

THE USE OF ART THERAPY IN THE TREATMENT OF ANXIETY IN ADOLESCENTS <https://doi.org/10.63330/aurumpub.009-001>**Mácio Nunes Machado¹****ABSTRACT**

The main objective of this study is to investigate to what extent art therapy can assist in the treatment of adolescents experiencing anxiety crises. Artistic activities, in general, tend to relax the individual practitioner. In the case of adolescents undergoing anxiety crises, will art therapy help these subjects overcome such crises? This is a bibliographic research project consisting of a literature review of what has already been produced on the subject. The methodology involves cataloging scientific articles and books that address the topic, reading them, and documenting them to provide a scientific foundation for the text.

Keywords: Art therapy; Adolescent; Anxiety; Treatment.

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INTRODUCTION

Art, although it does not have a practical-utilitarian function, somehow fills the voids of human existence itself, since, as Ferreira Goulart aptly stated, “Art exists because life is not enough” (Chaves, 2017). This phrase makes a lot of sense, because beyond the things that exist in nature and society, artistic productions—as products of human creativity—complement individuals’ lives by attributing new meanings to them. And, in school as a privileged locus for the teaching-learning process, and also as a reflection of a society in which the meanings of living, being in the world, and studying are increasingly fragile, it constitutes a niche of fundamental importance in the construction of new meanings.

At times, artistic productions are more complex than what is already present in one’s reality. And this does not mean that art, by being complex, becomes inaccessible, given that many will not know how to interpret it. However, a work of art is not meant to be interpreted (in theory), but rather experienced through a different lens: that of contemplation, admiration, perplexity; of being moved because one was profoundly touched by that work of art, whether it is a painting, a sculpture, music, dance, theater, cinema, or others.

Art therapy, on the other hand, has well-defined functions from the perspective of therapeutically contributing to the healing of the individual who benefits from it (Reis, 2014; Carvalho, 1995). Yet, even so, art should not be used by imposition of the therapist but should be chosen together with the patient—art that moves the subject’s sensitivity, both from the perspective of art appreciation and art production.

Considering also that art therapy contributes to self-knowledge and personal transformation, Valladares (2005, p. 15), in her studies, adds that through artistic productions—aimed at recovering the production of images, developing communication, valuing subjectivity, and freedom of expression, as well as dealing with emotional problems with a view to their overcoming—art therapy can be particularly effective.

It is important to remember that throughout history, artistic productions have always been used for some therapeutic purpose, from prehistoric times, in Egyptian and Greco-Roman societies, although they were not yet labeled as such. Only in the 1940s did Adrian Hill (an English painter) establish art therapy as a psychotherapeutic method. This painter, hospitalized to treat tuberculosis, used his art to alleviate the suffering of patients—especially some who had experienced the horrors of war—and observed that drawings and paintings could be used to speak about pain, illness, and death, but also to process emotions, fostering greater hope and less anxiety and anguish (Waller, 1984, p. 6).

Regarding pathological anxiety—a contemporary illness (due to its pervasive impact) that claims many victims, causing enormous damage to the lives of those afflicted and those around them—anxiety paralyzes the individual, instantly blocking respiration, literally suffocating the person. In other words, it



is a chronic and excessive state of worry, fear, or tension that significantly interferes with daily life (Strozzi, 2024).

Given that pathological anxiety is a disease like any other and that overcoming it requires appropriate treatment—typically involving a multidisciplinary approach that includes assessment by a psychiatrist and psychotherapeutic follow-up by a psychologist (Ferreira, 2023)—this study seeks to answer the following question: To what extent does art therapy help adolescents with anxiety crises overcome such crises?

Thus, the primary objective of this study is to investigate to what extent art therapy can assist in the treatment of adolescents with anxiety crises. The specific objectives are, first, to identify through research what characterizes anxiety during adolescence; secondly, to reflect on the causes of anxiety in adolescence; and finally, to reflect on the art therapy treatment of adolescents with anxiety crises.

This is bibliographic research, consisting of a literature review of what has already been produced on the topic. As Lakatós and Marconi (2003, p. 158) state,

Bibliographic research is a general compilation of the main works already conducted, considered important because they can provide current and relevant data related to the theme. Studying the pertinent literature can help plan the work, avoid publications and certain mistakes, and represents an indispensable source of information, even potentially guiding inquiries.

The methodology involves cataloging scientific articles or books that address the subject in question, reading them, and filing them (bibliographic documentation) to provide a scientific underpinning for the text. Regarding bibliographic documentation filing, Severino (2002, pp. 38–39) asserts that this procedure “constitutes an acervo of information on books, articles, and other works that exist on certain subjects within an area of knowledge. When done systematically, it provides the student with rich information for their studies.” Severino (2002, p. 39) further adds:

Bibliographic documentation should be carried out gradually as the student comes across books or information about them. Thus, every book that falls into their hands will immediately be indexed. Likewise, any information about a book relevant to their area allows a new entry. Information about books is found mainly in specialized magazines, reviews, catalogs, etc.

The guidelines proposed by Antônio Joaquim Severino (2002) are of great value for conducting any research that requires mapping the state of the art, as is the case with the present study. This article’s production follows the perspective of the exploratory-analytical deductive method, which is a form of analysis that starts from understanding the general rule to arrive at conclusions about specific cases, using a qualitative approach.

Adopting the deductive method may incur criticism, as Gil (2019) himself warns, noting that some critics argue that this reasoning resembles that used by theologians, who start from dogmatic positions.



However, in this research, adopting the deductive method means moving from general concepts to the particular. That is, the deductive method aims to explain the content of the premises through a reasoning chain in descending order—from general to particular (Prodanov & Freitas, 2013).

Regarding the literature review in a qualitative approach—within which this research and the article produced are situated—Creswell (2010, p. 52) provides the following clarifications when distinguishing the different approaches (quantitative, qualitative, or mixed):

The literature review in a journal article is a condensed form of that found in a master's dissertation or doctoral thesis. It is typically contained in a section called "Related Literature" and follows the introduction to a study. This is the standard for quantitative research articles. For qualitative research articles, the literature review may be found in a separate section, included in the introduction, or permeate the entire study. Regardless of the form, another consideration is how the literature is examined, depending on whether the approach is qualitative, quantitative, or mixed methods.

In light of the above, this article is structured as follows: first, anxiety in adolescence; second, causes of anxiety in adolescence; and third, art therapy treatment for adolescents with anxiety crises. Finally, the concluding considerations.

ANXIETY IN ADOLESCENCE

Adolescence is a transitional phase between childhood and adulthood. Merely being a transitional phase can itself cause numerous conflicts because it involves anatomical, psychic, and social changes—namely, changes in one's identity, the old struggle between what one was and what one is not yet. Outeiral (2003) points out that, based on the Latin and Greek etymological origins of the word adolescent, one can consider that the development process, especially in this stage, is conflictual. According to the cited author, adolescence comes from Latin *ad* (to, toward) and Greek *oléssein* (to grow), that is, "in the process of growing," which is ambivalent because it brings both pleasure and joy as well as pain and suffering.

Regarding anxiety, as a form of human defense in the face of an imminent real or imagined danger, it is healthy to experience some anxiety. However, when anxiety becomes an obstacle that prevents a person from performing necessary activities in their life, it becomes pathological and requires intervention for treatment. Clarke and Barlow (1994) indicate that anxiety is an emotion oriented toward future action. They further state that it is characterized by perceptions of incompatibility and unpredictability about potentially aversive events and a rapid shift in attention toward the focus on potentially dangerous events, or an affective response of the individual to such events. In this line, Barcellos et al. (2017, p. 3) affirm that:



Anxiety can be seen as a psychiatric symptom and/or as a non-pathological emotional reaction associated with various life contexts. It represents an alarm signal to a certain stimulus perceived by the individual as dangerous. In general, it is composed of a variable combination of physical symptoms, catastrophic thoughts, and behavioral changes. Anxiety can be understood as an evolutionary mechanism, that is, a tool that helps us detect danger and adopt the necessary measures to deal with it. However, this adaptive resource is often dysregulated, causing suffering and impairing social and/or professional performance.

Non-pathological anxiety serves as a form of alert, guiding the individual in the face of a dangerous situation. In that case, anxiety is healthy. However, as described by the authors above, when dysregulated, it causes suffering and psychosocial harm.

In order to better understand how anxiety in adolescence can be characterized, some features can be identified through certain symptoms, such as, for example, excessive worry (excessive concern about events that are yet to happen, school issues, and potential career choices); excessive fear without a justified cause; physiological manifestations such as tremors, nausea, muscle tension, headaches or stomach aches; constant mood swings; irritability without apparent cause; and persistent difficulty concentrating or focusing on a goal.

Although pathological anxiety has worsened in contemporary times, given the panacea of information and disinformation brought about by new technologies, various theorists have contributed to understanding anxiety in general and specifically in adolescence. Among them, we can list as pioneers, both in diagnosis and treatment: Sigmund Freud (1976), founder of psychoanalysis, who was one of the first to study and treat anxiety as a psychological phenomenon, associating it with internal conflicts and defense mechanisms; John Bowlby (1982), who developed attachment theory; Jean Piaget (1983), who explored how cognitive changes in adolescence can influence the perception of threats and, consequently, anxiety; and Erik Erikson (1976, 1998), whose psychosocial development theory includes adolescence as a critical phase of identity formation, in which anxiety can arise due to identity conflicts and social pressure.

Among so many other theorists whose contributions help to understand the complexity of anxiety in adolescence, while providing a basis for effective therapeutic interventions—among which alternative therapies, including art therapy, can contribute significantly to treatment success.

Regarding the diagnosis of anxiety, although in many cases the symptoms are quite explicit, neurological tests may be necessary to give the professional more confidence in conducting the most appropriate treatment, including resorting to neuropsychology. Neuropsychology, as a field of knowledge, aims to establish the relationships between the functioning of the central nervous system (CNS) and cognitive functions and behavior, both in healthy and pathological conditions. Like art therapy, it is multidisciplinary, drawing on foundations from neuroscience and psychology, and aims to treat cognitive and behavioral disorders resulting from CNS changes (Machado, 2025, in Consenza et al., 2008).



Diagnosing anxiety in adolescence is the first and most important step in seeking treatment. This treatment necessarily involves a multidisciplinary team, whose different perspectives will make it possible to adopt the most suitable approach.

CAUSES OF ANXIETY IN ADOLESCENCE

What are the main causes of anxiety in adolescence? *Prima facie*, one can affirm that anxiety in adolescence may be caused by a combination of biological, psychological, and social factors. Following the same line of reasoning presented in the first section, these causes are, in some way, already implied, but it is fundamentally important that they be clarified as thoroughly as possible.

In this sense, although some causes of anxiety in adolescence result from a combination of biological, psychic, and social factors, some may stem from a single factor, such as hormonal changes (biological cause), since hormonal levels in adolescence are quite unstable, leading to mood swings and, consequently, anxiety. Likewise, genetic predisposition: when there is a family history of anxiety disorders, the adolescent may be more susceptible to developing the disorder as well.

On the other hand, causes of anxiety related to psychological and social factors usually occur in association, constituting a combination of internal (psychic) and external (social) factors. As Silva et al. (2020, p. 13) assert:

Wanting to control time and what happens can be one of the factors that generate anxiety. Some people tend to think a lot about either the past or the future, but rarely are they aware of what they do here and now. They access the past, making assumptions and ruminating on actions, which can generate feelings of frustration, guilt, or regret. Or, they spend a lot of time worrying about the future—time that can be planned but not controlled.

It is argued that the main causes of anxiety in adolescence, with regard to social and psychological factors, stem from family problems, social issues, pressure for academic results, personal expectations, traumas, and substance use. With the abrupt changes that society has undergone since the advent of the internet, in which contradictions in the flow of information often mix fiction with reality, this constitutes yet another cause of anxiety—not only in adolescents but also in children and adults. As Outeiral (2005, p. 119) states:

In human society (several authors write, such as Bertrand Russell), since its beginnings, it was always like this: for a certain period of time, sometimes spanning several centuries, a series of social, economic, and cultural elements remain apparently stable until at a certain moment—potentially spanning generations—a “rupture” occurs, giving rise to moments of instability, uncertainty, and abrupt changes, after which a new stage is established. It was like this, for example, at the end of the Middle Ages, around the 15th and 16th centuries when modernity began to structure itself.



The arrival of modernity and, consequently, the liberation from the long medieval period undeniably brought instability to the people living at that time. The current moment, in turn, is also marked by uncertainties, instability, and abrupt changes in all sectors of human society, which further contributes to adolescents' panic syndrome and so many other afflictions.

Pressure for academic results—especially in an educational system increasingly marked by external examinations and the demand for good academic performance—can be a source of stress and anxiety that should not be neglected. Still regarding academic life, in contemporary times, cyberspace or the virtual world (Lévy, 1999) is a constant in adolescents' lives; digital natives (Prensky, 2001) often find the school environment, with its routines and teachers, uninteresting, which generates demotivation and a lack of perspective—another potential cause of anxiety.

Family conflicts, such as parental divorce or financial problems, can contribute to anxiety. Observing families, it is not difficult to notice their disintegration. However, this does not mean that there is an ideal model of family to be followed, but rather that the changes imposed by capitalist society—ever marked by socioeconomic inequalities—also reflect in new family configurations.

From the same perspective mentioned above, social issues related to the individual's need to integrate and be accepted in a certain group—such as peer groups—can lead to social anxiety. Not to mention that bullying and social exclusion in itself already cause pain and suffering, and when combined with anxiety triggered by the tensions experienced, the situation can worsen.

Another cause of anxiety in adolescents occurs when they set overly grandiose expectations for themselves, which often are unachievable and they rarely manage to attain. Faced with the impossibility of fulfillment, feelings of failure and frustration appear, and pathological anxiety is a step away

Anxiety in adolescence, accompanied by panic syndrome, can be caused during adolescence due to traumatic experiences. Not infrequently, adolescents fall victim to various forms of abuse, especially sexual abuse, perpetrated by individuals close or not. Beyond the loss of a loved one or accidents, which serve—due to trauma—as triggers that set off anxiety crises.

Finally, no less important and among so many other causes, the abusive use of legal or illegal chemical substances, such as alcohol and drugs, can be triggering agents leading to panic syndrome.

These factors can interact in complex ways, and it is important to address anxiety holistically, considering all possible causes and influences. Likewise, considering the various types of treatment, in some cases, people experiencing anxiety crises will need help from a psychiatrist and the use of medication, which must be handled with great caution to avoid dependence or other side effects. Hence, the importance of integrative therapies—such as art therapy—which, along with other therapeutic techniques, will contribute to the treatment of adolescents with anxiety crises, a topic addressed in the next section.



TREATMENT OF ANXIETY DISORDER IN ADOLESCENTS WITH ART THERAPY

Art therapy is a complementary therapy that contributes to treating anxiety disorder in adolescents, since, in art therapy, artistic expression can be used as a way to help adolescents explore and express their feelings and emotions in a safe and creative manner. Art therapy is a professional field that employs artistic resources for therapeutic purposes (Reis, 2014; Carvalho, 1995). In this sense, Reis (2014, p. 143) provides the following contribution:

Art therapy uses artistic activity as a professional intervention instrument to promote health and quality of life, covering today the most diverse languages: visual arts, sound, literature, drama, and body expression, using expressive techniques such as drawing, painting, modeling, music, poetry, dramatization, and dance.

It can be affirmed that all languages—or rather, all artistic modalities—can be used to assist in the treatment of anxiety disorder. The cited author (op. cit., p. 144) also indicates that “the field of action of art therapy has expanded, covering not only the clinical context but also educational, community, and organizational contexts.” Table I presents the common aspects of anxiety symptoms.

Table I: Common Aspects of Anxiety

Physiological Symptoms	Cognitive Symptoms	Behavioral Symptoms	Emotional symptoms
Increased heart rate, palpitations; Shortness of breath, rapid breathing; Chest pain or pressure; Feelings of suffocation; Dizziness, sensation of “empty head”; Sweating, hot flashes, chills; Nausea, stomach pain, diarrhea; Tremor, agitation, tingling or numbness in arms or legs; Weakness, lack of balance, fainting; Muscle tension, stiffness, dry mouth	Fear of losing control, inability to cope; Fear of physical injury or death; fear of “going crazy”; fear of negative evaluation by others; terrifying thoughts, images, or memories. Perceptions of unreality, detachment; poor concentration, confusion, distraction; narrowing of attention, hypervigilance to threat; poor memory; difficulty reasoning, loss of objectivity.	Avoidance of signs or threatening situations; evasion, escape; seeking safety or reassurance; restlessness, agitation; rhythmic movements; hyperventilation; freezing, immobility; difficulty speaking.	Nervous, tense, excited; Frightened, fearful, terrified; Irritable, nervous, restless; Impatient, frustrated.

Source: Machado (2025, pp. 8–9) in Clark & Beck (2012, p. 28) – adaptation.

Beatriz Machado (2025) presents an important overview of pathological anxiety, as anxiety underlies various mental disorders—*anxiety disorders*—whose main ones are Panic Disorder, Specific Phobia, Social Phobia, Post-Traumatic Stress Disorder, Obsessive-Compulsive Disorder, and Generalized Anxiety Disorder. The author (op. cit., 2025) also presents a table developed by Clark & Beck (2012, p. 28), which significantly contributes to understanding the different symptoms of anxiety.



Based on the reviewed literature, during art therapy sessions—aimed at rehabilitating adolescents with a constant reduction of physiological, cognitive, behavioral, and affective symptoms—art therapists can use materials such as paint, clay, colored pencils, and other supplies to create artworks: drawings, paintings, modeling, assemblage, collage, origami, dance movements, creative writing, dramatization, and others that reflect their thoughts and feelings.

In the literature on art therapy, there are “artistic mediators,” which are the artistic materials used by patients in art therapy. Table II summarizes the relationship between artistic mediators and technical resources, which is a significant contribution for the art therapist to guide their practice (Carvalho, 2009).

Table II – Artistic Mediators and Their Technical Resources

Artistic Mediator	Technical Resource
1. Visual Expression	Painting, drawing, modeling, collage, photography, sculptural constructions, and others.
2. Body Expression	Guided fantasy, free movement, choreographed movement, circle dances, mirroring, and others.
3. Expressão dramática	Puppets, dramatization of stories, role-playing, “empty chair,” living statues, and others.
4. Expressão musical	Automatic free writing, poetry, fairy tales, myths and legends, stories in general.
5. Expressão lúdica	Sand trays, play activities, games, use of toys, and other playful means.

Source: Adapted from Carvalho (2009).

From the reviewed literature, it is fundamentally important to remember that the art therapy technique must be part of a project elaborated between the professional and the individual with anxiety, meaning that such activities must be selected according to the adolescent’s preference and comfort level. With professional monitoring, observation, and intervention, this process can help reduce anxiety, promote self-compassion, and improve emotional self-regulation. Additionally, art therapy can provide valuable insights into the internal conflicts and relationship difficulties that adolescents face during this developmental phase.

FINAL REMARKS

The bibliographic investigation made it possible to understand that the use of art therapy in treating adolescents with pathological anxiety can indeed be a viable alternative, provided that support and the complementary involvement of a multidisciplinary team are not disregarded—especially regarding diagnosis and monitoring of anxiety crisis resolution by the adolescent.

Thus, given the limitations that a bibliographic research and the communication of results through a scientific article impose—and obviously with no pretension of closing research on the topic—some



considerations can be made based on the analyses and explorations proposed by the methodology used in this literature review.

First, regarding the proposed problem—whether art therapy will help these subjects overcome such crises—the study indicates that it will. In possible art therapy sessions conducted by a qualified professional—as pointed out by the theorists studied—the manipulation and access to different artistic modalities, along with the use of breathing techniques and others, will make the adolescent feel more confident and relaxed, conditions necessary for understanding their state and assisting the healing process.

Regarding the objectives and the methodology that guided the research steps and oriented the writing of the article, one can consider that they were fundamental, as they contributed to understanding the theme while enabling the weaving of this text, which resulted in an article that is easy to read despite the thematic complexity for specialists and the general population—anyone who, in some way, is interested in or needs to better understand the contributions of art therapy in treating adolescents with pathological anxiety.



REFERENCES

1. Barcellos, M. T., et al. (2017). Telecondutas: Ansiedade [Teleconduct: Anxiety]. In M. R. Agostinho & N. Katz (Orgs.), Universidade Federal do Rio Grande do Sul - Faculdade de Medicina – Programa de Pós-Graduação em Epidemiologia [Federal University of Rio Grande do Sul - Faculty of Medicine – Graduate Program in Epidemiology]. Porto Alegre. Digital version available at: file:///C:/Users/mciom/OneDrive/Documents/ARTETERAPIA.pdf. Accessed 2025-01-28.
2. Bechtold, F. (n.d.). Ansiedade na adolescência: razões e como tratar [Anxiety in Adolescence: Reasons and How to Treat]. Retrieved January 23, 2025, from <https://br.psicologia-online.com/ansiedade-na-adolescencia-raozes-e-como-tratar-1185.html>
3. Bowlby, J. (1982). A formação e a quebra dos laços afetivos [Formation and Breakdown of Affective Bonds]. São Paulo: Martins Fontes.
4. Carvalho, M. M. M. J. (1995). O que é arteterapia [What Is Art Therapy]. In M. M. M. J. Carvalho (Org.), A arte cura? Recursos artísticos na psicoterapia [Does Art Heal? Artistic Resources in Psychotherapy] (pp. 23–26). Campinas, SP: Editorial Psy II.
5. Carvalho, R. (2009). A arte de sonhar-se: Fundamentos da psicoterapia analítica expressiva artística [The Art of Dreaming to Be: Foundations of Analytical Expressive Art Psychotherapy]. Lisboa: ISPA.
6. Chaves, R. (2017, December 4). Almanaque Gaúcho – Zero Hora – Ano 54 – Nº 18.951 [Gaúcho Almanac – Zero Hora – Year 54 – No. 18,951].
7. Clark, D. A., & Beck, A. T. (2012). Terapia cognitiva para transtornos de ansiedade [Cognitive Therapy for Anxiety Disorders]. Porto Alegre: Artmed.
8. Clarke, M., & Barlow, D. (1994). Fisiologia e psicologia do medo e da ansiedade [Physiology and Psychology of Fear and Anxiety]. New York: Oxford University Press.
9. Creswell, J. W. (2010). Projeto de pesquisa: métodos qualitativo, quantitativo e misto [Research Design: Qualitative, Quantitative, and Mixed Methods Approaches] (3rd ed., M. Lopes, Trans.). Porto Alegre: Artmed.
10. Erikson, E. H. (1976). Identidade, juventude e crise [Identity, Youth, and Crisis]. Rio de Janeiro: Zahar Editores.
11. Erikson, E. H., & Erikson, J. (1998). O ciclo completo da vida [The Complete Life Cycle]. Porto Alegre: Artes Médicas.
12. Ferreira, M. (n.d.). Quando a ansiedade passa a ser patológica? [When Does Anxiety Become Pathological?]. Retrieved February 2, 2025, from <https://www.serpsicologo.com/>
13. Freud, S. (1976). Inibição, sintoma e angústia [Inhibitions, Symptoms, and Anxiety]. In Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud (J. Salomão, Trans., Vol. 20). Rio de Janeiro: Imago.
14. Gil, A. C. (2019). Métodos e técnicas de pesquisa social [Methods and Techniques of Social Research] (7th ed.). São Paulo: Atlas.



15. Lakatós, E. M., & Marconi, M. A. (2003). Fundamentos de metodologia científica [Foundations of Scientific Methodology] (5th ed.). São Paulo: Atlas.
16. Lévy, P. (1999). Ciberultura [Cyberculture]. São Paulo: Editora 34.
17. Machado, B. (n.d.). Neuropsicologia e Arteterapia como reabilitação para os transtornos de ansiedade [Neuropsychology and Art Therapy as Rehabilitation for Anxiety Disorders]. Retrieved January 15, 2025, from [arq-idvol_52_1513854801.pdf](#)
18. Outeiral, J. (2005). A adolescência: modernidade e pós-modernidade [Adolescence: Modernity and Postmodernity]. *Revista Psicopedagogia*, 22(68), 119–147.
19. Piaget, J. (1983). Epistemologia genética: sabedoria e ilusões da filosofia; problemas de psicologia genética [Genetic Epistemology: Wisdom and Illusions of Philosophy; Problems of Genetic Psychology] (2nd ed., N. C. Caixeiro, Z. A. Da'air, & C. E. A. Di Piero, Trans.). São Paulo: Abril Cultural.
20. Prensky, M. (2001). Nativos digitais, imigrantes digitais [Digital Natives, Digital Immigrants]. *On the Horizon*, 9(5).
21. Prodanov, C. C., & Freitas, E. C. (2013). Metodologia do trabalho científico: métodos e técnicas da pesquisa e do trabalho científico [Scientific Work Methodology: Methods and Techniques of Research and Scientific Work] (2nd ed.). Novo Hamburgo: FAEEVALE.
22. Reis, A. C. dos. (2014). Arteterapia: a arte como instrumento no trabalho do psicólogo [Art Therapy: Art as an Instrument in the Psychologist's Work]. *Psicologia: Ciência e Profissão*, 34(1), 142–157.
23. Severino, A. J. (2002). Metodologia do trabalho científico [Methodology of Scientific Work] (22nd ed., rev. and expanded according to ABNT). São Paulo: Cortez.
24. Silva, L. N. S. da, et al. (2020). Guia prático para controlar a ansiedade [Practical Guide to Controlling Anxiety]. Teresina: Ministério Público do Piauí, Comissão de Saúde e Qualidade de Vida. Retrieved January 27, 2025, from [Guia prático.pdf](#)
25. Strozzi, R. (n.d.). Entendendo a ansiedade: diferenças entre a ansiedade normal e patológica [Understanding Anxiety: Differences Between Normal and Pathological Anxiety]. Retrieved February 2, 2025, from <https://www.psicorobertastrozzi.com/>
26. Valladares, A. (2005). Possibilidades de avaliação em arteterapia: o que se deve buscar, o que se deve observar? [Possibilities of Evaluation in Art Therapy: What Should Be Sought, What Should Be Observed?]. In G. Ormezzano (Org.), *Questões de arteterapia [Questions of Art Therapy]* (pp. 16–31). Passo Fundo: Universidade de Passo Fundo.
27. Waller, D. D. (1984). A consideration of the similarities and differences between art teaching and art therapy. In T. Dalley (Ed.), *Art as Therapy* (pp. 1–14). London: Routledge.