theoretical Foundations of Psychodrama

To understand child psychodrama, one must first grasp the cornerstones of Moreno's (1946/1993) theory. According to Moreno, the human being is an inherently spontaneous and creative entity. However, societal "cultural conserves" (stereotyped behaviors, dogmas, roles) dull this natural creativity and spontaneity. The purpose of psychodrama is to enable the individual to break free from this confinement, regain their spontaneity, and develop new, creative, and more functional responses to life's challenges.

For Moreno, therapy happens "here and now" (in statu nascendi). The past is important only to the extent that it affects the present moment and is brought onto the stage to be re-experienced "in the now". This is particularly meaningful for children in the concrete operational stage. Instead of merely recounting a past trauma, a child can concretize it by re-enacting it on stage in the "here and now", thereby gaining an opportunity to exercise control over it.

Another cornerstone of the theory is sociometry, which is the measurement of interpersonal relationships, attractions, and repulsions within a group (Moreno, 1953). Psychodrama is concerned not only with the individual's inner world but also with their social atom (the significant people in their network) and the web of relationships within the group. In child psychodrama groups, dynamics such as who wants to play with whom, who is popular, and who is isolated provide crucial data for understanding the child's social world, and these dynamics are worked through in warm-up games and the action process.

3.2 Adaptation of the Core Elements of Psychodrama for Children

The five fundamental elements of adult psychodrama—the protagonist, the director, the auxiliary ego, the stage, and the group—require significant adaptations when working with children.

The Protagonist (The Main Player): This is the person who brings their life experience to the stage. In child psychodrama, the protagonist is often the child who is most motivated and ready to work on that particular day. Sometimes a child does not directly say, "I have a problem". Instead, they might say, "I had a dream about a monster", or they might pick up a toy and begin telling a story through its voice. The therapist's (director's) task is to recognize the true theme behind this symbolic narrative and help the child become the protagonist. Sometimes the protagonist is not the child themselves but a puppet, an animal figure, or a superhero chosen by the child.

The Director (The Therapist): This is the trained specialist who leads the session, facilitates the therapeutic process, and guides the protagonist's work. The director's role in child psychodrama is more active, protective, and playful compared to that in adult groups. The director not only guides the process but also initiates play, takes on a role when necessary (e.g., a wise wizard who helps the child confront a feared monster), supports the child in moments of emotional distress, and ensures safety on the stage. It is critically important that the director uses language appropriate to the child's developmental level and can understand symbolic expressions (Altınay, 2003).

The Auxiliary Ego: These are group members who portray significant people, objects, or abstract concepts (e.g., fear, happiness) from the protagonist's world on stage. For children, other children can serve as auxiliary egos. For example, another child might play the role of a sibling with whom the protagonist has fought. However, one of the most distinctive features of child psychodrama is the use of inanimate objects as auxiliary egos (Kellermann, 1992). Toys, puppets, pillows, pieces of fabric, miniature figures... all of these can be used to represent people or feelings in the child's world. A pillow might symbolize an angry father; a teddy bear, a missed mother; a small car, the desire to escape. This not only creates a less threatening environment for children but also activates their capacity for symbolic thinking.

The Stage: This is the area where the drama unfolds and the action is concretized. In child psychodrama, the entire room can become the stage. Cushions can become a mountain, a blue cloth a river, and chairs a house. The stage is a flexible and dynamic space shaped by the child's imagination. The therapist helps the child arrange this space according to their needs. Having defined boundaries for the stage (e.g., this corner of the room is the stage, the other corner is a safe space) helps the child differentiate between fantasy and reality and feel secure.

The Group/Audience: These are the other group members who witness and support the protagonist's work. In children's groups, being an audience member is not a passive stance. Group members both witness the play on stage and participate as auxiliary egos when needed. During the sharing phase at the end of the session, they offer universal support to the protagonist by resonating with their feelings. The presence of the group gives the child the feeling of "I am not alone; others feel similar things", and contributes to the development of their social skills.

3.3 The Application of Core Techniques in Child Psychodrama

The classic techniques of psychodrama are creatively adapted to the world of children.

Doubling: This is when an auxiliary ego or the director stands behind or sits next to the protagonist and verbalizes the feelings and thoughts that the protagonist is unable to express, is suppressing, or is unaware of. In adults, this is a verbal technique. With children, it can be both verbal and action-based.

Example: The director, standing beside a child who is angry at their mother but hesitant to express it, might say in a child-like tone, "I wish my mom wouldn't yell at me like that! It's not fair!" If this "double" is accurate, the child often nods in agreement or shows signs of relief. If it is incorrect, they correct it by saying, "No, it's not like that!"

Action Doubling: If a child has collapsed on the floor crying, the director might also curl up beside them, mimicking their posture. This non-verbally communicates the message, "I understand how sad you are, and I am with you".

Role Reversal: This is the most powerful technique in psychodrama. The protagonist is asked to switch roles with another person or object on the stage. This allows the protagonist to see the situation from someone else's perspective, develop empathy, and understand the impact of their own behavior on

others.

Example: To a child who has hit their sibling, the director might say, “Now, you be your brother, and I’ll be you. Show me what just happened”. When the child takes on the role of their sibling, they experientially learn what the sibling might have felt (fear, sadness, injustice).

Role Reversal with Objects: A child might take on the role of a toy they frequently lose. “I am a lost teddy bear. I’m very lonely and scared under the bed. I wish my owner would find me”. This allows the child to work through feelings of responsibility and loss.

Mirroring: The protagonist steps off the stage, and an auxiliary ego reflects their behavior, posture, tone of voice, and words back to them, just like a mirror. This helps the child see themselves from an outside perspective and gain insight into their behavior.

Example: To a child who is constantly whining and crying, the director might say, “Now, sit on this chair and watch. Ashley (auxiliary ego), could you show us how Alex (protagonist) was just behaving?” When Alex watches a “copy” of their own behavior, they may realize the effect it has on others. This technique must be applied with care and without judgment, in a compassionate manner; otherwise, the child may feel shame.

Soliloquy: The protagonist walks around the stage or performs an action while speaking their thoughts aloud. This allows for the externalization of the child’s internal thought processes and conflicts.

Example: A child being bullied at school might walk on the stage representing the schoolyard, and the director might say, “Now, think out loud about what’s going through your mind”. The child might externalize internal speech like, “Here they come again. I hope they don’t see me. I wish I were invisible. I’m so scared”.

3.4 The Phases of a Child Psychodrama Session

A child psychodrama session typically lasts between 60 and 90 minutes and consists of three fundamental phases (Corey, 2015).

The Warm-Up Phase: The purpose of this phase is to build trust and cohesion among group members, activate spontaneity and creativity, and bring forth the theme for the day’s work. The warm-up with children almost always involves physical movement and games.

Warm-up Games: Games like “statues” (when the music stops, everyone freezes into a statue representing an emotion), “name and motion chain” (everyone says their name with a motion, and the group repeats it), or “the magic shop” (an imaginary shop where children can “buy” a quality or skill they desire) are used.

During these games, a child consistently choosing a “scared” statue or wanting to buy “courage” from the magic shop can be a clue for the day’s protagonist and theme to emerge.

The Action Phase: The theme that emerged during the warm-up is brought to the stage in this phase. The director initiates the action phase by inviting the child who volunteers to be the protagonist, saying something like, “Where would you like to use this courage? Let’s enact that moment here”. The

protagonist, with the director's guidance, sets the scene, chooses auxiliary egos (people or objects), and begins to dramatize their experience. The director uses the techniques described above—doubling, role reversal, mirroring—to help the child explore the scene and reach an insight. The goal of this phase is not just to repeat the problem but also to try out new solutions, exhibit different behaviors, and experience a catharsis (emotional release) and integration.

The Sharing Phase: After the action phase concludes, all group members sit in a circle. This phase differs significantly from adult psychodrama. While analysis and interpretation may occur in adult groups, in children's groups, analysis, interpretation, and advice are strictly forbidden (Altman, 2003). The purpose of sharing is to support the protagonist and make them feel they are not alone.

Rules of Sharing: Group members share similar feelings or memories from their own lives that resonated with the protagonist's play. Sharing is always done from the perspective of a role or a personal experience.

Example (Correct Sharing): "When you were scared of the monster on stage, it reminded me of when I was scared in the dark room last week". OR "When I was in the role of your brother, I felt really sad".

Example (Incorrect Sharing): "I think you shouldn't be afraid of the monster". (Advice) OR "Why did you act that way towards your mom?" (Interpretation/Judgment).

This phase helps the protagonist feel a sense of belonging to the group again after experiencing intense emotions and provides a meaningful closure to the play.

4. Discussion

Child psychodrama is a holistic, powerful, action-and-play-based therapeutic approach that respects the developmental characteristics and forms of expression of children. Founded on Moreno's principles of spontaneity, creativity, and the "here and now", this method allows children to explore their inner worlds in a safe environment, transcending the limitations of verbal expression. The adaptation of core techniques like role reversal, doubling, and mirroring through the use of toys, puppets, and symbolic objects helps children concretize abstract concepts and gain a sense of control over complex emotional experiences. The structured sessions, consisting of warm-up, action, and sharing phases, support both individual insight and the development of social skills within the group. In conclusion, child psychodrama is a valuable method that not only aims to alleviate symptoms but also contributes to the child's development into a more flexible, empathetic, and mentally healthy individual by strengthening their innate creativity and problem-solving capacity.

The findings presented in this article reveal from various perspectives why child psychodrama is an effective method. The power of the method stems primarily from its parallels with theories of developmental psychology. As Piaget (1962) stated, children understand the world through actions and concrete experiences. The psychodrama stage offers the child exactly that: the chance to represent an abstract fear (e.g., a monster) with a concrete object (e.g., a pillow) and to actively engage with it. This

allows the child to develop a sense of mastery and control over their fear. Similarly, Vygotsky's (1978) concept of the "zone of proximal development" can be used to explain the psychodrama process. The director and group members provide a "scaffold" for the child to experience and practice new behavioral patterns by enacting a problem they cannot solve alone (e.g., resolving a conflict with a peer).

Although child psychodrama is often compared to individual play therapy, it has a crucial difference: the group and sociometric dimension. While in individual play therapy the child interacts only with the therapist, in a psychodrama group, they interact with peers. This allows the child to practice and develop their social skills (sharing, taking turns, cooperating, empathizing) in a real social laboratory (D'Amato & Dean, 1988). The group not only holds up a mirror to the child but also offers a sense of belonging and universality.

However, there are also some challenges and points to consider in the application of the method. First and foremost, directing child psychodrama is a highly demanding process that requires in-depth knowledge and expertise in both psychodrama theory and technique, as well as child development and psychopathology. An inadequately trained practitioner runs the risk of re-traumatizing a child while re-enacting their trauma or causing the child to feel shame by mismanaging the sharing phase. Additionally, ensuring the safety of the group, especially when working with children with poor impulse control or severe behavioral disorders, is one of the director's most important responsibilities. Ethical principles, particularly confidentiality, become even more complex when working with children. Collaboration with families and the feedback provided to them must be carefully managed so as not to undermine the child's trust in the group.

Recommendations

In light of this theoretical evaluation, the following recommendations can be made for the advancement of the field of child psychodrama:

Recommendations for Practitioners:

Mental health professionals wishing to practice child psychodrama must complete long-term, supervision-supported psychodrama training programs that meet international standards. Short-term workshops are not sufficient for applying this method.

Practitioners should continuously update their knowledge of child development and improve their ability to adapt techniques according to the needs of different age groups (preschool, school-age, adolescence).

Regular communication and collaboration with families should be maintained as part of the therapeutic process, and guidance should be provided to help families play a supportive role in the child's development.

The highest level of adherence to ethical principles (especially confidentiality and the child's welfare) must be maintained, and coercive or abusive practices must be avoided.

Recommendations for Researchers:

There is a great need for empirical studies examining the effectiveness of child psychodrama. Quantitative and qualitative research evaluating the outcomes of psychodrama group work with children in different diagnostic groups (e.g., ADHD, anxiety disorders, PTSD) should be planned. The results of psychodrama applications with children from different socio-economic and cultural backgrounds should be comparatively analyzed to conduct studies on the cultural adaptations of the method.

Long-term research examining the effects of school-based psychodrama programs on students' social skills, empathy levels, and the school climate can reveal the potential of the method in the field of preventive mental health.

Recommendations for Educational Institutions and Policymakers:

University undergraduate and graduate programs in psychology, counseling, and guidance should include more content on action methods like psychodrama to ensure students are introduced to these approaches early on.

School counselors should be supported in receiving the necessary in-service training to use methods like child psychodrama, and suitable physical spaces for group work should be created in schools.

When planning child mental health services, the inclusion of group-based and creative methods like psychodrama in reimbursement schemes should be encouraged, rather than focusing solely on individual and medication-based treatments.

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