

**EDUCATION & SCIENCE 2022-III**

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**EDITOR  
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Ph. D. Muslim ALANOGLU

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## **PREFACE**

Since societies are constantly moving and focused on development, educational organizations should improve their education processes. Today, we could say that the most significant change has occurred in technology. The digital transformation experienced with the development of technology has also caused educational organizations to be affected by this transformation. Educational organizations should be ahead of society and lead change to meet social needs. Being a learning organization of educational organizations is closely related to the transformations they will experience. For this reason, it is crucial to address the development processes of educational organizations.

I hope that the perspective presented by this book will be beneficial for educators and offer a different perspective on the digital transformation of the education process. I would like to thank esteemed academicians and the EFE ACADEMY family, who contributed to the book's preparation.

*Editor*

*Ph. D. Muslim ALANOGLU*





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# **IMPLEMENTATION AND BENEFITS OF DRAMA THERAPY FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS**

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# **INTRODUCTION**

The term "drama therapy" refers to the use of drama as a form of therapy. Developments in the field of experimental theater and experimental psychology in the 20th century led to new insights into the possibility of using drama as a way to change people's emotional, psychological, political and spiritual spheres (Pendzik, 2006).

The Drama Therapy Association of North America defines therapy as an active, experiential approach that promotes change. Through projection play, storytelling, deliberate improvisation, and performance, children are invited to practice desired behaviors, practice specific relationships, practice life role flexibility, and create the changes they wish to achieve (Kottman & Meany-Walen, 2016).

## **How drama therapy differs from acting**

As a result of the cathartic nature of dramatic artistic expression, drama itself seeks to promote good mental health. However, drama therapy is much more than simple acting. Like music therapy, art therapy, and dance and movement therapy, the drama therapy uses the arts to reach deeper into the child's personality. A drama therapist guides people through a series of intentional activities that allow them to act out scenes of the life they would like to live. Participants may notice that drama therapy directly affects and causes changes in their behavior, emotional state, personal growth and adaptation abilities (Emunah, 2013). Through drama therapy, participants improve their interpersonal skills through various activities such as: telling stories, role play, puppetry, rituals, games, improvisations.

A connection is made between the inner world of the child, the problem situation or life experience and the activity in drama therapy. The child seeks to achieve a new connection with the problems or life experiences that brought him to therapy (D'Amico et al., 2015).

## **Origin and theories of drama therapy**

Although the first forms of drama therapy can be seen in ancient Greece, in ritual performances, the modern beginnings can be seen in Europe in the 19th century. Drama therapy arose out of the realization that some life experiences or wounds are too painful to express through verbal dialogue alone. Since dramatization serves as a metaphor for the expression of

emotions, dramatization has become a natural framework for the therapeutic process. The creators of drama therapy saw the advantage of the psychological safety and distance that dramatization provides. Within the context of this safe therapeutic relationship, drama therapy allows children to work through difficult emotional issues by relying on physical and verbal expression (Feniger-Schaal & Orkibi, 2020).

Drama therapy originates from Jacob L. Moreno's therapeutic approach known as psychodrama, which uses directed dramatic activity to uncover concerns and problems. Other therapists point to the influence of role theory, analytical psychology and creative art therapies and propose the "theatre as therapy" approach, from which the present form of drama therapy derives (Moreno, 2010). The first recorded applications of drama therapy were by Peter Slade, who in the 1930s indicated all forms of carefully selected and applied drama therapy. In the 1960s, the first remedial Drama Center was opened in Britain, by Sue Jennings and Gordan Wiseman, to work with children and adolescents with different needs, and in 1976 the British Association for Drama Therapy was formed (Jennings, 2014).

### **Aims of drama therapy**

The primary goal of drama therapy is to provide children with a safe and secure experience that encourages them to fully express their emotional voice through playful, dramatic activities. The desired outcome is different for each child individually, but the basic model is designed to provide healing and development through the use of role play and dramatic interactions. In practice, the most frequently set goals are (Green, 2014):

- encouraging positive changes in behavior
- improving the abilities to form interpersonal relationships (better socialization in children with autism)
- integrating emotional and physical well-being
- achieving personal development and self-awareness (reducing anxiety)
- improving the overall quality of life

Drama therapy can be applied in multiple settings: schools, community centers mental health clinics, hospitals, prisons. As a form of therapy, it can be used for: post-traumatic stress, anxiety, depression,

substance abuse, autism, learning difficulties, various types of disabilities, rehabilitation, schizophrenia, dementia, eating disorders, loss, etc (Frydman & Mayor, 2021).

### **Drama therapy process**

Drama therapy is performed in a large number of sessions, when a drama therapist works individually with a child or in a group, while each session has a time frame of 40 minutes to an hour and a half. Each session, regardless of the duration, consists of five phases (Landy, 1994):

**Opening:** a creative way of registering presence or an introductory relaxing conversation;

**Focusing or warm-up:** implementation of activities that will enable the individual or group to focus on the work or the aim of the session;

**Main part (core):** active exploration of areas that are problematic for the user or group;

**Closing:** exiting the roles and discussing (reflection) the work in the session. In drama therapy, we work by connecting fantasy with reality, so in the end it is necessary to allow a complete exit from the roles;

**Completion:** through conversation, the therapist makes sure that the work in the session remains only in the group, and does not reflect on the external life of the participants.

Through a dramatic projection, the child becomes emotionally and intellectually involved in facing various topics and issues, while using dramatic forms such as characters, game materials, dolls (Hendy, 2001).

Drama therapy sessions very often include a repertoire of dramatic expressive forms: applying fictional or textual roles (films, plays, books, etc.) or playing oneself in an imagined reality; application of different materials (dolls, small toys, objects); using one's own body through masking, mimicry (pantomime), creative works; reading stories, comics, myths in order to project one's problem, etc. Some sessions are tightly structured, with pre-set goals and content and process clearly laid out before the individual or the whole group, while others may have content and process that emerge spontaneously from the situation and the material brought to the session itself (Emunah, 2013).

## **Assessments in drama therapy**

The main purpose of assessments is to learn as much as possible about the child and the problems they are facing. Usually, drama therapy is applied in combination with other creative techniques and therapies, taking over the data observed during other sessions. Usually, during the therapeutic process, a formative evaluation is applied, which allows the therapist and the client an insight into the progress of the treatment and provides them with easier orientation and direction of the goals, while at the end, a summative evaluation is done in order to perceive the entire process (Jennings, 2014).

## **Library therapy – therapy with fairy tales**

Fairytale therapy is a method of using narrative formats to integrate personality, develop creative skills, expand consciousness, and enhance interaction with the outside world. (Silverman, 2020).

There are several basic functional features of fairy tales (Von Franz, 2017):

1. Fairytale texts cause intense emotional resonance in both children and adults. Images of fairy tales are attracted simultaneously on two mental levels: the level of consciousness and the subconscious, which creates special opportunities for communication.

2. The concept of fairy tale therapy is based on the idea of the value of metaphor as a carrier of information: 1) about vital phenomena; 2) about life values; 3) about the author's inner world (in the case of the author's story).

3. The fairy tale in a symbolic form contains information: 1) how this world works, who created it; 2) what happens to a person in different periods of his life; 3) in what stages does a person go through in the process of self-realization; 4) in which stages in the process of self-realization does a woman go; 5) what "traps", temptations, difficulties, obstacles can be encountered in life and how to deal with them; 6) how to acquire and value friendship and love; 7) which values are leading in life; 8) how to build relationships with parents and children; 9) how to fight and forgive.

4. Stories are the basis for forming "moral immunity" and maintaining "immunological memory". "Moral immunity" is a person's

ability to withstand negative influences of a spiritual, mental and emotional nature originating from society.

5. Stories return both the child and the adult to a state of holistic perception of the world. They provide an opportunity to dream, to activate creativity, to transmit knowledge about the world, about human relations.

### **Fairytale therapy with children**

The fairy tale contains multifaceted material and can be used in psycho-corrective work with children. Fairytale therapy is based on the idea that each fairy tale situation carries a hidden meaning in solving complex situations (Abdivalieva, 2022).

The greatest thing that the fairy tale genre can afford is a hint about how best to act in a given life situation. The events of the fairy tale follow naturally and logically from each other. Thus, the child perceives and assimilates the causal relationships that exist in this world. The presence of mystery and magic are qualities inherent in fairy tales. A fairy tale as a living organism - everything breathes in it, at any moment any object - even a stone - can come to life and speak. This characteristic of the story is very important for the development of the child's psyche. When reading or listening to a fairy tale, the child empathizes with the story. It can be identified not only with the main character, but also with other animated characters. At the same time, the child's ability to decentralize, to stand in the place of another, develops. After all, it is precisely this ability of people to feel something different from themselves, which allows them to feel the diversity of the world and its uniqueness with it (Jones, 2013). Stories are divided into traditional (folk) and author's stories. There are several variants of folk tales (Booker, 2004): 1) riddles (stories about evil spirits, stories about a cunning man); 2) fairy tales, fables, clarification of any situation or moral norm; 3) horror stories, stories about evil spirits; 4) fairy tales-parables; 5) stories about interaction between humans and animals; 6) parables (stories about wise people or funny situations); 7) stories about animals; mythological plots (including stories about heroes); 8) fairy tales, fairy tales with transformations ("geese-swans").

Fairy tales are a direct reflection of the mental processes of the collective unconscious. Each group of fairy tales has its own age audience for children. Children 3-5 years old are the most understanding and close to

fairy tales about animals and stories about the interaction of people and animals. At this age, children often identify with animals, easily turning into them, copying their behavior. Starting from the age of 5, a child mainly identifies with human characters: princes, princesses, soldiers, etc. The older the child is, the more he reads stories and fairy tales about people, because these stories contain a story about how one person recognizes the world. From about 5-6 years old, the child prefers fairy tales. In adolescence, fairy tales-parables and everyday stories can be interesting (Von Franz, 2017).

A fairy tale is a rich therapeutic material that can be used in several aspects (Maskaljević, 2016):

1. The use of fairy tales as metaphors. The text and the pictures of the fairy tales cause free associations about the child's personal life, they can be discussed and commented on.
2. Drawing based on a fairy tale. Free associations are translated into images and further analysis of the resulting graphic material is possible.
3. A discussion of the actions and motivations of character actions raises a debate about the value of human behavior and reveals a system that classifies people into "good-bad" categories.
4. Playing a fairy tale episode. Replaying episodes allows children to experience emotionally significant situations and lose their emotions.
5. The use of fairy tales as parables, moralizing. Hint using a metaphor for a solution to a situation.
6. A creative work based on a fairy tale (adding, rewriting, working with a fairy tale).

### **Features of fairy tales with children**

For individual or group work, any fairy tale can be offered, it must be read aloud. The fairy tales that are given to the child must meet certain conditions (Zipes, 2012):

- 1) the situation should not have a correct ready answer ("openness" principle);
- 2) the situation should contain a problem that is relevant to the child, "encoded" in the figurative series of the story;

3) the situation and the question should be constructed and formulated in such a way as to make the child independently build and trace new and investigative relationships (where does it come from, why is this happening, why is it necessary; what will happen if something happens and that).

Zinkevich-Evstigneeva (2006), proposed a system of "fairytale therapeutic psychocorection", which is understood as a process of researching the strengths of the child's personality, expanding the child's field of consciousness and behavior, searching for non-standard optimal solutions in different situations, unconditional acceptance of the child and interacting with it on an equal footing with the fairy tale. The fairy tale therapy course developed by the author includes many methods and forms of work that enable the development of imagination, creative thinking, memory, attention, reception and coordination of movements, affirmative communication and appropriate self-confidence. The fairy tale can be analyzed, composed, transcribed, narrated, colored, dramatized.

## **Basic principles of working with a fairy tale**

### **1. Analysis of fairy tales**

The goal is to perceive, interpret, what lies behind each fantasy situation, plot construction, and character actions. After the children listen to the story, they are asked a series of questions (Von Franz, 2017):

- What do you think about this story (what, for who)?
- Which of the characters did you like (or dislike) the most?
- Why do you think that this or that hero did these or those actions?
- Think about what would happen if the protagonist didn't do that?
- If there were only good heroes (or some bad heroes) in a fairy tale, what kind of fairy tale would it be?
- Why are there good and bad heroes in a fairy tale?

This form of work applies to children aged five years and older. The analysis of fairy tales can be realized in the form of individual work and group discussion, where everyone expresses his opinion about what is "encoded" in a certain situation related to fairy tales.



## **2. Storytelling**

Storytelling techniques help realize moments such as the development of imagination and the possibility of decentralization. A child or group of children is invited to speak in the first or third person. Also, the child can tell a fairy tale for another actor who may or may not be involved in the fairy tale. For example, "Let's try to tell the story of Snow White through the eyes of the evil queen, the huntsman, the dwarves" (Landy, 1994).

## **3. Rewriting the fairy tales**

Rewriting and adding to author's and folk stories makes sense when a child or teenager does not like the plot, the turn of events, situations, the end of the fairy tale, etc. This is important diagnostic material. When rewriting a fairy tale, adding its ending or inserting the characters he needs, the child himself chooses the most suitable turn for his inner state and finds the option to solve situations that allow him to get rid of inner stress - this is the psycho-corrective meaning of rewriting the fairy tale (Perry, 2014).

## **4. Staging fairy tales with the help of dolls**

Working with the doll, the child sees that each of his actions immediately affects the behavior of the doll. This helps him to independently adjust his movements and make the doll's behavior as expressive as possible. Working with dolls allows you to refine and show through the doll those emotions that the child usually cannot afford to show for some reason (Bakhriddinova, 2022).

## **5. Compilation of fairy tales**

The child can compose a fairy tale independently by choosing a topic or with a given first phrase. In the first phrase, the therapist can identify the main characters and the setting. In his story, the child reflects his problematic situation and ways to solve it. It makes it possible to respond to significant emotions, to identify internal conflicts and difficulties (Emunah, 2013).

## **Drama Therapy and Special Education**

As groups of children with special needs who may benefit from drama therapy, there are 13 categories of children with special needs including Autism Spectrum Disorders, Intellectual Disability, Hearing Loss, Hearing Impairment, Blindness, Emotional Disorder, Orthopedic

Disabilities, Multiple Disabilities, Other Health Disabilities, and Specific Disabilities etc. The use of drama therapy in the daily working plans of children with special needs is sometimes automatically associated with drama therapy. This premise may arise from the misled thought that if a child has special educational needs, the only type of drama that can be beneficial for them must be modeled to support their individual needs. The developing technique to the treatment and education of special groups in drama therapy is based on the work of J. L. Moreno. Some children with special educational needs may benefit from this approach, but not all children need drama therapy. Supervised work in drama therapy is what makes it therapeutic (Ivankov, 2017).

Individuals gain optimal sense of achievement and focus in their activities, resulting in increased self-esteem. Given that drama therapy is a form of social art, active involvement in dramatic activities can lead to positive social outcomes such as belonging to a group.

Drama therapy for children with special needs enhances comfort levels. Drama therapy provides an opportunity not only to learn to speak in a larger group, but also to improve life-enhancing skills. Engaging in theater in such a creative and dynamic learning platform and environment enhances life and social skills. Participating in new experiences that are unique and fun is in itself a great form of exercise and self-expression that has a positive impact on nearly every area of life (Elaldi & Yerliyurt, 2017).

Cindy Schneider (2006) who's the pioneer within side the subject of drama therapy for children with Autism, her lessons in theater and motion are to be had to children and adults of all ages, with a huge variety of prognosis which includes Autism Spectrum Disorders, ADHD, and social conversation disorder. According to Cindy, individuals might also additionally gain; self-assurance not only in acting but also in interactions, advanced self-esteem; pleasure of their accomplishments; advanced recognition of feelings in others, advanced identity and labeling of personal feelings new enjoyment in a group in which they can be successful, new abilities for functioning as a part of a group, new abilities for following directions, advanced capacity to engage with peers, and increase self-assurance trough success. Drama remedy is beneficial in neurotypical students. It is likewise relevant for the ones at the Autism Spectrum Disorder. The use of role playing motion, acting, and body language, and awareness on learning the way to engage and interpret the communications

of others makes it a remarkable healthy for children with Autism Spectrum Disorders.

A recent study on drama therapy investigated the benefits of drama therapy sessions on children and adolescents with autism spectrum disorders and found benefits across five broad themes. Drama therapy sessions gave children a safe place to identify their feelings. The children felt included and made friends with their peers during these sessions. Role-playing games provided the children with a shortcut to learning and practicing their social skills. The predictability and structure of these sessions made participants feel less anxious (Schottelkorb, 2020).

The affirmative results from drama therapy classes benefited thru the support system. Children with special needs included in drama therapy programs (D'Amico et al., 2015):

1. Were greater capable of apprehend and remember faces, something that children with autism spectrum frequently struggle with,
2. Were additionally abler to manipulate their stress, some other component the kids with autism spectrum normally find hard to do,
3. Found it less complicated to apprehend distinct perspectives,
4. Recognized greater facial expressions,
5. Improved their capacity to play in groups, share, talk with respect, talk at the same time as smiling, and spot small pleasantries.

Children with autism, who have complex needs and are non-verbal, seek alternative channels of communication so that the client and therapist can truly stand side-by-side in the context of drama therapy without formal language. There are 30 different creative interventions offered to children with autism, including movement, appropriate touch, holding objects, recorded music, voices, mirrors, singing, percussion, etc. For those who cannot speak, movement can be important to convey thoughts and feelings (Alter- Muri, 2017).

## **CONCLUSION**

Drama therapy is a proven method that helps children with a variety of disabilities improve their ability to interact successfully with others. This means the use of theatrical exercises such as improvisation, stage action, and physical effects to enhance social communication skills. For some verbal children with autism, it can be effective and fun.

Children with autism are often verbal, but lack the ability to speak or interact socially. Children with autism repeat other words verbatim. Some parents have found that their child with autism can recite lines from TV shows and movies with exactly the same accent and intonation as the original.

Drama therapy gives a possibility for verbal children with autism to construct their imitative strengths through sincerely learning, training and perfecting "lines" in a supportive and fun environment. It additionally allows participants to work on social improvisation, exercise social abilities, discovered in different settings, work on reading and using body language, and increase communication and interaction abilities. Even better, it gives the children the possibility to become actors, act in a show, build their self-confidence and earn applause.

Experiences show that drama therapy can be beneficial for children and adults of all ages, with a wide range of diagnoses including autism spectrum disorder, social communication disorder, ADHD, etc. The children with special educational needs can become more confident not only in performance, but also in interaction; improve their self-confidence by being proud of their achievements; improve their recognition of others' emotions; better identifying and labeling their own emotions; take part in a new group activity where they can succeed; develop new skills for functioning as part of a group; develop new skills for following directions, improve their ability to interact with peers, increase their confidence through success.

Drama therapy and autism is a very new field, so finding a drama therapist who specializes in autism is not easy. Currently, there are very few formal drama therapy groups serving children with autism. The good news, however, is that the typical drama teacher has enough knowledge to work with children on the autism spectrum. Many of the games, improvisations, and exercises can be easily adapted for students on the autism spectrum or other disabilities.

Most forms of art therapy have little to do with artistic performance. For example, children may benefit greatly from music therapy, but they will not learn how to read music or play an instrument. However, drama therapy actually involves the children with autism in the same kinds of activities and teaches many of the same skills as a typical acting class.

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