

ONLINE PSYCHODRAMA WITH CHILDREN AND THE PSYCHODRAMATIC SANDPLAY METHOD

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ABSTRACT

Virtual psychotherapy was intensified in the pandemic's 2020. We aim to reflect on the challenges of the psychodramatic method with children in the online modality including the steps, tools and the tele construct. We identified adaptive therapeutic possibilities in the psychodramatic sandplay method and difficulties in sustaining the conflict, affective continence, connectivity, privacy and confidentiality. Socionomic theory with its psychodynamic techniques provides a foundation for distance practice. We signal the child's Internal Healing Self (spontaneous creative nature) as a guiding guide for clinical management.

KEYWORDS: Child psychodrama; Online modality; Psychodramatic sandplay.

PSICODRAMA *ON-LINE* COM CRIANÇAS E O MÉTODO DO SANDPLAY PSICODRAMÁTICO

RESUMO

A psicoterapia virtual foi intensificada na pandemia 2020. Objetivamos refletir sobre os desafios do método psicodramático com crianças na modalidade *on-line* incluindo etapas, ferramentas e constructo télico. Identificamos possibilidades terapêuticas adaptativas no método do sandplay psicodramático e dificuldades na sustentação do conflito, continência afetiva, conectividade, privacidade e confidencialidade. A teoria socionômica com suas técnicas psicodinâmicas traz embasamento para a prática à distância. Sinalizamos o Eu Curador Interno da criança (natureza espontâneo criativa) como um guia norteador do manejo clínico.

PALAVRAS-CHAVE: Psicodrama infantil; Modalidade *on-line*; Sandplay psicodramático.

PSICODRAMA *ON-LINE* CON NIÑOS Y EL MÉTODO DE JUEGO DE ARENA PSICODRAMÁTICO

RESUMEN

La psicoterapia virtual se intensificó en la pandemia 2020. Nuestro objetivo es reflexionar sobre los desafíos del método psicodramático con niños en la modalidad *on-line*, incluyendo pasos, herramientas y el teleconstructo. Identificamos posibilidades terapéuticas adaptativas en el método del juego de arena psicodramático y dificultades para sostener el conflicto, la continencia afectiva, la conectividad, la privacidad y la confidencialidad. La teoría socionómica con sus técnicas psicodinámicas proporciona una base para la práctica a distancia. Señalamos al Yo de Sanación Interna del niño (naturaleza creativa espontánea) como guía para el manejo clínico.

PALABRAS-CLAVE: Psicodrama infantil; Modalidad *on-line*; Juego de arena psicodramático.

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INTRODUCTION: THE INTERNET CONNECTING OUR LIVES

The internet arrived in Brazil in the 1990s, and it has been expanding, spreading and capillarizing, conquering children and adults as supporters. According to surveys by IBGE (Brazilian Institute of Geography and Statistics), in 2018, its household penetration in our country was 79.1%; in urban areas, it was 83.9%. So, a portion of the population is not in the range of digital inclusion. However, some of these also have access to their workplaces or public sites. Such intensification culminated in the Marco Civil da Internet (Civil Framework of the Internet), through Law No. 12,965/2014, which regulates the use by providing for principles, guarantees, rights and duties in the network, as well as guidelines for the State's performance. Shortly before that, CFP Resolution No. 011/2012 started to regulate psychological services performed by technological means of remote communication. According to data from the TIC Kids Online Brasil survey (2014), among children and adolescents from 9 to 14 years old, the most used equipment is a cell phone (82%), desktop computer (56%), notebook (36%), video game (12 %) and television (5%). The main place of access to the internet varies from bedroom and living room to school - including, the population aged 11 to 17 years was called "generation of the bedroom" in 2015, by Pernambuco neuropsychologist Hugo Monteiro Ferreira (Coutinho, 2019). In my adolescence, I was delighted with the possibility of seeing and talking to family members who lived in another country, but, late on, I professionally resisted doing psychological care through screens, by computer, tablet or cell phone.

According to Fleury (2020), the use of internet technologies for psychological care has been called "telepsychology" by APA (2013) and "telepsychotherapy" by Judge *et al.* (2011). For decades, "telemedicine" has also been trying to assist people in distant areas with difficult accessibility and difficulties in walking, including in public policy programs such as the Telessaúde (Telehealth). Ronaldo Pamplona da Costa and Carlos Borba (2005) coined the term "telepsychodrama" to represent the pedagogical videopsychodrama tool, starting from Moreno's experiments in the 1920s, with recordings of dramatizations of conflicts, to demonstrate the sociopsychodramatic method of Socionomy on radio, television and cinema. In the digital newspaper Agência USP de Notícias (Cruz, 2010), telepsychodrama is cited as a didactic resource of active methodology. It consists of a psychodrama session recorded on video with quality for viewing on TV circuits, intending to reach a larger audience of people than those who participated directly in the dramatization, with the benefits of the teaching/learning process. In this case, the focus will be socio-educational, starting from a collective theme with a pre-agreed publication with the group. Now, in online psychodrama with a psychotherapeutic focus, it is recording currently has an ethical ban. The bidirectionality of internet communication calls into question interpersonal and clinical management challenges.

With the coronavirus pandemic in 2020, there was a significant increase in virtual communicability in interpersonal relationships, home-office and services mediated by information and communication technologies (ICTs). Faro *et al.* (2020) analyze the consequences of the sanitary measures adopted, such as social distance, quarantine and isolation, focusing on the repercussions and the emergence of mental health care, both that provided by Psychology and that offered by other health professionals, in order to minimize negative impacts of the crisis and act preventively. The research cites the increase in conditions such as depression, anxiety, stress, panic disorder, insomnia, fear, anger, vulnerability to illness, reports of boredom, loneliness, post-traumatic stress, somatic symptoms, rumination, decreased concentration, bad mood and loss of energy, plus heightened concerns about oneself and others, an intensification of symptoms related to personal and collective mourning and emotional, physical and social roles overload. We experience an overlap of roles, all being performed in the same place: at home, which requires (re) adaptation.

According to Moreno (1975, p. 80), we defend a philosophy of the Creative Act, in which anti mechanical correction actions are interpreted and elaborated, which are creations made with improvisation techniques according to the relational moment. Such creative qualities are available in the nervous system of man, but they also come from the spontaneous convergence and confluence of subconscious, conscious, emotional, intellectual and spiritual elements. The main characteristics of a creative act are spontaneity, a sense of surprise, unreality/fiction and singularity/originality. The actor, author and creator of his own story will need to recover his expressiveness from learning how to create healthier responses, the "creatoflexes".

According to Moreno (as mentioned in Ramalho, 2011), sensitivity, creativity and spontaneity (factor E) are human resources. The latter is a fluent state catalyst with ups and downs, originalities and adaptations, libertarian and conservative forces. The spontaneity to be rescued and trained is characterized by originality, dramatic quality (liveliness and novelty), creativity (new transformations), and the response's adequacy. So it is the ability to act in the face of old, new and unforeseen situations, in a varied, appropriate and creative way, instead of repeatedly. Repetition crystallizes behavior, and the dullness of spontaneity makes the subject sick. Another essential concept is that of tele, which Moreno describes, in 1934, as a mutual feeling projected at a distance, an empathy in two ways, a socio-gravitational factor that enables mutual and accurate internal perception, which we believe in contributing to spontaneous co-creation in the therapist relationship -customer in its co-conscious and co-unconscious aspects.

Starting from the Morenian vision of man as a "creative genius" with an innate divine spark, we believe in the subject's Internal Healing Self acting in each stage of the life cycle, seeking to adapt, adapt to challenges and find solutions, healthier and more viable solutions in the face of problems and crises. The psychodrama director and child psychotherapist will be at the side and as a facilitator to warm up the spontaneity of this child's Internal Healing Self (Strauch, 2020). Therefore, when the child suggests something and guides us during the session, we understand that their role is moving towards their inner healing and the care of their injured Self. They are guiding the experimentation of their roles and the performance of their imaginary world.

Our therapeutic purpose with the child audience, both in-person and online, will be to search for more technical and spontaneous relationships, better understand each other, react creatively to conflicts in a manner consistent with the context and the possibilities of meeting the existential truths of each one.

Moreno (1959/1974), when he reports the case of Karl, 5 years old, attended in 1922, reinforces the importance of the previous interview with caregivers and that, when necessary, parents, siblings or other significant family members on the client's social network should be included in the treatment.

He affirms that domestic punishments are not efficient, they do not bring about a behavior change. In working with children, he has always used the symbolic psychodrama method to provide a "spontaneous receptivity to corrections" in children's behavior. According to him, the treatment principle is to represent the central conflictive or traumatic situation in countless essays and versions, to reduce the child's distressed tension and the shock of the unexpected, with the presence of a therapist and assistants. We realize that what he calls "symbolic psychodrama" involves the playful, the playing, the corporeality, the dramatizations (theater of life) in a supplementary reality and the symbolic representations of the conflicting situations of life made by auxiliary egos. Cukier (1992) brings adaptation to the context of bipersonal psychodrama without auxiliary therapists. In the children's clinic, we understand that, in this individual modality (for two), whoever plays the role of auxiliary ego, replacing the "significant selves of the client", is the client's own body, the body of the managing therapist or the clinical management of the therapist by using intermediate objects, such as puppets, dolls, miniatures, pillows, fabrics and other inanimate objects, more or less structured for representation. Now the director will give voice to these characters, and sometimes the child will give voice to several characters, whether concrete or abstract, living or not alive.

Then, we realize that symbolic representation in action, the "as if psychodramatic" in a supplementary reality for symbolic realization, make-believe experienced in a conflictive situation, will be the essence of psychodrama, and especially with children, as this fiction will be necessary to express needs of different dimensions and to think about possible solutions. In other words, the corrective experience comes through playfulness and free play, which breaks the resistances of conserved thoughts, feelings and behaviors, considering that children's expression is naturally playful since the first phases of indifferentiation and differentiation of the Identity Matrix, as stated by Kaufman (1978). We started with this idea both in-person and online. It would be a corrective experience in the sense of Buddhist philosophy, the search for the right action, an assertive action. Also, in the sense, according to Alexander and French (1946/1956), of a "corrective emotional experience", that is, the re-exposure of the patient to emotional and conflicting situations that have not been overcome yet, in more favorable and protected conditions in a therapeutic setting, not only an intellectual understanding of your problem is sufficient, but an experienced and felt understanding. Moreover, in the sense of a corrective action of mothering, according to Widlöcher

(1962/1970), in which the therapist performs a maternal function of affective continence and to facilitates more positive and healthy choices in the exercise of roles.

Despite the technologies and hearing and/or seeing each other through a small screen, we realize that there are similarities regarding the humanization process between the synchronous virtual environment (“connected face-to-face”) and the face-to-face, such as the appreciation of welcoming, qualified listening, expressiveness and corporeality, focuses of existential and humanistic phenomenological approaches centered on the subject, subjectivities, instituted/constituted processes, but also instituting/constituent. In the care of children, for example, we will follow the social preserves of standardized models, the protocols, the terms of commitment, we will pay attention to the psychodiagnosis classifications, we will carry out anamnesis, interviews and technical exams, but we will also be open to the creative act, the unusual, the intuitive, the co-conscious and co-unconscious shares, the surprises of the exchanges that emerge in relation and the recognition of oneself in the other and vice versa. The characters act based on the previous rules of coexistence, but these are also made more flexible to make room for existential truths and the possibilities of Being and Existing.

The objective of this article is to reflect on the psychodramatic method with children in individual online psychotherapy, addressing the spontaneous telic construction, the session steps and tools, such as psychodramatic sandplay through onlinesandtray.com.

DEVELOPMENT: CHILDHOODS IN ACTION ONLINE

In online psychotherapy with children, we identified adaptive and significant therapeutic possibilities and difficulties in sustaining conflict, affective continence, privacy, and confidentiality. A more active child tends to move around carrying their cell phone to show us the house, their room and pets, for example. With the less active, it will be important to propose a specific body warm-up to awaken motivation. If they become disinterested, we run the risk of their disconnecting the connection, cooling down, or even of the connectivity itself failing due to instability. The virtual is real and is a face-to-face connected at a distance, so we always observe facial and body expressions as flags and indicators of how they feel.

We consider that Morenian socionomic theory brings grounded philosophical concepts necessary for the foundation of the distance practice, articulated by its psychodynamic techniques. The notions of the theories of spontaneity and creativity, of action, of the scene, of the moment, of roles and the identity matrix, are essential, as well as the techniques we use most (double, mirror, role reversal, soliloquy, interview on the role, concretization, maximization, presentification, interpolation of resistance, echo/repetition and zoom/panoramic), and the most exploratory ones (such as social atom, internal psychodrama, internalized dramatization and dramatization in the open scene). For example, when we work online with free or thematic designs, a therapeutic resource used by all approaches gives the slots more slowly. Upon finishing their art on the craft paper, the child shows us the image on the screen or takes a photo and sends it to us by message, to then tell us the story and the drawing title. Digital drawing tools, such as jam board, have also been used. Then, intuitively starting from the relationship, comes the spontaneous-co-creative applicability of psychodramatic techniques, such as the interview in each character’s role, of each detail, and the interaction between them, which expands the perception of the meaning of those symbols drawn.

In the online context, in which the social, group and psychodramatic contexts meet, the three stages of the warm-up, dramatization and sharing session continue to be outlined and intersect; however, there are specificities in the “logistical warming” that involve the technological field. We need to raise, initially, the necessary guidance on the tool or application chosen for the video call (Whatsapp, Zoom, Meet, Whereby etc.). To ensure privacy, we can use headphones, audio, tablets, chats, messages, tickets, drawings, among other options co-created with the child or his/her family. It will be healthy to agree on a place without noise due to confidentiality and concentration. To assist children from early childhood (0 to 3 years), we suggest that caregivers be the therapist or auxiliary ego regularly. From the second (4 to 6 years old) and the third childhood (7 to 12 years old), we recommend that the degree of autonomy be evaluated, so some will only need the initial support of an adult to organize the logistics of the devices, and then they will be able to follow the session individually. In addition to prior informed consent, in all cases of care for minors, a guardian must be on guard in a nearby room in case of an emergency.

In our face-to-face experience with children aged 0 to 3 years (1 year and 8 months were the youngest, and the rest were 3 years old), the therapy was focused on early stimulation, exploration of the environment, limits and rules, fitting games, colors and forms, relaxation, drawings and free games or with doll families. Some authors have pointed out that it may be best for this age group to do therapy only with parents, as Filipini (2014) points out. Parental guidance would be very welcome, as the child would not be standing in front of the online screen without caregivers' support if they require monitoring and psychological assessment of the child. We agree and do not discard this position, which reminds us that when Zerka Moreno (1958/1975) refers to baby psychodrama, in reality, his work is carried out with mothers and their babies on their laps, and auxiliary egos are placed in the child's place and try to make pairs of them, to broaden the understanding of the mother's behavior. When we are required to attend psychotherapeutically early childhood, it will be important to observe which demand we will be taking care of and which we will have limitations in meeting expectations, especially in the online environment.

The present author, e.g., Strauch (2020), states that, when faced with the sensation of being stuck in the process, we can ask ourselves, "what would we do in person?" and then adapt. Adaptive difficulties are perceived in some cases, especially about avoiding interruptions in the therapeutic process. However, it is possible to agree on co-responsibilities with caregivers, leaving the necessary and effective family support in the affective logistical support of care elucidated and the announced limits to ensure the confidentiality of the child's therapy. At a particular initial moment, adults need to organize the logistics of the technologies, separate the materials that will be used in the session, or intervene in emergency outbreaks; however, in a second step, it will be important to allow space for the child to express themselves freely, without interference from the presence of these adult caregivers.

During the development of the session, we realized that there are moments when we guide, as directors, proposing a game, reading a children's book, assembling an image or story in the sandbox, a relaxation, an internalization, a thematic or free scene counting, of dream or nightmare, of the positive or negative scene (theater of life). On other occasions, the child's Internal Healing Self is the one who guides us, with its spontaneous-creative nature, choosing and signaling the activities carried out. We can even propose a therapeutic means or resource. However, we must respect that the child is the one who will bring the content, the conflict and the path to be followed towards the real and symbolic exits, according to their concrete and imaginary existential truths.

We experimented with setting up the scene in a sandbox in two ways, both with a 10-year-old client, whom we will call *Jujuba*, a kind of candy in Brazil. In a first attempt, we worked with the psychodramatic sandplay method (Ramalho, 2007, 2010, 2011), with the theme "who am I and how am I at the moment?". With the mobile phone, the therapist showed the miniatures of her office, and the child chose the pieces that would represent her, dictating where to place them. After introducing the characters, creating the story and the title, the therapist asked her to choose which one would be interviewed, one after the other in role-playing, and confrontations and dialogues between them were also promoted. In a second format, we work with the digital adaptation at onlinesandtray.com (Oaklander Training, 2020), detailed below.

METHODOLOGY AND DISCUSSION: SOCIONOMY AND ITS DRAMATIC ACTION METHODS

For a few months, face-to-face care was suspended due to the risks of the coronavirus, which increased anxiety, fears, difficulty in attention and concentration and the feeling of isolation in the children I was monitoring. We start the online consultations through agreements by messages and send the terms of free and informed consent for research, to be digitally signed by e-mail. In the care of a 3-year-old child, we opted to suspend individual care and began to guide parents in the roles of mother, father and couple, according to the preference of the parents, since the child used to have many tantrums and resistances to remain seated or to remain on their laps in front of the computer, even if I had instructed them to stay in an environment with more free movement, like the child's room. In another service, with an 8-year-old child, we worked on fears, intensified in the pandemic, of death, of injection, of fire, of bandits, of guns and stray bullets, through the cards in the Jogo Arremedo deck, of the empty chair technique and the use of pillows as a symbolic object for the realization and

confrontation of fears. This boy brought the “power of the mind” as a magical and powerful part of his character in facing fears, dramatizing and maximizing with the body of the foot, trying the living dialogue in the face of each fear presented.

In this qualitative action research (Nery *et al.*, 2006), we bring the briefcase study of Jujuba, 10 years old, in the online bipersonal sociopsychodramatic approach, reporting the session in which psychodramatic sandplay was used (Ramalho, 2007, 2010, 2011) adapted in the digital tool onlinesandtray.com (Oaklander Training, 2020).

In the first online session with her, we realized that when the child is downcast and silent, we must be aware if there are adults around to renegotiate the right to the reserved environment and that we can also work with body initiators. Due to mild cognitive impairments and difficulties in understanding the most complex slogans, we request initial support from Jujuba’s mother to put the video on the desktop open simultaneously, the Google Meet app and the screen sharing of the digital sandbox website. Then we guided the client about the image bank to create a free story, starting with “once upon a time”. We realized that she started to set up different scenarios, like a movie, and that she would have difficulty saving the scenes due to her more active and accelerated profile. So, as a direct strategy, we were making print screens of each part, saving and saving it on the computer for later interventions.

The story led us to the adoption of the client, the loss of biological parents, whom she does not know, the death of the father of the heart, her wishes for protection and to be cared for by a father figure, and the possibility of symbolic realization in a supplementary reality, as an art of healing, as reinforced by Moreno *et al.* (2001). We saw interaction in an imaginary open scene being realized digitally and visually experienced (Fig. 1):

Once upon a time, there was a cloudy sky, but with sunshine, a princess lived alone and a butterfly flying. Then a king arrived, and the plants grew to have a more reserved place to talk. Her father built a house for them to live in, and he gave her many flowers, endless roses. The sky stopped being cloudy while he gave her these gifts. One day they went to a farm to enjoy a party with the bonfire of São João. The other day they went for a drive. A protective wall went up around their house. Finally, they went to live in an enchanted castle.



Figure 1. Images from onlinesandtray (psychodramatic) with client Jujuba, 10 years old.

The child Jujuba started by letting her imagination run free. She lived in “as if” the desired scenes in real life, her desire for freedom and “to live in the country or on a farm”, the desire to live with a lost father figure, and she returned to the enchanted world in the end, as a mechanism of protection to deal with the daily faults. We realized that, in person, contact with sand makes the experience more profound, but digital sand did not make it impossible to dive into make-believe and the unconscious. For Ammann (2002), the Sand Game mobilizes and confronts the client with its conscious and unconscious sides and goes simultaneously, showing, in a constructive and reconnecting sense, its possibilities and capacities for development, entering the scene as a whole, psychically and physically. They play a serious and meaningful game, creating their world within the concentrated space.

Its title was “The dream of the farm in the enchanted world”. It was a lovely dream, and she is always very dreamy and distracted, like the flying butterfly that disappears. Part of it will take place in the following year, as she and her mother at heart will return to live in another state, closer to other family members, having more contact with the farm and the care of animals, as she likes and for which she is enchanted.

There was the performance of both roles, the daughter princess and father king, on the client’s part. During the inversions, she heard from the desired internalized father within her what she needed, and she was also able to respond and put out the “not done” and the “unspoken” in real life. When we use the double mirror of the father’s

role, with the hands-on head and then on the heart, we talk about feeling sorry for being distant, but we love her very much. We follow the idea of correcting the roles, according to Widlöcher (1962/1970), in which a double is exerting a resilient force, respecting the challenging climate of the existential conflict, and then acts, which is equivalent to encouragement and approval; this gives the child greater security in the representation of her role and the discovery of new attitudes. This corrective action comes from the therapeutic spontaneity training. The essential of the method is the dramatic improvisation (spontaneity and creativity in action) and the telic psychological field that it determines.

According to Slade (1958/1978), generally, younger children express themselves, in pretense, more through the “projected game”, that is, with the use of objects/images to represent themselves, the other and the environment. In addition to the projected ones, the older ones also move on to the “personal game”, using their bodies to represent the characters involved, giving a three-dimensional dimension to the experimentation of roles. In psychodramatic sandplay, the expression is of a game projected in miniatures (face-to-face context) or digital images (virtual context: online and synchronous); however, one can move on to dramatization an open scene in a personal game. The interpretation of the dynamics presented in the sandbox, whether concrete or digital, during symbolic representation starts from an existential-phenomenological view centered on the subject in relation.

FINAL CONSIDERATIONS: SHARING...

We consider that the year 2020 was a watershed in the sense that we will have many contributions from clinical psychodrama in the universe of the web. We brought here some shares that illustrated the intensification of virtual work and reflected on the challenges of the psychodramatic method with children in the individual online modality. Despite the difficulties and specificities, such a context mediated by technologies does not preclude the development of the therapeutic relationship. Contraindications are related to the degree of autonomy of the child or the interdict, the instability or absence of connectivity and the assessment of ethical conditions of privacy and confidentiality.

Telic construction is permeated by digital tools but focuses on co-creation, spontaneity and expressiveness of the body in different ways. We are always in the process of adapting due to the rapid contemporary changes.

Morenian theories and techniques contribute to work dynamically, symbolically and playfully on children's conflicts, in line with the policy of affection and freedom with responsibility defended by Moreno. We hope that new research and case studies will identify how incredible the child's Internal Healing Self is, as it enchants us, infects us and guides us with its spontaneous-creative nature, in directions previously unthinkable rationally in the world of adulthood.

Whether the internet or other means of communication connect our lives, we will always be open to opportunities for learning, experimenting with new forms of expression, adapting and solving problems as they model themselves. Furthermore, we want to be on the move with the different childhoods in action.

DATA STATEMENT AVAILABILITY

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