

The Effect of Psychodrama on the Tendency to Violence and Social Adaptation in Adolescents whose Families are Involved in Crime

Aileleri Suça Bulaşan Ergenlerde Psikodramanın Şiddet Eğilimi ve Sosyal Uyuma Etkisi

Çağlar Şimşek^{1,2}, Leyla Küçük², Ejder Akgün Yıldırım³

¹Marmara University Faculty of Health Sciences, Department of Psychiatric Nursing, İstanbul, Türkiye

²İstanbul University - Cerrahpaşa Institute of Graduate Studies, Department of Mental Health and Psychiatric Nursing, İstanbul, Türkiye

³University of Health Sciences Türkiye, Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital, Department of Psychiatry, İstanbul, Türkiye

Cite this article as: Şimşek Ç, Küçük L, Yıldırım EA. The effect of psychodrama on the tendency to violence and social adaptation in adolescents whose families are involved in crime. J Acad Res Nurs. 2026;12(1):24-30

ABSTRACT

Objective: The purpose of this study is to investigate how psychodrama affects adolescents with criminal families' propensity for violence and social adaptation.

Methods: A pre-test-post-test quasi-experimental design was used to conduct the study. Sixteen teenagers between the ages of twelve and fourteen who were enrolled at the Public Education Center made up the study group. Data was gathered using the Social Adaptation Self-evaluation Scale (SASS) and the Aggression Scale (AS). The study assessed how a 10-week psychodrama course about aggression affected the intervention group's ability to adapt socially.

Results: The physical aggression, anger, and indirect aggression sub-dimensions of the AS showed a significant difference between the control and intervention groups following the psychodrama sessions. After psychodrama, there was a significant difference in the SASS between the two groups.

Conclusion: Psychodrama has been found to reduce the propensity to violence in adolescents with family histories of criminality and to enhance their social adjustment skills.

Keywords: Adolescence, tendency to violence, psychodrama, social adaptation

ÖZ

Amaç: Psikodramanın aileleri suça bulaşan ergenlerde şiddet eğilimi ve sosyal uyum üzerine etkisini incelemektir.

Yöntem: Ön-test-son-test yarı deneysel desende gerçekleştirilen çalışmanın örneklemini 12-14 yaş aralığında Halk Eğitim Merkezi'ne başvurusu olan 16 ergen oluşturdu. Sosyal Uyum Kendini Değerlendirme Ölçeği (SUKDÖ) ve Saldırganlık Ölçeği (SÖ) veri toplama aracı olarak kullanıldı. Çalışmada 10 hafta süresince uygulanan psikodramanın ergenlerin saldırganlık ve sosyal uyum düzeylerine etkisi değerlendirildi.

Bulgular: Psikodrama çalışması sonrasında SÖ alt boyutlarından; fiziksel saldırganlık, öfke ve dolaylı saldırganlık alt boyutlarında iki grup arasında anlamlı fark olduğu görüldü. Psikodrama sonrası deney ve kontrol grubu arasında SUKDÖ'den alınan puanlar değerlendirildiğinde ileri derece anlamlı fark olduğu görüldü.

Sonuç: Ailesi suça bulaşan ergenlerde psikodramanın sosyal uyum becerilerinde artış sağladığı ve şiddet eğilimini azaltıcı etkisi olduğu görüldü.

Anahtar kelimeler: Ergenlik, şiddet eğilimi, psikodrama, sosyal uyum

ORCID IDs: ÇŞ. 0000-0002-7077-7486; LK. 0000-0003-0102-2968; EAY. 0000-0002-8620-1254



Corresponding Author: Çağlar Şimşek,

E-mail: caglarsimsek1983@hotmail.com

Received Date: 23.07.2025 **Accepted Date:** 10.03.2026

Publication Date: 28.04.2026



Copyright© 2026 The Author(s). Published by Galenos Publishing House on behalf of University of Health Sciences Türkiye, Gaziosmanpaşa Training and Research Hospital. This is an open access article under the Creative Commons AttributionNonCommercial 4.0 International (CC BY-NC 4.0) License.

Copyright© 2026 Yazar(lar). Sağlık Bilimleri Üniversitesi, Gaziosmanpaşa Eğitim ve Araştırma Hastanesi adına Galenos Yayınevi tarafından yayımlanmıştır. Creative Commons Atıf-GayriTicari 4.0 Uluslararası (CC BY-NC 4.0) Uluslararası Lisansı ile lisanslanmış, açık erişimli bir makaledir.

INTRODUCTION

The World Health Organization defines adolescence as a period of critical transition in human growth and development occurring after childhood and before adulthood ⁽¹⁾. During these critical periods, adolescents learn to adapt to the societies they live in. In this process, they develop positive or negative attitudes, thoughts, and behavior patterns ^(2,3). The socio-economic conditions of the family, the presence of an individual in the family who has previously committed a crime in the family, and various hereditary and psychological factors affect the likelihood of juvenile delinquency. The characteristics of the family in which the child or adolescent grows up, as well as any conflicts or deterioration in family dynamics may cause the child or adolescent to turn to crime ⁽⁴⁾. According to the literature, delinquent children may have bad relations with their families, and ineffective communication between the family may also be a factor that drives the child to delinquency ^(2,3,5). The existence of a criminal individual in the family, which is the structure that plays the most significant role in the child's socialization, leaves the child at risk of committing a crime. Parents' behavioral patterns may not cause children to adopt the patterns.

Psychodrama, which is a model based on activity, is grounded on the participants' creativity and spontaneity. Psychodrama is used both as a stand-alone method and in an eclectic way by various therapy schools. In this regard it is a suitable method to be used with children and adolescents ⁽⁶⁾. When working with children and adolescents, the approaches and the techniques selected are essential for the success of group therapy. It is essential to develop a form of integrated therapy that can meet the therapeutic needs of children and adolescents. Psychodrama is a powerful technique for treating behavioral issues in children and teenagers, such as post-traumatic stress disorder, adjustment difficulties, eating disorders, drug misuse, grief resolution, and identity confusion ⁽⁷⁾. Psychodrama, which is an important tool in terms of helping adolescents to express themselves better, aims to increase adolescents' sense of social belonging and reduce their tendency to violence.

Studies aimed at protecting children's mental health are important in terms of reducing children's propensity for violence and enabling their social integration into society.

MATERIAL AND METHOD

Purpose and Type of the Research

This study aimed to examine the effect of psychodrama on the tendency to violence and social adaptation in adolescents whose families were involved in crime. The study was carried out with a quasi-experimental design and a pre-test-post-test control group. Psychodrama sessions were carried out by the researcher who successfully graduated from the educational institution that is a member of the European Federation of Psychodrama Training Institution.

Research Setting and Implementation

The research was conducted in the training hall of the Gaziosmanpaşa Public Education Directorate between March and May 2019. During the psychodrama sessions, the therapy techniques were applied in the training hall, chairs were placed so that group members could sit in a circle, and all other necessary materials (i.e, fabrics, objects, colored papers) were provided. Since psychodrama is a voluntary method, those who wanted to participate in psychodrama formed the intervention group, while those who did not want to participate formed the control group. The research lasted for a total of 10 weeks, with each session lasting for two hours once a week. The research was completed with a total of 16 adolescents, 8 in the intervention group and 8 in the control group. The flowchart of the implementation process of the research is given below.

Population and Sample

The population of the research consisted of 20 adolescents between the ages of 12 and 14 whose families were involved in crime and who were directed to the Public Education Center by the Guidance Research Centers of their schools due to their social adaptation problems. The entire population formed the sample.

Inclusion Criteria:

- Being between 12-14 years old,
- Being literate.

Exclusion Criteria:

- Not attending a group session two weeks in a row.

Research Hypotheses:

Hypothesis 1: After psychodrama intervention or group therapy sessions, the aggression scores of the intervention group will decrease.

Hypothesis 2: After psychodrama, there will be a significant difference between the aggression scores of the intervention and control groups in favor of the intervention group.

Hypothesis 3: After psychodrama, the social cohesion scores of the intervention group will significantly or statistically increase.

Hypothesis 4: After psychodrama, there will be a significant difference between the social adjustment scores of the intervention and control in favor of the intervention group.

Data Collection Tools

An Sociodemographic Information Form, the Aggression Scale (AS) and the Social Adaptation Self-evaluation Scale (SASS) were used.

Information Form

This was composed of four questions about age, gender, family type and economic status.

AS

The AS created by Buss and Perry in 1992 and was updated by Buss and Warren in 2000. The scale was adapted into Turkish in by Can⁽⁶⁾. The scale consists of 34 items with a five-point Likert-type score. It has five sub-dimensions: physical aggression (eight items), verbal aggression (five items), anger (eight items), hostility (seven items) and indirect aggression (six items). The lowest score that can be obtained from the scale is 34 and the highest score is 170. In the Turkish adaptation of the scale, the Cronbach alpha internal consistency coefficient was 0.91 for the total measurement. For the subdimensions, physical aggression was 0.83, verbal aggression was 0.59, anger was 0.72, hostility was 0.74, and indirect aggression was 0.53⁽⁶⁾. In this study, the Cronbach alpha coefficient was found to be 0.88 in total, while it was 0.84 for physical aggression, 0.52 for verbal aggression, 0.44 for anger, 0.79 for hostility, and 0.37 for indirect aggression.

SASS

SASS developed by Bosc (1997) and the Turkish adaptation and validity and reliability of it was carried out by Akkaya⁽⁹⁾. The scale is a 21-item self-evaluation scale with a four-point Likert-type score. It questions four main areas of social functioning (work, leisure, family, and the ability to regulate and cope with the environment). The total value is obtained by adding up the scores of all items. In the reliability analysis, the Cronbach alpha value of the scale between 0.87 and 0.90⁽⁹⁾. The Cronbach alpha value for the current study was 0.88.

Strengths of the Research

This was the first semi-experimental psychodrama study with disadvantaged family groups. In the literature, there is no relevant studies the use of psychodrama method in adolescents whose families are involved in crime were found. In this context, the results of the research are compared to the relevant literature.

Statistical Analysis

The analysis of research data was performed using SPSS 25.0 (IBM Statistical Package for Social Sciences 25 software Armonk, NY: IBM Corp.). In the statistical analysis, the appropriate test was determined according to the conformity of the data to the normal distribution. The Shapiro-Wilk test was used to examine the conformity to normal distribution.

Ethical Aspect of Research

Ethical approval was obtained from the Clinical Research Ethics Committee of the University of Health Sciences Türkiye, Taksim Training and Research Hospital (approval no: 66, date: 13.06.2018). Institutional permission was obtained by applying to the Gaziosmanpaşa Public Education Directorate. Written consent was obtained from the adolescents and their families.

RESULTS

This section presents the results about the socio-demographic characteristics of adolescents.

When the demographic characteristics of the intervention and control groups were examined, it was found that the mean age of the participants in the intervention group was 13 ± 0.76 . Half of them were male, 50% had a nuclear family, and 87.5% had a medium income. In the control group, it was determined that the mean age of the participants was 13 ± 0.76 . 62.5% were male, 62.5% lived in a nuclear family, and 75% had a medium income. The intervention and control groups were homogeneous in terms of individual characteristics (Table 1).

When the changes before and after psychodrama were examined, while there was a statistically significant decrease in the intervention group, there was no significant difference in the control group. The differences obtained from the scores acquired before and after psychodrama were found to differ statistically between the two groups ($p < 0.05$). It was observed that the difference in scores in the intervention group was significantly higher than in the control group.

In the verbal aggression subscale, when the changes after the psychodrama were examined, it was found that there was a statistically significant decrease in the intervention group ($p < 0.05$). This change was not observed in the control group. It was determined that the differences in the scores before and after psychodrama did not show a statistically significant difference between the two groups.

In the anger subscale scores, while there was a statistically significant decrease in the intervention group, there was no significant change in the control group. The differences obtained from the scores acquired before and after psychodrama were found to differ statistically between the two groups ($p < 0.05$). It was observed that the difference in scores in the intervention group was significantly higher than in the control group. Psychodrama had a positive effect in favor of the intervention group by reducing the anger scores.

In the hostility subscale a statistically significant decrease was found in both intervention and control groups ($p < 0.05$). It was determined that the differences obtained from the scores acquired before and after psychodrama did not show a statistically significant difference between the two groups.

In the indirect aggression subscale, when the changes after the psychodrama were examined, a statistically significant decrease was found in the intervention group; however, there was no significant change in the control group. The differences in the scores acquired before and after psychodrama were found to differ statistically between the two groups ($p < 0.05$). It was found that the difference in scores in the intervention group was significantly higher than in the control group. Psychodrama had an effect in favor of the intervention group by decreasing the indirect aggression scores.

In the total AS scores there was a statistically significant decrease in the intervention group, while there was no significant change in the control group. It was determined that the difference in scores in the intervention group was significantly higher than in

the control group. Psychodrama decreased the total aggression scores in favor of the intervention group (Table 2).

Examining the scores obtained from SASS, while there was a statistically significant increase in the intervention group, there was no significant change in the control group. The changes in the scores acquired before and after the psychodrama did not differ statistically between the two groups. However, the difference between the pre-psychodrama and SASS arithmetic mean scores of the intervention group was 11, while this difference was 2.88 in the control group. These results revealed that psychodrama was effective in increasing the social adjustment of adolescents in the intervention group (Table 3).

DISCUSSION

This study was conducted with a quasi-experimental design in order to examine the effects of psychodrama on aggression and social adaptation in adolescents whose families were involved in crime.

There is a limited number of experimental studies investigating the effect of psychodrama with adolescents on aggression and social adjustment. In the current study, when the results related to the AS were evaluated it was determined that after the psychodrama, the scores for physical aggression, verbal aggression, anger, hostility, indirect aggression, and total aggression decreased in favor of the intervention group.

Examining the studies on the effects of psychodrama on violent behavior and conflict resolution in the literature, Mojahed et al. ⁽¹⁰⁾ found that psychodrama reduced aggression in children. Sudha ⁽¹¹⁾ determined that psychodrama reduces aggression and increases assertiveness in adolescents. Ashouri and Roudbary ⁽¹²⁾ observed that psychodrama can be used as an effective intervention in reducing violence and aggression, while in the study by Maya et al., ⁽¹³⁾ it was found that adolescents' aggression levels decreased during psychodramatic family therapy. Bilge and Keskin ⁽¹⁴⁾ stated that psychodrama increased the effectiveness of an anger management program, Gezait et al. ⁽¹⁵⁾ stated that psychodrama was an appropriate intervention in reducing the level of school

violence in adolescents, and Rayshan and Al-Athari ⁽¹⁶⁾ stated that psychodrama was effective in reducing anger in adolescents. Karataş ⁽¹⁷⁾ reported that psychodrama had an effect on physical and indirect aggression, anger, and hostility scores, but not on verbal aggression scores. Karataş ⁽¹⁷⁾ stated that psychodrama improved conflict resolution skills. In the psychodrama study by Karataş and Gökçakan ⁽¹⁸⁾, it was found that psychodrama reduced levels of aggression; Reis et al. ⁽¹⁹⁾ stated that psychodrama reduces anger; Amatruda ⁽²⁰⁾ stated that as a result of psychodrama students' negative behaviors decreased. Fong ⁽²¹⁾ noted positive results in terms of developing skills to cope with violent situations. In Wathney's ⁽²²⁾ study, it was stated that psychodrama decreased the tendency to violence by improving communication and empathy in adolescents involved in crime. The literature thus shows that psychodrama is an appropriate method to use, among various others, in order to reduce violent behavior. In the study by Sung-Hee ⁽²³⁾ in which the effect of psychodrama was revealed to help victims of domestic violence increase their motivation for change, it was stated that psychodrama improved individuals' readiness to change, the importance they placed on making changes, and their confidence in their ability to do this. The study showed that psychodrama had a significant effect on victims of domestic violence, especially when those individuals wanted to eliminate negative emotions or behavioral patterns. In the current study, the negative attitudes reflected in the behaviors of adolescents, and which arose from their negative emotions, were improved by psychodrama, which supports the results of similar studies. Psychodrama, which is action-based, is an effective method that can provide insight and catharsis by reenacting the individual's reality through dramatization, thereby facilitating integration and change.

When the scores obtained from SASS in this study were examined, it was concluded that psychodrama was effective in increasing the social adaptation of the adolescents in the intervention group. The literature supports this research result. In the study conducted by Şahin Yoluk et al., ⁽²⁴⁾ it was found that psychodrama positively affected social adaptation by increasing social skills in disadvantaged adolescents. In the study

Table 1. Comparison of the Sociodemographic Characteristics of Adolescents in the Intervention and Control Groups (n=16)

		Experiment (n=8) n (%)		Control (n=8) n (%)		p-value
Age	X ± SD	13±0.76		13±0.76		1 (t=0.000)
	Median (min-max)	13 (12-14)		13 (12-14)		
Gender	Female	4	50	3	37.5	0.614 (cs=0.254)
	Male	4	50	5	62.5	
Family type	Nuclear family	4	50	5	62.5	0.473 (cs=1.498)
	Extended family	1	12.5	0	0	
	Fragmented family	3	37.5	3	37.5	
Family's economic status	Moderate	7	87.5	6	75	0.481 (cs=1.463)
	Good	0	0	1	12.5	
	Very good	1	12.5	1	12.5	

t: Independent samples t-test, cs: Pearson chi-square test

Table 2. Comparison of the Scores of the Intervention and Control Groups for the Aggression Scale (n=16)

AS	Intervention group (n=8)		Control group (n=8)		Between groups
	X ± SD	Median (min-max)	X ± SD	Median (min-max)	
Physical aggression before psychodrama	27.25±6.86	29.5 (12-34)	19.25±6.18	20.5 (9-27)	0.028* (t=2.45)
Physical aggression after psychodrama	11.13±1.73	11.5 (9-14)	14.88±6.33	14 (8-25)	0.145 (t=-1.615)
In-group p-value	0.0001** (t=6.822)		0.158 (t=1.579)		
Difference in physical aggression between two groups	16.13±6.69	17.5 (1-22)	4.38±7.84	4.5 (-8-13)	0.006* (t=3.226)
Verbal aggression before psychodrama	14.75±4.56	14.5 (10-24)	11.38±4.24	12.5 (6-19)	0.148 (t=1.533)
Verbal aggression after psychodrama	9.63±2.56	9.5 (6-14)	10.5±3.46	10 (5-17)	0.575 (t=-0.575)
In-group p-value	0.008* (t=3.676)		0.695 (t=0.409)		
Difference in verbal aggression between two groups	5.13±3.94	4.5 (1-12)	0.88±6.06	2.5 (-11-8)	0.119 (t=1.663)
Anger before psychodrama	26±2.93	25.5 (22-32)	21.63±5.58	22.5 (13-32)	0.07 (t=1.964)
Anger after psychodrama	15.88±2.53	16 (13-20)	18.25±4.53	19.5 (12-25)	0.216 (t=-1.295)
In-group p-value	0.0001** (t=10.42)		0.164 (t=1.555)		
Difference in anger between two groups	10.13±2.75	10 (5-14)	3.38±6.14	5 (-7-10)	0.018* (t=2.838)
Hostility before psychodrama	21.75±7.17	21.5 (12-34)	21±6.52	19.5 (12-34)	0.83 (t=0.219)
Hostility after psychodrama	15.75±3.24	15.5 (11-21)	15.88±5.14	16 (7-25)	0.954 (t=-0.058)
In-group p-value	0.005* (t=4.032)		0.016* (t=3.143)		
Difference in hostility between two groups	6±4.21	5.5 (1-13)	5.13±4.61	4 (-1-13)	0.698 (t=0.396)
Indirect aggression before psychodrama	19.63±2.13	20 (15-22)	14±4.04	14 (7-19)	0.004* (t=3.485)
Indirect aggression after psychodrama	10.75±2.66	10.5 (8-16)	13±4.21	14.5 (6-17)	0.222 (t=-1.278)
In-group p-value	0.0001** (t=7.675)		0.631 (t=0.502)		
Difference in indirect aggression between two groups	8.88±3.27	9.5 (4-13)	1±5.63	2.5 (-10-7)	0.004* (t=3.42)
Total aggression before psychodrama	109.38±17.9	109 (82-144)	87.25±20.5	89 (52-119)	0.037* (t=2.299)
Total aggression after psychodrama	63.13±9.67	64.5 (51-81)	72.5±17.57	73.5 (38-91)	0.207 (t=-1.322)
In-group p-value	0.0001** (t=9.55)		0.109 (t=1.837)		
Difference in total aggression between two groups	46.25±13.7	50 (16-63)	14.75±22.71	19 (-25-45)	0.005* (t=3.36)

*: p<0.05 statistically significant difference; for intergroup comparisons t: independent samples t-test; for intra-group comparisons t: paired samples t-test
 **: p<0.001, AS: Aggression Scale, SD: Standard deviation

Table 3. Comparison of the Scores of the Intervention and Control Groups from the Social Adjustment Scale (n=16)

SASS	Intervention group (n=8)		Control group (n=8)		Between groups p-value
	X ± SD	Median (min-max)	X ± SD	Median (min-max)	
Before psychodrama	30.25±4.65	31.5 (23-37)	22.25±5.82	22 (12-32)	0.009* (t=3.035)
After psychodrama	41.25±5.2	39.5 (34-49)	25.13±4.29	25.5 (18-32)	0.0001** (t=6.763)
In-group p-value	0.002* (t=-4.602)		0.425 (t=-0.847)		
Difference between two groups	-11±6.76	-8.5 (-23--2)	-2.88±9.6	-3 (-20-14)	0.071 (t=-1.957)

*: p<0.05 statistically significant difference; t for intergroup comparisons: independent groups t-test; for intergroup comparisons t: independent samples t-test; for intra-group comparisons t: paired samples t-test
 **: p<0.001, SAAS: Social Adaptation Self-evaluation Scale, SD: Standard deviation

by Nejad and Khodabakhshi ⁽²⁵⁾, it was found that social skills increased and aggression decreased in Afghani adolescents with the use of psychodrama. Li et al. ⁽²⁶⁾ stated that psychodrama intervention was a reliable method to improve social skills. Bulut ⁽²⁷⁾, in a study using psychodrama, interaction and control groups with adolescents in a girls' orphanage, stated that more positive results for social adaptation skills were obtained with the members in the psychodrama group. Carpenter and Sandberg ⁽²⁸⁾ stated that psychodrama was effective in improving ego strength and socialization skills in a small group of delinquent adolescents. The basis of psychodrama is the belief that an individual is able to reshape their old, negative experiences into new, healing emotional experiences ⁽²⁹⁾. According to Altınay ⁽³⁰⁾. It is thus possible to create changes in individuals through by using psychodrama to allow them to repeat their previous experiences in a new way. Dökmen ⁽³¹⁾ similarly emphasized that individuals can develop new behaviors and gain insight through psychodrama. Psychodrama acts as a bridge to the subconscious to change negative patterns and enables the individual to examine and integrate positive features of their experience that they are not previously aware of ⁽³²⁾.

Psychodrama is an effective method for developing positive behaviors that will increase social adaptation in adolescents. Various studies have shown that psychodrama develops positive behavior patterns. In the literature, it has been found that psychodrama increases communication skills ^(33,34); contributes to self-awareness ^(35,36) helps individuals to develop an assertive attitude and increases empathy ⁽³⁶⁻⁴⁰⁾; reduces anxiety in students ^(41,42); improves problem-solving skills ⁽⁴³⁾; has an effect on conflict resolution ^(44,45); improves symptoms of social anxiety disorder ⁽⁴⁶⁻⁴⁸⁾; increases empathy ⁽⁴⁹⁾; and increases assertiveness ⁽⁵⁰⁾. The results obtained in the current research findings are thus compatible with the literature and show that psychodrama is effective in reducing adolescents' tendency to violence and improving their social adaptation and sense of belonging. Psychodrama is a successful approach in the field of child and adolescent psychotherapy due to its broad flexibility and expansions in the direction of development, growth, and emotional learning, according to the findings of controlled studies conducted by therapists who have received recent training in this area.

Study Limitations

The study was conducted in a single center and the sample was small; these constitute the limitations of the research.

CONCLUSION

Psychodrama was found to be effective intervention to reduce the tendency to violence in adolescents whose families were involved in crime; it also significantly increased their social adaptation skills. It is recommended that new studies be conducted in different centers with larger sample numbers, and that preventive mental health services be provided in order to prevent violence and increase social adaptation in disadvantaged adolescent groups and their families.

Ethics

Ethics Committee Approval: Ethical approval was obtained from the Clinical Research Ethics Committee of the University of Health Sciences Türkiye, Taksim Training and Research Hospital (approval no: 66, date: 13.06.2018).

Informed Consent: Written consent was obtained from the adolescents and their families.

Footnotes

Author Contributions

Surgical and Medical Practices: ÇŞ, LK; Concept: ÇŞ, LK, EAY; Design: ÇŞ, LK, EAY; Data Collection or Processing: ÇŞ, LK; Analysis or Interpretation: ÇŞ, LK; Literature Search: ÇŞ, LK, Writing: ÇŞ, LK, EAY.

Conflict of Interest: No conflict of interest was declared by the authors.

One of the authors of this article (Ç.Ş.) is a member of the Editorial Board of this journal. He had no involvement in the peer-review process or editorial decision regarding this manuscript. The peer-review process and editorial decision were handled independently by another editor.

Financial Disclosure: The authors declared that this study received no financial support.

REFERENCES

1. World Health Organization (WHO). Adolescent health. Geneva: World Health Organization; [cited 2025 Oct 1]. Available from: https://www.who.int/health-topics/adolescent-health#tab=tab_1 [Crossref]
2. Avcı M. Tutuklu çocuklar üzerine bir araştırma: çocukların suçta yönelmesinde etkili olan toplumsal nedenler ve çözüm önerileri. Atatürk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi. 2008; 11(1): 49-73. [Crossref]
3. Gültekin Akduman G, Akduman B, Cantürk G. Investigation of the some personal and familial characteristics of juvenile delinquency. Türk Pediatri Arşivi. 2007; 42(4): 156-61. [Crossref]
4. Acar G, Demir A, Görmez D, Keser İ. Aile ve çocuk suçluluğu ilişkisi. Hacettepe University Faculty of Health Sciences Journal. 2015; 1(Suppl 1): 651-6. [Crossref]
5. Gördeles Beşer N, Baysan Arabacı L, Uzunoğlu G. The profiles of children pushed to crime who are treated in a regional psychiatric hospital in Turkey. Anatolian Journal of Psychiatry. 2016; 17(4): 317-24. [Crossref]
6. Şimşek Ç, Küçük L, Yıldırım EA. Psychodrama practices in adolescents. J Acad Res Nurs. 2019; 5(3): 241-8. [Crossref]
7. Gökler B. Psychodrama as a method of group psychotherapy. Türkiye Klinikleri J Child Psychiatry-Special Topics. 2017; 3(2): 77-83. [Crossref]
8. Can S. Validity and reliability of the scale called "Aggression Questionnaire" in Turkish population [thesis]. İstanbul: İstanbul Haydarpaşa Numune Eğitim ve Araştırma Hastanesi; 2002. [Crossref]
9. Akkaya C, Sarandöl A, Esen Danacı A, Sivrioğlu EY, Kaya E, Kırılı S. Reliability and validity of the Turkish version of the social adaptation self-evaluation scale (SASS). Türk Psikiyatri Dergisi. 2018; 19(3): 292-9. [Crossref]
10. Mojahed A, Zaheri Y, Moqaddam MF. Effectiveness of group psychodrama on aggression and social anxiety of children with attention-deficit/hyperactivity disorder: a randomized clinical trial. The Arts in Psychotherapy. 2021; 73: 101756. [Crossref]
11. Sudha R. Group therapy, psychodrama, assertiveness training and counselling for bullying among middle school students in India. Iconic Research and Engineering Journals. 2019; 3(1): 206-20. [Crossref]
12. Ashouri M, Raudbary ESS. Assessing the effectiveness of psychodrama on decreasing aggression of children (using psychodrama instead of classical methods of punishing violent behaviors). The Journal of Criminal Law and Criminology. 2018; 6(11): 69-103. [Crossref]
13. Maya J, Jiménez L, Lorence B, Del Moral G, Hidalgo V. Scene-based psychodramatic family therapy with troubled adolescents and parents: a pilot study. Fam Process. 2020; 59(1): 111-26. [Crossref]
14. Bilge A, Keskin G. An evaluation of the effectiveness of anger management education enriched by psychodrama. J Psy Nurs. 2017; 8(2): 59-65. [Crossref]
15. Gezait MK, Mey CSS, Abdullah YLMN. The role of psychodrama techniques to decrease the level of school violence in the arab world. Interdisciplinary Journal of Family Studies. 2012; 17(2): 165-85. [Crossref]

16. Rayshan HQ, Al-Athari TAK. The influence of psychodrama technique in lessening the anger of intermediate school pupils. *Mustansiriyyah Journal of Arts*. 2012; 36(59): 1-27. [\[Crossref\]](#)
17. Karataş Z. Psikodrama teknikleri kullanılarak yapılan grupla psikolojik danışma uygulamalarının ergenlerin çatışma çözme becerilerine etkilerinin incelenmesi. *Kuram ve Uygulamada Eğitim Bilimleri Dergisi*. 2011; 11(2): 601-14. [\[Crossref\]](#)
18. Karataş Z, Gökçakan Z. The effect of group-based psychodrama therapy on decreasing the level of aggression in adolescents. *Turkish Journal of Psychiatry*. 2009; 20(4): 357-66. [\[Crossref\]](#)
19. Reis D, Quayle M, Brett T, Meux C. Dramatherapy for mentally disordered offenders: changes in levels of anger. *Criminal Behav Ment Health*. 1998; 8(2): 139-53. [\[Crossref\]](#)
20. Amatruda M. Conflict resolution and social skill development with children. *Journal of Group Psychotherapy, Psychodrama and Sociometry*. 2006; 58(4): 168-81. [\[Crossref\]](#)
21. Fong J. Psychodrama as a preventative measure: teenage girls confronting violence. *Journal of Group Psychotherapy, Psychodrama & Sociometry*. 2006; 59(3): 99-108. [\[Crossref\]](#)
22. Wathney S. Psychodrama with delinquent adolescents. *Youth Authority Quarterly*. 1979; 32(4): 9-13. [\[Crossref\]](#)
23. Sung-Hee C. Psychodrama and motivation for change for domestic violence victims. *Korea Open Access Journals*. 2009; 12(2): 1-10. [\[Crossref\]](#)
24. Şahin Yoluk İ, Togay A, Kırlangıç Şimşek B. The effectiveness of psychodrama on social skills and life satisfaction of disadvantaged early-adolescents. 2020; 19(1): 7-19. [\[Crossref\]](#)
25. Nejad MR, Khodabakhshi KA. Effectiveness of psychodrama on increasing social skills and reducing of aggression in Afghan immigrant labor children. *Journal of Pediatric Nursing (JPEN)*. 2019; 6(2): 60-7. [\[Crossref\]](#)
26. Li J, Wang D, Guo Z, Li K. Using psychodrama to relieve social barriers in an autistic child: a case study and literature review. *International Journal of Nursing Sciences*. 2015; 2(4): 402-7. [\[Crossref\]](#)
27. Bulut I. Yetiştirme yurdunda kalan kızlarla psikodrama [tez]. Ankara: Dr. Abdülkadir Özbek Psikodrama Enstitüsü; 1997. [\[Crossref\]](#)
28. Carpenter P, Sandberg S. Further psychodrama with delinquent adolescents. *Adolescence*. 1985; 20(79): 599-604. [\[Crossref\]](#)
29. Demirbaş P. Gençlerde sınav kaygısı üzerine psikodrama çalışmaları. Ankara: Maya Akademi; 2009. p. 17-66. [\[Crossref\]](#)
30. Altınay D. Çocuk psikodraması. İstanbul: Sistem Yayıncılık; 2011. s. 46-63. [\[Crossref\]](#)
31. Dökmen Ü. Sosyometri ve psikodrama. İstanbul: Remzi Kitabevi; 2013. s. 157-70. [\[Crossref\]](#)
32. Toscani F. Sandrama: psychodramatic sandtray with a trauma survivor. *Arts in Psychotherapy*. 1998; 25: 21-9. [\[Crossref\]](#)
33. Yoltaş N. Ergenlerde psikodrama tekniklerinin iletişim kurma becerilerine etkisi (kendisiyle - yakın ilişkileriyle - sosyal çevresiyle [tez]. İzmir: Dr. Abdülkadir Özbek Psikodrama Enstitüsü; 2006. [\[Crossref\]](#)
34. Gözüaçık S. Metropolde mahalle ergenleri ve onların parçalanmış aileleri [tez]. İzmir: Dr. Abdülkadir Özbek Psikodrama Enstitüsü; 2013. [\[Crossref\]](#)
35. Kranz PL, Ramirez SZ, Lund NL. The use of psychodrama action techniques in a racerelements class. *College Student Journal*. 2007; 41(4): 1203-8. [\[Crossref\]](#)
36. Oflaz F, Meriç M, Yuksel Ç, Özcan CT. Psychodrama: an innovative way of improving self-awareness of nurses. *J Psychiatr Ment Health Nurs*. 2011; 18(7): 569-75. [\[Crossref\]](#)
37. Dogan T. The effects of the psychodrama in instilling empathy and self-awareness: a pilot study. *Psych J*. 2018; 7(4): 227-38. [\[Crossref\]](#)
38. Özdağ Ş. Outcomes of psychodrama groups on school of nursing students' self esteem, assertive behaviours, empathetic tendencies and empathetic skills [thesis]. Ankara: Hacettepe Üniversitesi, Ankara; 1999. [\[Crossref\]](#)
39. Bairn C, Allam J, Eames T, Dunford S, Hunt S. The use of psychodrama to enhance victim empathy in sex offenders: an evaluation. *Journal of Sexual Aggression*. 2008; 4(1): 4-14. [\[Crossref\]](#)
40. Kalkan Oğuzhanoglu N, Osman O. The elderly, nursing homes and life voyages: a psychodrama group study. *Turkish Journal of Psychiatry*. 2005; 16(2): 124-32. [\[Crossref\]](#)
41. Aslan Dikme Ş. Sınav kaygısı yaşayan ergenlerle psikodrama çalışması [tez]. İstanbul: İstanbul Psikodrama Derneği; 2008. [\[Crossref\]](#)
42. Görkem A, Tüccar L. Effects of psychodrama on university student's anxiety level. *Turkish Studies*. 2018; 13(4): 599-620. [\[Crossref\]](#)
43. Ulupınar S. The effect of psychodrama application on nursing students' problem-solving skills. *Anatolian Journal of Psychiatry*. 2014; 15(1): 55-62. [\[Crossref\]](#)
44. Samantaray NN, Singh P, Mohapatra J, Singh AR. Application of psychodrama on conflict management and assertive training. *The International Journal of Indian Psychology*. 2016; 3(2): 158-64. [\[Crossref\]](#)
45. Racelyte D. Psychodrama and conflict resolution. *Educational Psychology*. 2006; 17: 44-9. [\[Crossref\]](#)
46. Purehsan S, Sae O. Effectiveness of cognitive-behavioral group therapy (CGBT) on reduction of social phobia. *Procedia - Social and Behavioral Sciences*. 2010; 5: 1694-7. [\[Crossref\]](#)
47. Dogan T. The effects of psychodrama on young adults' attachment styles. *The Arts in Psychotherapy*. 2010; 37(2): 112-9. [\[Crossref\]](#)
48. Akinsola FE, Udoka AP. Parental influence on social anxiety in children and adolescents: its assessment and management using psychodrama. *Psychology*. 2013; 4(3): 246-53. [\[Crossref\]](#)
49. Şimşek Ç, Yılmaz Yalçinkaya E, Ardıç E, Yıldırım EA. The effect of psychodrama on the empathy and social anxiety levels of adolescents. *Turk J Child Adolesc Ment Health*. 2020; 27(2): 96-101. [\[Crossref\]](#)
50. Üneri ÖŞ, Yıldırım EA, Tanıdır C, Aytemiz T. Using the psychodrama in adolescents with social anxiety disorder. *Anatolian Journal of Psychiatry*. 2016; 17(5): 347-53. [\[Crossref\]](#)