

ART THERAPY WITH DRUG ADDICTS: THE SELF-IMAGE REPRESENTED BY USERS OF A SPECIALIZED SERVICE



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ABSTRACT

Objective: to analyze the experience of adult drug addicts through the Drawings of the Human Figure made by them at two different moments at the beginning of treatment and at the current moment. **Method:** This is a descriptive and exploratory research, of a qualitative nature, developed in a Psychosocial Care Center specialized in alcohol and other drugs in an administrative region of the Federal District. The study included 31 adult people who were dependent on drugs of various genders and users of the service. An interview was conducted with the participants about the sociodemographic, clinical and psychiatric data of the participants, in which the frequencies and percentages were presented in graphs; then the data were collected through a drawing-story from the projection of two human figures produced, the Self of entry into the CAPS-ad and the Self of the current moment and later, an interview was carried out through a questionnaire about the drawing. **Results:** From the answers given about the drawings, it was possible to identify three thematic categories, namely: the images revealing the positive effects of the treatment on self-esteem and self-image; the projection of positive mood in the current moment as opposed to the depressed mood at the beginning of treatment; and the visualization of positive repercussions on the quality of life in relation to the future that were presented in tables. **Conclusion:** Art Therapy explores in a creative and innovative way the subjectivity of its authors and facilitates therapeutic communication between therapist and user and can be used in the context of mental health.

Keywords: Art therapy. Self-image. Drawing of the Human Figure. Mental Health Assistance. Substance-Related Disorders.

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INTRODUCTION

Substance abuse is a problem that affects many people in Brazil and around the world. According to data from the United Nations Office on Drugs and Crime, 35 million people suffer from drug use disorders and require specialized treatment. They complement other research by the World Health Organization (WHO), that about 6% of the current Brazilian population suffers from some drug addiction (UNODC, 2019).

Drug dependence is characterized as a chronic and multicausal disease expressed by a set of physiological, behavioral, and cognitive phenomena resulting from the use of psychoactive substances, commonly associated with impairments in various areas of the individual's life (Ferreira *et al.*, 2015).

Addiction to psychoactive substances, in general, can damage the individual's physical and mental health, which negatively impacts their quality of life, as they can trigger brain deficits, difficulty in verbal learning, and changes in neurotransmitters. In addition, drug abuse can be capable of generating dysfunctions in the cardiac and respiratory systems, kidney and sleep problems, symptoms of anxiety and depression, financial and spiritual difficulties, family and social conflicts, and can trigger violence, accidents, school dropout, unemployment, among other aspects that make the subject vulnerable (Silveira *et al.*, 2013).

Drug-dependent individuals can communicate more easily through drawing, as artistic production favors an outlet for the expression of underlying emotions and feelings in a more natural and spontaneous way (Valladares-Torres; Angels, 2023; Valladares-Torres; Martins, 2023).

The body graphic image involves several factors and exhibits three types of projections: the first, which defines how people see themselves, that is, the self-portrait or the self itself; the second type would be the ideal self, and the third, in how they believe they are seen by other people (Retondo, 2000).

The question is: can the Drawing of the Human Figure (DFH), that is, of the self-image, from the drawing-history (D-H) be an evaluative tool in the context of Art Therapy and serve as a language of communication for adult drug addicts from two different moments, when entering the Psychosocial Care Center (CAPS-ad) and the current one? Is it also possible to know and understand what is going on in the subjective world of this population and favor more humanized care in health care through the DFH?

Thus, the general objective of the study was to analyze the experience of adult drug

addicts through the DFH made by them at two different moments — at the time of entry into the CAPS-ad and at the current moment. It was also sought to trace the sociodemographic, clinical and psychiatric profile of the participants.

METHOD

This is a descriptive and exploratory qualitative research, developed in a Psychosocial Care Center specializing in the consumption of alcohol and other type III drugs in an administrative region of the Federal District. This CAPS-ad serves users over sixteen years of age and offers the following treatment modalities: comprehensive reception with nine vacancies, Day Hospital modality, therapeutic groups, individualized and specialized care. CAPS-ad III serves cities or regions with at least 150,000 inhabitants, is open 24 hours a day and serves users and their families who wish to undergo treatment voluntarily. CAPS-ad III also receives users referred by express order in a court order, in compliance with socio-educational measures of assisted freedom and provision of services to the community, provided that they are voluntarily admitted to the service.

The study included 31 adult people who were dependent on drugs and users of the service and who were oriented and acquiescent to develop the research. Data collection took place between March and November 2019 in a room provided by the service and the activities were developed individually, with a total duration of approximately one half hour with each participant. Initially, an interview was conducted with the participants to fill out the sociodemographic, clinical and psychiatric questionnaire; then the data were collected through a D-H (Drawing History) and, subsequently, an interview was carried out through a questionnaire about the drawing.

The frequencies and percentages of the numerical variables were aggregated on the data of the participants' profile and, in the sociodemographic and clinical questionnaire, and the age group, gender, self-declared ethnic group, level of education, work status, marital status, number of children, religion, person with whom they live, the drug of dependence, the type of bond with the institution, the time of adherence to the service, the violence suffered, the suicide attempt or ideation, the involvement with the Justice and comorbidities and these data were analyzed in a descriptive way and presented in the form of Tables.

Each D-H elaborated was composed of two images of DFH, namely: the *Self at the moment of entry into the CAPS-ad* and the *Self at the moment acting*. The D-H enables the participant to express thoughts, feelings, needs, demands, fears in a creative way

through art and facilitates the projection of stories from the unconscious of its authors (Trinca, 1997). The projective drawings were analyzed in a descriptive and exploratory way according to the script by Valladares-Torres (2015), consisting of eight items to assist in the evaluation of the images, such as the general and subjective description of the images, analysis of colors and creativity, level of development, presence of elements and expression of personality integration by the DFH, in addition to other characteristics of the drawing. C. G. Jung's Analytical Psychology (Furth, 2013) helped in the symbolic analysis, with the support of the dictionary of symbols (Chevalier; Gheerbrant, 2017) and projective drawings (Retondo, 2000).

In the questionnaire about the D-H, three guiding questions were adopted, in addition to the title of the work: What are the characteristics of the characters, such as age, gender, who they are and what they are doing? Tell me a story about the drawing produced. What do these images represent to you?

After the analysis of the D-H and the answers to the guiding questions, it was possible to identify three thematic categories, namely: the images revealing the positive effects of the treatment on self-esteem and self-image; the projection of positive mood in the current moment as opposed to the depressed mood at the beginning of treatment; and the visualization of positive repercussions on the quality of life in relation to the future.

This study is a subproject of the research entitled: "Art Therapy as a therapeutic device in drug addiction" that was submitted to the Research Ethics Committee of the Foundation for Teaching and Research in Health Sciences, in accordance with CAAE No. 44625915400005553. The participants authorized the research through the Informed Consent Forms (ICF) and, to ensure the anonymity of the participants, they were identified in the wording by the letter P - participants, accompanied by the number corresponding to the ascending alphabetical order (from P1 to P31).

RESULTS AND DISCUSSIONS

PROFILE OF THE PARTICIPANTS

The results of the sociodemographic variables of the study participants obtained in the interviews are shown in Chart 1. Males predominated in the total number of participants (n=25). The age range of the participants ranged from 26 to 60 years, and of the total number of participants, the average of 41.4 years prevailed.

Most participants lived with their families, such as parents, children and siblings (n=25) and without affective company (n=21). It was identified that most of them had no employment (n=27), among whom had no income (n=18) and had one or two children (n=21). Regarding the level of education, low education prevailed, with up to Elementary School (n=22) and it was possible to evidence that the prevalent self-reported ethnic group was brown or black (n=29). Most claimed to have some religion, of which approximately half reported being practicing.

Table 1. Sociodemographic characteristics of the research participants, Brasília, Federal District, Brazil. (N=31)

Variables	Total (n)	Percentage (%)
Gender		
Male	25	80,6%
Female	06	19,4%
Age		
18-30	03	9,7%
31-40	10	32,3%
41-50	13	41,9%
> 50	05	16,1%
Marital status		
Married/Loved	10	32,3%
Separate	08	25,8%
Single	13	41,9%
Child		
0	03	9,7%
1 to 2	21	67,7%
> 2	07	22,6%
Lives		
Alone	06	19,4%
Family	25	80,6%
Education Degree		
Illiterate	01	3,2%
Basic	08	25,8%
Fundamental	13	41,9%
Middle school	07	22,6%
Higher education	02	6,5%
Employment Relationship		
Employee	04	12,9%
Unemployed/Away	27	87,1%
INSS Aid	09	29,0%
Self-declared Ethical Group		
White	02	6,5%
Brown	21	67,7%
Black	08	25,8%
Religion		
Yes	27	87,1%
Practitioner	16	51,6%
No	04	12,9%

Source: Study data, 2025

The sociodemographic profile of the study participants is similar to the profiles found in the other CAPS-ad in Brazil: male, without an affective companion, with children, low education, unemployed, without income with any religion, brown, and living with the family (Capistrano *et al.*, 2018; Carvalho *et al.*, 2020; Santana *et al.*, 2021).

The type of dependence demands, time and the type of bond with the service of the research participants are presented in Chart 2. The prevalent drug of dependence of the users surveyed was alcohol or multiple drugs, in which alcohol appears to be present accompanied by other psychoactive substances (n=29). Participants with spontaneous demand prevailed (n=29). Regarding the follow-up time in the service, most (n=21) of the participants had less than two years. Most of the participants were in the comprehensive reception (n=15) and were part of the comprehensive therapeutic plan in the service.

Table 2. Characteristics of the disease, demand, time and link of the participants with the specialized service, Brasília, Federal District, Brazil. (N=31)

Variables	Total (n)	Percentage (%)
Drug of Addiction		
Alcohol	12	38,7%
Alcohol and other drugs	17	54,8%
Alcohol-free multidrug	02	6,5%
Demand		
Spontaneous	29	93,9%
Judicial	02	6,5%
Follow-up time in service		
Up to 1 month	14	45,2%
From 2 m to 2 years	07	22,6%
> 2 years	10	32,3%
Type of link to the service		
Comprehensive Reception	15	48,4%
Day Hospital	10	32,3%
Therapeutic Workshops	06	19,4%

Source: Study data, 2025

Alcoholism is the most prevalent cause of cases among drug addicts, followed by users of multiple drugs, since alcohol is a legalized and low-cost drug (Carvalho *et al.*, 2020). The participants had a spontaneous demand, an aspect that helps in adherence to treatment, as well as their main link was the Integral Reception – Intensive Treatment, a detoxification modality in an inpatient service within the CAPS-ad, in which the proposal is that individuals, in addition to detoxifying, are active in the Singular Therapeutic Plan and link themselves to the Therapeutic Workshops offered during the week, even if they have little time to accompany the service.

The clinical and psychiatric vulnerabilities of the participants are exposed in Chart 3. The participants had already experienced various types of violence and suicide attempts, had some kind of involvement with the Judiciary and had several physical and psychiatric comorbidities, especially depression.

Table 3. Clinical and psychiatric data of the research participants, Brasília, Federal District, Brazil. (N=31)

Variables	Total (n)	Percentage (%)
Type of violence suffered		
Psychological	24	77,4%
Verbal	21	67,7%
Physics	24	77,4%
Sexual	04	12,9%
Suicide		
Attempt	22	70,9%
Ideation	06	19,4%
Involvement with justice		
Yes	17	54,8%
No	12	38,7%
Psychiatric comorbidity		
Yes	27	87,1%
Depression	21	67,7%
Anxiety	06	19,4%
Schizophrenia	01	3,2%
Bipolar Affective Disorder	01	3,2%
No	04	12,9%
Physical comorbidity		
Yes	29	93,9%
No	02	6,5%

Source: Study data, 2025

The incidence of biopsychosocial vulnerability is strictly related to drug dependence. The high rate of suicide episodes, physical aggression, crimes, breakdown of bonds, accidents and street situations, mental and physical comorbidities affects a large part of the participants (Capistrano *et al.*, 2018), which are related to depression and anxiety disorders. The most prevalent physical comorbidities that arose were: diabetes, hypertension, gastritis, and nutritional problems.

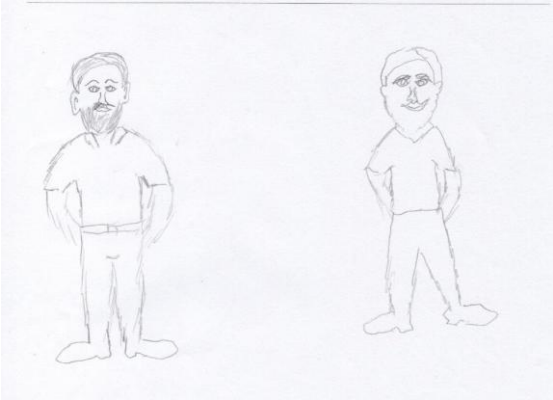

The profile of users exposes the seriousness of drug addiction and that it is characterized as a complex phenomenon that triggers several harms in people's lives in the personal, affective, work and academic, social, community and spiritual spheres.

CATEGORIES OF SELF-IMAGE DRAWINGS

Category 1: Images revealing positive effects of treatment on self-esteem and self-image

Chart 4 below shows two D-H's that illustrate some characteristics of images that reveal the positive effects of the treatment on self-esteem and self-image.

Table 4. Two D-H that illustrate some characteristics of images that reveal the positive effects of the treatment on self-esteem and self-image. Brasília, DF, Brazil.

	<p>Title: <i>Depressed person</i> (entry into CAPS-ad) and <i>Happy person</i> (current moment)</p> <p>Authorship: P9, man, 56 years old, brown, incomplete elementary school, did not work at the time, but received benefits, married, with two children, no religion, lived with his family, was dependent on alcohol and marijuana, in the day hospital (semi-intensive treatment regime), had been in the service for one year, suffered psychological, verbal and physical violence in adolescence and adulthood, at home and applied by strangers, he had a suicide attempt a year ago, denies involvement with Justice and had depression disorder and gastritis.</p> <p>Story about the drawing: <i>The I who entered the CAPS-ad was unmotivated, desperate and without a reason to live, he was 54 years old. The current 56-year-old self is undergoing treatment at CAPS-ad, feeling more alive and motivated and reminds me of when I was a child and was happy.</i></p>
	<p>Title: <i>Unhappy Person</i> (entrance to CAPS-ad) and <i>Happy Person</i> (current moment)</p> <p>Authorship: P13, man, 30 years old, black, incomplete high school, was working in an informal job at the time of the interview, single with two children, practicing evangelical, lived with his mother and with his mother's partner, was dependent on alcohol and cocaine, was in full reception (intensive treatment regime), had been in the service for three months, there was no report of violence, suffered numerous suicide attempts and the last one a month ago, was involved with the Justice and had bipolar and anxiety disorder.</p> <p>Story about the drawing: <i>The self at the entrance to CAPS-ad was on the street sad and thoughtful using drugs at the age of 30. The I of the current moment I am leaving the CAPS-ad happy and winning the drugs, feeling better, the treatment made me think that drugs lead nowhere, I am still 30 years old.</i></p>

Source: Survey data, 2025

In the drawings of P9 and P13, differences predominated between the *Self* in the present (*current moment*) and the *Self* in the past (*entry into the CAPS-ad*). In P9 it is observed that, at the current moment, the character is taking a step forward, is smiling and

with a beard. Other characteristics with a direct impact on the body image of the DFH also emerged, such as the appearance of facial physiognomy in the drawing of the *Self* in the present (P1), aligned hair (P2, P7, P10, P26), shaved beard (P3), increased body mass (P11), absence of facial dark circles (P22), appearance of hair (P1 and P29) and straight posture instead of hunched (P31).

These characteristics translate, in part, the stereotype of mental illness, exhibit the characteristics of a person in a psychiatric breakdown and/or the unfavorable impact of the disorder on physical appearance and self-image. This is because chronic illness from drug dependence degrades the subject in its most diverse physical, emotional, and social expressions (Valladares-Torres, 2018) and has a serious negative repercussion on the self-image and, consequently, on the self-esteem of users (Silveira *et al.*, 2013).

The positive change in the images of the DFH after treatment at the CAPS-ad indicates that, after entering the mental health service, there was an increase in the energy level, improvement in self-esteem and mental balance of the participating users (Furth, 2013), with the promotion of physical care, body hygiene and self-image.

On the other hand, the lack of a hand in the past of P13 may signal a lack of autonomy in life, an aspect that was acquired in the second drawing (*Me* in the present), associated with a more smiling and relaxed figure with aligned hair. Aspects that signal a certain difficulty, insecurity or passivity of the author in the face of the harsh reality and lack of autonomy in life (Chevalier; Gheerbrant, 2017; Retondo, 2000) of the *Self* in the past.

The expressions of "failure" (P5 and P19), "disappointed" (P3), "dejected" (P12), "rock bottom" (P23), "hangover" (P24), "drinking" (P27), "everything ugly" (P2), "defeated" (P8 and P28), "lost" (P14), "humiliations on the street" (P26) and "troubled" (P17) from the past (*me* at the entrance to CAPS-ad) gave space to new words of the *self* in the present: "satisfied with life" (P3, P7 and P12), "courage" (P6), "abstinence" (P24), "beautiful and ruddy" (P2), "welcoming" (P4), "satisfied with life" (P12), "treatment" (P27) and "recovery" (P11).

The research by Ribeiro-Andrade, Freitas, and Nascimento (2021) pointed to a relationship between stigmatization processes and drug addiction from a feedback perspective. Individuals who present some non-standard particularity are seen as dangerous, weak and undesirable, attributes that devalue and discriminate against the subject and generate an obstacle to their resocialization and reintegration, in addition to reinforcing drug dependence.


Allied to the story presented by the authors about the *Self* in the present, which is consistent with their current moment of illness and treatment, the place favored welcoming, autonomy, protagonism and co-responsibility in the treatment. The CAPS-ad favors reception and qualified care, focusing on the Singular Therapeutic Plan (PTS) and the formation of a solid social network that stimulates the user's autonomy, directs them to team activities within a construction based on multi and transdisciplinary clinics (Depole *et al.*, 2022). Tibiriçá, Luchini and Almeida (2019) add that the CAPS-ad is a place of support and assistance to its users in coping with the stigma experienced by users of psychoactive substances and in rescuing self-esteem.

Drug addiction causes negative changes in family dynamics, body self-image, brings emotional and social deprivations that generate feelings of powerlessness and anguish. It is through drawing in Art Therapy that people can express their feelings, emotions, thoughts, and behaviors and, in this way, it is an important instrument for the visibility of the subjectivity of the people who experience them (Rocha *et al.*, 2021; Valladares-Torres *et al.*, 2023; Valladares-Torres; Rodrigues, 2025).

Category 2: The projection of positive mood in the current moment as opposed to the depressed mood at the beginning of treatment

Chart 5 below shows two D-H that illustrate some characteristics of projecting positive mood in the current moment as opposed to the depressed mood at the beginning of the treatment.

Table 5. Two D-H that illustrate some characteristics of projection of positive mood in the current moment as opposed to the depressed mood at the beginning of the treatment. Brasília, DF, Brazil.

	<p>Title: <i>Failure</i> (entrance to CAPS-ad) and <i>Optimism</i> (current moment)</p> <p>Authorship: P19, woman, 40 years old, brown, complete higher education, unemployed, separated with two children, no religion, lived with her parents and children, was dependent on alcohol, was in the day hospital (semi-intensive treatment regime), had been in the service for three years, had already suffered psychological, verbal, physical and sexual violence at home and by strangers in adolescence and, in adulthood, she suffered three suicide attempts and the last one a month ago, was involved with the Justice, had a depression disorder and was hypertensive.</p> <p>Story about the drawing: <i>The I at the entrance to CAPS-ad was alone on the floor crying at the age of 40. The Me of the current moment I am happy at CAPS feeling beautiful and smiling at 30 years old.</i></p>
	<p>Title: <i>As I was before</i> (entrance to CAPS-ad) and <i>As I am now</i> (current moment)</p> <p>Authorship: P26, man, 41 years old, brown, incomplete elementary school, was unemployed at the time, single with a child, non-practicing Spiritist, lived with his partner and son, was dependent on alcohol, was in full reception (intensive treatment regime), had been in the service for fifteen days, there was a report of psychological, verbal, physical, moral and patrimonial violence in adolescence and adulthood by a stranger, he suffered two attempts and the last one a month earlier, he did not report involvement with the Justice and had a depression disorder.</p> <p>Story about the drawing: <i>The self at the entrance to CAPS-ad was on the street drunk returning home, felt sad and thought about the humiliations received on the street, at the age of 41. The me of the current moment I am happy and feeling good now at home with my dogs, is still 41 years old.</i></p>

Source: Survey data, 2025

The statements of P19 and P26 were anchored by images that brought a context of the *Self of entry into the CAPS-ad* full of pain, confusion, suffering; the *Self of the current moment* reflects hope, organization and smiling figures. The drawing of the *Self of the current moment* of P26 also has characteristics that rescue a more adaptive behavior and reflect good energy, balance, vitality and healthy aspects. Several other drawings also

brought positive changes in the participants' mood after entering the CAPS treatment, such as in P₂, P₃, P₅, P₆, P₇, P₉, P₁₂, P₁₃, P₁₅, P₂₀, P₂₄, P₂₇, P₂₈, P₂₉, P₃₀ and P₃₁.

The negative words that appeared in the authors' statements about the drawing of the *Self* at the entrance to the CAPS-ad (past) were: "low spirits, without perspective" (P₂₀), "sadness" (P₁₅, P₁₆, P₂₁, P₂₅, P₂₆, P₂₉ and P₃₁), "unhappy" (P₁₃), "crying" (P₁₅, P₁₈) and "darkness" (P₃₀). However, the expressions about the *Self* in the present were: "happiness" (P₆, P₁₃, P₂₅, P₁₇, P₂₆ and P₂₉), "joy of living" (P₆, P₂₁, P₃₁), "optimism" (P₁₉), "tranquility" (P₁₇) and "smiling" (P₂₉).

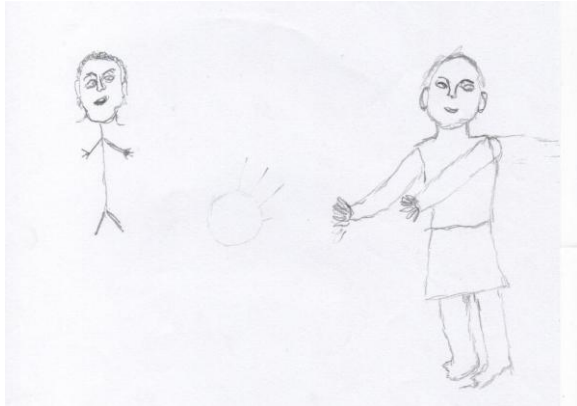
The emotional health of people is severely affected by drug dependence, but the testimonies indicate that the treatment in this CAPS is an important humanized care in mental health that is guided by the quality of care and the complexity of the demands, in the promotion of autonomy and citizenship to its users (Moreira; Bosi, 2022).

DFH is a projective technique used as an indicator of the emotional state and exposes personality characteristics of its authors, as well as facilitates subjective and unconscious communication between therapist-drug addict and complements verbal communication during interviews (Torres; Lima, 2020; Valladares-Torres, 2021).

Category 3: Visualising positive repercussions on quality of life for the future

Chart 6 below shows two D-H that illustrate some characteristics of images with the visualization of positive repercussions on quality of life in relation to the future.

Table 6. Two D-H that illustrate some image features with the visualization of positive repercussions on the quality of life in relation to the future. Brasília, DF, Brazil.

	<p>Title: <i>Sadness</i> (entrance to CAPS-ad) and <i>Joy</i> (current moment)</p> <p>Authorship: P₂₁, woman, 60 years old, brown, incomplete elementary school, unemployed, separated with five children, practicing Catholic, lived with one child, was dependent on alcohol, was in full care (intensive care regime), had been in the service for seven days, reported having suffered psychological, verbal and physical violence at home and by strangers in adulthood, reported two suicide attempts and the last one one month before, did not report involvement with the Justice, had a depressive disorder and was hypertensive.</p> <p>Story about the drawing: <i>The Self at the entrance to the CAPS-ad was admitted to the hospital crying and thinking about death and her lost life at the age of 60. The Self of the current moment is in the CAPS-ad picking a flower. I'm thinking about my recovery, my life feeling good and singing with the angels, now 47 years old.</i></p>
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	<p>Title: <i>Darkness</i> (entrance to CAPS-ad) and <i>Victory</i> (current moment)</p> <p>Authorship: P30, man, 31 years old, black, high school graduate, unemployed at the moment, separated with two children, non-practicing evangelical, lived alone, was dependent on alcohol, crack and marijuana, was in full reception (intensive treatment regime), had been in service for one day, there was a report of psychological, physical and moral violence by strangers in adulthood, suffered numerous suicide attempts and the last four days before, he did not report involvement with the Justice, had depressive and anxiety disorder.</p> <p>Story about the drawing: <i>The self at the entrance to the CAPS-ad was sadly chained on the street using drugs and being controlled by evil at the age of 23. The Me of the current moment I am happy at CAPS and feeling free, full of hope and victory, now 31 years old.</i></p>
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Source: Survey data, 2025

The verbalizations about the D-H of P21 and P30 bring to light a better life arising from the treatment at CAPS-ad. The increased DFH in size of the *Self of the current moment* in relation to the *Self of the entry into the CAPS-ad* configured by the drawing of P21 was a recurrent symbol in several studies (P1, P2, P3, P5, P8, P11, P29). A small human figure symbolized by the *Self* of the past can suggest feelings of inadequacy, insecurity, and shyness in the face of the situation (Retondo, 2020), unlike the current moment.

The DFH also took shape, it stopped being a figure in the shape of a stick. The figure in the shape of a toothpick may reflect the author's difficulty in maintaining her interpersonal relationships, insecurity or expression of contempt and/or hostility towards herself at the previous moment (Furth, 2013; Chevalier; Gheerbrant, 2017).

From the negative expressions emitted about the drawing of the *Self* at the entrance to the CAPS-ad (past) such as: "person who did not see reality" (P1), "bad state" (P10), "emptiness" (P22) and "rebellion" (P7), they opened the door to positive expressions of the *Self* in the present, such as: "a better life" (P1 and P10), "achievements" (P5), "hope" (P20 and P28), "victory" (P22 and P30), "union and participation" (P17).

And this can be explained by the promotion of well-being and a more promising future that rehabilitation provides in users. By proposing strategies that reduce stress with both physical (food, sleep) and emotional (reflection, welcoming, qualified listening, empathy) and social (collective activities and opportunities for recreation/leisure) care, a

more humane and more harmonious life is provided in the treatment of drug addiction (Silveira *et al.*, 2013).

The D-H revealed fears, anger and insecurity, as well as balance and dreams of the participants in relation to their past and at the beginning of treatment at CAPS-ad. In this way, Art Therapy and graphic images can help drug addicts express their feelings and their life project, which facilitates the creation of a coherent narrative that can help promote expressiveness and empowerment of subjects (Valladares-Torres, 2021).

It was also interesting to observe that in several studies the *"I" of the current moment* there was a reduction in age in relation to the *"I" of entry into the CAPS-ad* even though it was a later time in P14, P17, P19, P21, P27, which insinuates that the treatment at the CAPS-ad can generate a rejuvenation linked to a better quality of life. However, authors P22 and P27 projected their initial ages higher than their actual ages, which may indicate depressive symptoms (Furth, 2013; Chevalier; Gheerbrant, 2017), but which were reduced and matched to the actual age, after follow-up at CAPS-ad.

In general, the participants' DFH, at any stage in which they were, showed a lack of internal color, little creativity, little use of space and scenery, a level of development below that expected by their age, poor details and poor finishing, being incomplete, with shaky strokes and with advances and retreats. Such characteristics evoked less vitality and energy or signs of depression and anxiety (Retondo, 2000) emanating from the low affective tone of the authors resulting from the mental disorder itself.

These data corroborate Valladares-Torres (2018), when analyzing the characteristics of the DFH made by 26 women dependent on psychoactive drugs, users of a CAPS-ad, there were signs of physical, emotional, social disorder and devitalization of the authors, in addition to signs and symptoms of anxiety and depression.

Research developed by Valladares-Torres *et al.* (2018) whose objective was to identify the perception of body self-image of women drug addicts assisted by a mental health service based on projective drawing of self-image and a survey on drawing, found scenes with violence marked by signs of conflicts, difficulties, passivity, aggressiveness and social maladjustment.

Art therapy has been used for a long time as an adjunct to the treatment of drug addiction worldwide, as it offers a safe space for users to express difficult emotions, unlocked by visual language and that favor the development of resources in the process of changing drug consumption (Aguado Jara, 2019).

FINAL CONSIDERATIONS

This research allowed us to identify the sociodemographic, clinical and psychiatric profile of the participants and, likewise, to analyze the experience of adult drug addicts at two different moments when entering the CAPS-ad and at the current moment.

The profiles of the participants were similar to those found in the current literature, such as a predominance of males, self-declared brown, with low education, unemployed, without affective company, but with several children, dependent on alcohol, with a severe history of violence suffered, associated with several suicide attempts and presentation of several comorbidities, especially depressive disorder and hypertension.

However, there was a qualitative difference between the two human figures produced from the *"I" of the entry into the CAPS-ad* and the *"I" of the current moment* and the verbalization emitted on the drawing. It was possible to identify three thematic categories: the images revealing the positive effects of the treatment on self-esteem and self-image; the projection of positive mood in the current moment as opposed to the depressed mood at the beginning of the treatment; and the visualization of positive repercussions on the quality of life in relation to the future. It was indicated that the participants, when they had access to the psychosocial rehabilitation provided by the CAPS-ad, the images, complemented by the speeches, became more smiling, there was an improvement in physical appearance (self-image) and the expression of a more balanced and harmonious life than in the previous moment.

As contributions of this study, it is possible to list the subjective depth provided by the DFH and the D-H created by drug addicts. This makes us reflect on the importance of inserting the projective technique of self-image as a creative and innovative tool in mental health care and that facilitates therapeutic communication between therapist and drug addict.

Because it is a qualitative research, the limitation of the number of participants and because it was carried out in only one micro-region, these data are not generalized. However, it is expected that it will contribute to new studies in Art Therapy to be inserted in this therapeutic context.

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