ADOLESCENTS WITH NEOPLASIAS: DRAWING AS AN EXPRESSION OF EMOTIONS

ADOLESCENTES COM NEOPLASIA: DESENHO COMO EXPRESSÃO DE EMOÇÕES
ADOLESCENTES CON NEOPLASIA: DIBUJO COMO EXPRESIÓN DE EMOCIONES

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ABSTRACT

Objective: to identify meanings about neoplasia in drawings of adolescents affected by the disease. **Method:** this is a qualitative, descriptive study with three adolescents assisted by an association of leukemic parents and friends. The design of adolescents was used as a research tool and the theory of semiotic image analysis. The narrative of the drawing and the figure itself were considered, observing: color, stroke, shape, constituent elements and representation of the figure. **Results:** it is noteworthy that, in the drawings, gray tones predominated and little colored, which shows fear and insecurity, feelings that are common in diseases and that translate the situation experienced by adolescents with limiting disease with risks of being terminal. It is revealed that human figures appear with fine features and childish for the age, and although they were encouraged to verbalize about their illness, few spoke and the statements confirmed the results obtained through the drawings. **Conclusion:** the perception of the adolescents' experience with cancer was revealed through the use of the drawing, revealing their feelings about the moment they experienced and could be used as an auxiliary therapeutic process. **Descriptors:** Neoplasias; Adolescent; Emotions Manifests; Graphics; Disease; Psychology.

RESUMO

Objetivo: identificar significados sobre a neoplasia em desenhos de adolescentes acometidos pela enfermidade. **Método:** trata-se de um estudo qualitativo, descritivo, com três adolescentes assistidos por uma associação de pais e amigos leucêmicos. Usaram-se o desenho dos adolescentes como instrumento de pesquisa e a teoria de análise semiótica de imagens. Consideraram-se a narrativa do desenho e a figura em si, observando-se: cor, traçado, forma, elementos constitutivos e representação da figura. **Resultados:** destaca-se que, nos desenhos, predominaram tons de cinzas e pouco colorido, o que demonstra medo e insegurança, sentimentos que são comuns em enfermidades e que traduzem a situação vivenciada pelos adolescentes portadores de doença limitadora com riscos de ser terminal. Revela-se que as figuras humanas aparecem com traços finos e de forma infantil para a idade e, apesar de terem sido estimulados a verbalizar sobre sua doença, poucos falaram e as falas confirmaram os resultados obtidos por meio dos desenhos. **Conclusão:** mostrou-se, pelo uso do desenho, a percepção da vivência dos adolescentes com câncer, revelando seus sentimentos quanto ao momento vivenciado, podendo ser usado como processo terapêutico auxiliar. **Descritores:** Neoplasias; Adolescente; Emoções Manifestas; Desenhos; Doença; Psicologia.

RESUMEN

Objetivo: identificar significados sobre la neoplasia en dibujos de adolescentes acometidos por la enfermedad. **Método:** se trata de un estudio cualitativo, descriptivo, con tres adolescentes asistidos por una asociación de padres y amigos leucémicos. Se utilizaron el diseño de los adolescentes como instrumento de investigación y la teoría de análisis semiótico de imágenes. Se consideró la narrativa del dibujo y la figura en sí, observándose: color, trazado, forma, elementos constitutivos y representación de la figura. **Resultados:** se destaca que, en los dibujos, predominaron tonos grises y poco coloreado, lo que demuestra miedo e inseguridad, sentimientos que son comunes en enfermedades y que traducen la situación vivenciada por los adolescentes portadores de enfermedad limitadora con riesgos de ser terminal. Se revela que las figuras humanas aparecen con rasgos finos y de forma infantil para la edad y, a pesar de haber sido estimulados a verbalizar sobre su enfermedad, pocos hablaron y las palabras confirmaron los resultados obtenidos por medio de los dibujos. **Conclusión:** se mostró, por el uso del dibujo, la percepción de la vivencia de los adolescentes con cáncer, revelando sus sentimientos en cuanto al momento vivenciado, pudiendo ser usado como proceso terapéutico auxiliar. **Descritores:** Neoplasias; Adolescente; Emoción Expresada; Dibujos; Enfermedad; Psicología.

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INTRODUCTION

It is known that adolescence is the period that corresponds to the transition from the child to the adult phase, being a process studied under the angle of the changes caused by puberty and psychic factors. This walk is followed by comings and goings in the psychological process, in which there are defensive and adaptive mechanisms that interconnect.¹

It is reported that the biological process that marks the entry into adolescence is called puberty, at which time the secondary sexual characteristics appear. It is added that the organic and psychological changes occur concomitantly and the transformations are perceived and felt by the individuals according to the influences of the socio-cultural environment in which they are inserted.

The interpretation of the life of human beings is aided by the narrative, because, through their various forms of expression, their experiences are ordered. One finds this ability to organize experiences in stories from the first interactions between mother and child, which enables thoughts and experiences to be understood.²

It is noticed, however, that not always the teenager can narrate or verbalize their feelings, being necessary the use of other ways to obtain what they are thinking or experiencing. The drawing is thus an alternative, which is an old way of representing thoughts and feelings.³

The use of the drawing, in the varied contexts, is presented as a valuable instrument of expression, making possible the observation of internal and deep aspects of the thought, especially of the child and the adolescent. It is detailed that each trait of the drawing presents a particular and concrete sense, revealing senses, emotions, psychological and biological rhythms; aspects that are usually not easily verbalized because of the stage of development they are in.^{1,4-5}

It is highlighted that, in cases of illness, its use is a way to favor the interpersonal relations of the adolescent, with his family and with the health team.¹⁰ The design has a therapeutic character and, through it, as well as speech, it is possible to relieve and release tensions, besides functioning as a process of re-elaboration of the experiences of the patient.⁵

It is transformed, by the teenager, when they draw, what they have in mind in the artistic language, having a dialectical

relationship between what they draw and what they imagine, leaving recorded what they are feeling and what they would like to happen. Real or imagined moments (future or past) arise in the history of the respondents, without necessarily being in them. The process of judgment of form begins with the mental development of the child, and the drawing, which was free from censure and criticism, ceases to be so, and goes on to suffer censure or judgment, but still continues to express the unconscious. Thus, drawing can be used as a demonstration technique in all phases of human life.⁶

It is described that the drawings are symbols of the unconscious that appear in the images and symbols portrayed by its authors. Internal contents, feelings and emotions are shown in the moment in which the adolescent draws, reaching the expression and consequent materialization of the image that he created internally, that is revealed through this creative activity.⁵⁻⁶

It is revealed that the symbols most frequent and more studied in the drawings are: house, tree, family, sun, moon, sky, clouds and mountains. It is explained that a symbol has different meanings from one person to another, and its meaning may be better known when there are verbalizations on the part of the examinee. Thus, in order to analyze a design, several aspects, such as: space, size, graphic trace, pressure when drawing and colors used.³

The topological space is constructed through the perceptions of the world that surrounds the being, which, generally, at the age of nine, already has this domain. It is understood that, prior to this age, the location on paper is qualitative and the choice of location will depend on the emotional state at the moment of drawing, hence the importance of knowing the moment of life in which the adolescent finds themselves, in addition of other characteristics of their personal life, in order to analyze their production.^{4,6}

It relates directly to the total dimension of the figures drawn on the sheet of paper with the perception of who draws, that is, of himself, his body and his image. It is thus indicated by the size of each part of the drawing, the perception that it has of itself that will undergo variations according to its development.⁴

The shape, which can be curved or angular, is defined by the stroke, as is the pressure exerted on the paper when drawing. The tracing can also be expressed by a continuous and fluid line, with clear or fragmented

spaces. The colors are permeated all over the world and they bring other symbolisms, complementing those revealed by the forms, as they allow the interpretation of the drawing in a broader way and indicate the state of the drawers.⁴

Colors can express various feelings and therefore should not be studied in a superficial and standardized way. It is explained that the adductor colors are those that favor extroversion, such as red and yellow, and the abductors are those that bring introversion, the look into itself, such as blue and green.⁷

It is believed that sensation and perception go together and all color is perceived visually, being also felt by the body as sensation and translated as feelings of love, anger, affection, joy, among other feelings.⁶

It is emphasized that, when one speaks, there is a (re) elaboration of the lived and a better understanding. It is generally perceived that cancer appears as a painful experience, precursor of death, which requires psychological support, which can also occur through the narrative of the one who suffers its impact and, in this way, can mean the disease and its process. It is pointed out that there is a need to pay special attention, listening to the adolescents affected by cancer, what happens through the different ways of expressing their illness, cancer treatment and possibility of death, and this supports the process and the moment they are living.⁸

Cancer is a social problem that interferes with and affects the patient, the family, and the community. A careful approach is required before the diagnosis, with many aspects to be clarified on the subject and the adolescent. A series of side effects are caused by the treatment, and the adolescent has to face, in addition to the physical changes due to the treatments, those that are normal in the developmental phase through which they are going through.⁹⁻¹⁰

The physical suffering resulting from the illness in the hospitalized adolescent is increased by the suffering caused by the hospitalization process, which promotes the removal of their normal activities, as well as from those people whom they love and with whom they live.¹⁰

It is understood that adolescents undergoing cancer treatment are not accustomed to the procedures, especially those that are invasive and cause more suffering. The importance of the therapeutic intervention of psychological support to

confront the situation is verified, so that the patients and their caregivers collaborate, more appropriately, in coping with the disease and its treatment, reducing the occurrence of increased levels of psychological stress, which may become detrimental to treatment and prognosis.¹¹

Cancer is considered in childhood as any malignant neoplasm that affects those individuals under 15 years of age. An annual incidence of around 200,000 cases is estimated worldwide, with leukemia being the most common type in this population.⁹

It is revealed that, in Brazil, malignant neoplasm is one of the main causes of deaths in adolescents, being overcome only by external causes. It is known that, among cancer deaths, malignant neoplasms of lymphatic and hematopoietic tissue are the most frequent, representing about 50% of cancer deaths in the age group of ten to 14 years and 40% of the group of 15 to 19 years.⁹

It is clear that Acute Lymphoid Leukemia (ALL) is a malignant neoplasm, more frequent in children under fifteen, with a higher incidence between two and five years, corresponding to 25% of all cancers in white children in this age group. It is characterized by the accumulation of immature lymphoid cells in the bone marrow, and is more frequent in industrialized countries and urban areas, being more common in males. The chance of cure in ALL has increased in recent years, due to improved diagnosis, identification of prognostic factors and use of treatments adapted to the risk group of each patient.⁹⁻¹²

It is reported that ALL treatment is prolonged, ranging from two to three years, although therapeutic regimens may change between different centers, and modern protocols invariably consist of five phases: induction of remission, intensification-consolidation, re-induction, prevention of leukemia in the central nervous system and continuation or maintenance of remission. Hosts have aggressive effects on treatments, especially chemotherapy and radiotherapy, for leaving the body vulnerable and weakened, increasing the risk for nutritional impairment and impairing the therapeutic response.⁹⁻¹²

The idea is the global care, in which the treatment strategy is to serve the family as a whole and not only the sick child, offering psychological and socioeconomic support so that the treatment can be performed, with decreasing percentages of abandonment, and part of this set of advances that has allowed ALL to be an increasingly curable disease.¹³⁻⁴

Osteosarcoma (OS) is conceived as a malignant bone tumor that affects children and adolescents in the first two decades of life and has an anatomical predilection for the metaphyses of long bones. It can be affirmed that the prognosis of the osteosarcoma patient depends on the size of the tumor, the surgical margins achieved in the surgery and the presence of pulmonary metastases.⁹⁻¹⁰

It is indicated the treatment by chemotherapy in more serious cases, although it presents some complications as the renal and auditory ones and side effects like nausea, vomits, dehydration, electrolytic disturbance, depression, among others. It is believed that it is important to be careful when choosing drugs so that their toxic effects do not somatize, reducing complications for the patient.⁹⁻¹²

It is necessary, when the cancer is not diagnosed early, of a more aggressive treatment and with less chance of cure. Sequelae are installed and may lead to mechanical compression of vital structures, and initial miscarriages are indicated, compromising the prognosis and generating a negative impact on the patient's quality of life, when the morbidity increases and / or worsening of the clinical picture general.⁹

The survival rate of patients with classical OS of 60% is shown if they are not metastasis at diagnosis and 20% for metastatic cases at diagnosis. The literature shows a favorable relationship between the parents' way of coping with that expressed by the adolescent with cancer. It is important to carry out interventions as a way to obtain better results to cope with the problem during treatment, and the demonstration of care and affection ensures a better quality in the relationship with the adolescent.¹¹

The assistance offered by a multiprofessional team in the health area is recognized, standing out in cancer cases against the characteristic of the severity of the oncological diseases. It establishes the ludic activities a better access to the world of children and those who deal with children and adolescents find in them a contribution to the achievement of greater integration, contact and accomplishment of their work. Therefore, some professionals of this tool are used as part of their services. It is observed, in the professional-child relationship, an association between play and affection, thus constituting a space for interaction and bonding.⁵

Thus, welcoming and play activities, such as drawing, are used so that the patient expresses his thoughts and emotions, transforming himself into instruments and

therapeutic process for a better understanding of how the adolescent sees and confronts disease.

OBJECTIVE

- To identify meanings about neoplasia in drawings of adolescents affected by the disease.

METHOD

This is a qualitative study in which the free drawing for data collection and the theory of semiotic image analysis were used as instruments.¹⁴⁻¹⁶ The study was carried out at the Association of Parents and Friends of Leukemia Patients of Alagoas (APALA) in the period from March to May of 2016. In this institution, accommodation and meals are offered to those residing in other cities, as well as care by professionals during the chemotherapy procedures.

The choice of the drawing, made in a House of Support, was chosen because it is an assistential space, playful and with welcoming characteristics of a home. The Casa de Apoio is a good physical structure where children and adolescents receive care and attention from volunteers and professionals, and the latter work in a multidisciplinary team and offer support and assistance, seeking their psychological integrity. It is perceived that the environment is welcoming, which replaces the idea of a hospital admission, which facilitates and provides, assisted, the expression of thoughts and feelings, providing a better ability to deal with the absence of family environment, friends and with the weakening of the disease itself.

The study was carried out with adolescents diagnosed with cancer selected from the diagnosis of the disease up to six months after chemotherapy. In the original research, a sample of 15 children and adolescents diagnosed with cancer was used. It was resolved in this article to work only with adolescents, excluding children under ten years, because it is understood that they are different stages of development.

It resulted in a sample of three drawings, whose subjects were between ten and 15 years old, of both sexes, attending the fundamental level, with diagnoses of leukemia and osteosarcoma; the families were of low income and come from cities of the interior of the State of Alagoas. It is reported that the names here reported are fictitious for the preservation of identity and the guarantee of confidentiality.

Initially, contact was made with APALA's management to send a list of children and adolescents in the age group from three to 18 years old, with an initial diagnosis of cancer and at the beginning of treatment. Then, contact was made with the parents / guardians for the adolescents, in order to explain the research and request the authorization of participation in the same, obtaining the signing of the Free and Informed Consent Term (FICT).

The instrument that collected the sociodemographic data was filled, and the first contact with the adolescent was maintained, explaining the research and obtaining the Term of Assent. Two months of treatment (end of the chemotherapy remission induction phase) were waited for the application of the design, so that the adolescent was physically and psychologically able to participate in the research.

In this way, the moment of collection of the drawings was carried out in a period in which the adolescents were in a treatment phase, without many physical symptoms, and during the whole period, the researchers carried out weekly visits for a better understanding and those surveyed and their caregivers.

Parents or caregivers were always contacted at all visits, informing them about the progress of the research and its objectives. This was the day of the request for the drawing individually and in the recreation room of the association, since they already knew the process. He talked initially to those responsible and explained that it was the day of the drawing by one of the researchers. The adolescents were then invited, one by one, to move to the recreation room, once they were staying at the institution.

It is stated that, in the recreation room, two researchers participated, one of whom was in dialogue with the adolescent and the other was observing the details and recording the respondents' speeches. A4 paper, black pencil, rubber, 24 pencils of varied colors and 12 wax chalk rods of varied colors were offered in a friendly dialogue so that they could freely choose the material they wanted to use.

One talked about tastes, habits and pathology of the adolescent and, at the moment, they were asked to draw what they

thought and felt about their illness. It was added that during the drawing, the researcher talked with the teenager and asked for explanations about what they had drawn, asked what the drawing represented and what each drawing meant, stimulating him to talk about what they were experiencing in that period of illness.

The data collection was closed as, after the end of each drawing and dialogue, the researcher realized that the teenager had stopped talking and did not talk anymore, asking if he had already said everything he wanted. It states that no time has been stipulated for this phase, which happened approximately between an hour and an hour and a half of duration, respecting the time of each participant.

The project was approved by the Research and Ethics Committee of CESMAC-AL under the protocol number 1348/2012.

The speeches were analyzed by searching for their meaning,¹⁵ and the drawings by the semiotic analysis theory of images,¹⁴ considering: location, color, tracing, shape, constituent elements, expression of feelings and representation of the figure.^{3,4-7}

RESULTS

It is stated that the families surveyed had an almost complete constitution, and in all of them the presence of parents and siblings, as well as other relatives important to the disease, such as grandmother, grandfather and uncle, were found. The adolescents studied the fundamental level, being two male and one female. The sample was composed of two cases of leukemia and one of osteosarcoma.

It is stated that, in order to draw, the adolescents used the black pencil more, bringing a picture in which the shades of gray predominate and little color, appearing, more frequently, in the drawings: the human figure, the tree and a building, that can be the accommodation where you stay during the treatment. Small human figures were drawn with fine, childlike traits for the age of the respondents; however, all the drawings (Figures 1, 2 and 3) have a tree, two of them with fruits (Figures 2 and 3). and the three drawings are in contact with the soil, one of which uses the edge of the leaf as the soil line.

Figure 1. Drawing of Danilo, carrier of Acute Lymphoblastic Leukemia. Maceió (AL), Brazil, 2016.

Danilo (Figure 1), 13 years old, has been shown drawing with graphite pencil and crayons his exit from the hospital next to his mother. It is inferred that the human figures presented by Danilo appear in the inferior area of the paper and of small sizes, being close of each other and wearing colored clothes. His body was divided by a line, indicative of the waist, and the human figures drawn by him have no hands or feet, but the face shows the eyes and mouth, a smile, and there are clouds and a building that, he says, represents the hospital, which has no windows

and has a cross on the top, and the door is closed and without a knob.

Figure 2. Drawing of John, osteosarcoma carrier. Maceió (AL), Brazil, 2016.

It is mentioned that 14-year-old John, who has osteosarcoma, portrays himself alone, with a thin body, divided by a line and invisible hands (Figure 2). The face has eyes and a mouth with a sad expression, without a nose, and there are tears, and the tracing of the mouth has a descending form. The human figure is located in the upper part of the

page, the tree shows a canopy with five branches, and the building, in the background in the drawing of John, is his house, which presents door with door handle, absence of window, well marked roof with prominence of the tiles and, still, there is a way, like extension of the house, that arrives until the adolescent.

Figure 3. Drawing of Marília, Acute Lymphoblastic Leukemia carrier. Maceió (AL), Brazil, 2016.

Marília is portrayed, a 15-year-old girl with an ALL, on the beach, wearing a dress, under a sun umbrella, next to the sea, and she said that she was on the beach. His figure shows a smile, eyes and large hair, limbs portrayed by fine lines with hands and feet, and there is a coconut tree in the background, which has fruits and shows no visible roots (Figure 3).

It is reported that the adolescents spoke little, although stimulated, and there were references to happiness in returning home and the possibility of healing by leaving the hospital. The meaning of the drawings was reinforced by the lines as described below.

I'm very happy, I'm leaving the hospital and I'll be fine. (Danilo)

I do not want colored pencils, I drew my will to go home. (John)

I did not want to do the coloring, because I'm out of my bag, I would like to do things I did before I had the disease, like going to the beach. I can not wait to get my hair back big. (Marília)

DISCUSSION

Leukemia and osteosarcoma have been found as diseases, and they are consistent with the literature, which points to leukemia as the most frequent cancer in the studied age range and in the male sex.⁹⁻¹² It is brought about, because the studied families present an almost complete constitution, with parental figures such as grandfathers, uncles and siblings, a favorable factor for the recovery of these children, helping in the process of adaptation and coping of the disease.

They are emphasized by the predominance of the use of graphite pencil, showing the absence of color, feelings of fear and insecurity, and may also reveal the absence of vital energy and affectivity. There is the use of the black pencil associated with the feeling

of fear and with the past time, the insecurity regarding the present moment and the desire related to the future,⁴ which translates the situation experienced by the adolescents with a limiting disease and with risks of terminality, such as leukemia and osteosarcoma.

It is translated, by the presence of images as the human figure in small size, with fine traces and childishly for the age of the researched,³⁻⁵ the moment that these adolescents are experiencing, away from their homes and with uncertainties about their lives, besides the relation with the procedures performed in their bodies.

In the drawings, trees (two of them with fruits, in figures 2 and 3) are shown, which shows the richness of the adolescents' feelings and the desire to become someone. The tree represents a less clear self-portrait than the drawing of the human figure, symbolizing deeper and unconscious feelings.³⁻⁵

It means the root of a tree the relationship with the mother earth, symbolizing emotions and feelings and representing the interior of the person who draws it. One can see it as the mother / child relationship, because it is this figure that nourishes and nourishes the being as the root of the tree. It is possible for the rootless tree to show signs of affective lack and the need to receive more affection, however, the literature indicates that, in general, children and adolescents usually do not draw roots, which makes the data of their absence in some drawings, not significant, and it should be observed the context in which this adolescent is inserted.⁶

The disease appears as an aggravating factor of the common conflicts in the adolescence and presents / displays like a juxtaposition of feelings of ambivalence, appearing in the picture with a form not

precise, with attenuated colors, that pale and dark, suggesting feeling of sadness, that is signaled by means of figure 2.¹⁵

The process of the disease and its treatment, tension and insecurity to the adolescent are caused, as shown in the drawings: the light trace, shown in figure 3, reveals an insecure adolescent and the strong pressure of marked traces (Figures 1 and 2) and the use of black pencil demonstrates the tension. Negative details in the attempt to overcome the pain and suffering caused by cancer are indicated by the few colors used (Figure 1).¹⁷

Cancer prevails despite therapeutic advances in recent years and increased survival, as a disease that is difficult to cure and has undergone treatment.² The need for a multiprofessional team, consisting of doctors, nurses, social workers, nutritionists and psychologists, as well as other health professionals who can collaborate in the therapy, must be assisted and assisted by an intervention preventive, seeking dignified and humane forms and encouraging the conditions of development appropriate to the stage of life in which he finds himself. It is aimed, due to respect for their competences and encouragement to participate in daily and normal activities for their age, a better quality of life.⁵

Danilo (Figure 1) used the color to represent her leaving the hospital, adding the maternal figure to the drawing. It is shown by this representation of his mother, a stage of development still childish, since one of the characteristics of the adolescent is the estrangement of the parents and the need to live in groups of their ages.¹ However, it may reveal, through the mother / child approach, also in the adolescent's view, the possibility of obtaining a better prognosis, by demonstrating maternal care and leaving the hospital.⁷ It was represented by him, his body divided by a line, indicative of the waist, which is normal in its age, a line that may indicate the non-integration between affectivity and sexuality, common conflict during adolescence, considered normal for development.¹

It is specified that the human figures drawn by him do not have hands or feet, which may be associated with lack of confidence in social relations, as well as the representation of the legs in the form of chopsticks (Figure 1 and Figure 2), hands and fingers is often used for rapprochement between people and is an active part in human relationships, enabling direct contact with the environment through gestures and signals.^{3,4-6}

Cancer is conceived as a serious and life-threatening disease in adolescents. Danilo was affected by a neoplasia of the hematopoietic system (ALL), which is one of the most frequent in this age group.⁹⁻¹² One can interpret the absence of hands and fingers in the drawing as fear and shyness, which is confirmed by the studied literature.^{3,14-6}

It is inferred that the presentation of crosses and windows in drawings of cancer carriers is common, and this shows the attempt to deny the proximity of death, as well as the feelings related to the situation faced.⁵ It is also recalled by the absence of windows, the feeling of inability to face the reality in which he currently lives, a situation that can demonstrate how much the disease suffocates and weakens. Danilo is shown in his drawing (Figure 1), a closed door without a handle, which can show his shyness and prudence in front of the painting that he lives, along with personal difficulties to relate.

It can be demonstrated, by the presence of clouds in the drawing, associated with the presence of birds (Figure 1), a pressure that he is living at the moment, provoked by the situation or the environment, result confirmed by another study on the subject.¹³

It is known that these adolescents, because they live in a city in the interior of the State, far from the capital where they carry out the treatment, need to live, for a long time, away from home. It is conceived that, in the circumstance studied, these clouds can lead to an adequate perception about the changes that cancer causes in their lives such as: hospitalization, administration of medications such as injections and chemotherapy, and separation of friends and relatives.¹⁻¹³

John is portrayed, as a carrier of osteosarcoma, a serious illness, alone, with a thin body, with sad face and with tears. The idealistic and dreamy characteristics are shown in the top of the page, which is confirmed by the literature that deals with the development of this stage of life of the human being.²

It can be indicated by the thin body, the dissatisfaction with his body, which is a characteristic of adolescence, or the portrait of his illness, which leads to weight loss.^{5,13} It is also remembered that in adolescence, there are several transformations in the body, among them, the spurt, which is constituted by a very fast growing season, leaving the young person ungainly and disproportionate in the trunk/limb relationship. His self-image and confidence are therefore influenced, especially those related to the affective and sexual conquests.^{1,16}

In a moment of severe illness, even in the adolescent who possesses a great deal of energy and vitality, feelings towards the end of life awaken, which may be associated with the size of the figures drawn and not relying on their own strength.¹⁵ The five branches in the tree of John may be the five brothers he left at home to come to the capital, which demonstrates the importance of family support and their representation in his life (Figure 2).

It is understood that the design of the house is a projection of itself and shows the relationship with the parents, the role in the family and the way in which it prepares to face the outside world. It symbolizes the house, still, the place where affection and security are sought, basic necessities that find fulfillment in the familiar life.^{4,6-7}

It is believed that the building in the background, in the drawing of John, is his house, which features door with door handle, absence of window, well marked roof with prominence of tiles. One can indicate, by the absence of windows, a lack of communication with the outside world and that it feels very protected, therefore, fragile. The door is represented by the way in which it comes into contact with the environment, and the visible knob portrays a person willing to be extroverted.⁴⁻⁷ One can also associate this knob with a feeling of guilt related to sexuality, as well as the fear of being seen; a common fact in adolescence that reveals the interest and awakening of an active sex life. It is recalled that it is during this phase that the sexuality happens to be exercised with more intensity.^{1,18}

One can represent, on the way as the extension of the house, that reaches the adolescent, the desire to return to the interior of his family as a symptom of regression^{4,13} and, at that moment, the outside world appears very painful. It is noticed that João used the rubber in his drawing, presenting nothing in the erased place, which can represent the conflicts experienced in this period of disease superimposed on the phase of development that crosses.¹⁸

The disease appears as an aggravating factor of the common conflicts in the adolescence and it presents/displays like a juxtaposition of feelings of ambivalence, appearing in the picture with a form non precise, with attenuated colors, that pale and dark, suggesting feeling of sadness that is pointed out through the tears and the descending trace of the mouth of John's self-devising (Figure 2).¹⁶

Marília is portrayed, a 15-year-old girl with an ALL, on the beach wearing a dress that shows femininity, as well as umbrella, smile and big hair. It is noticed that, despite being talked about the disease and its treatment and asked to draw something related, it is portrayed alone and in a leisure area, outside the disease treatment environment (Figure 3).

It is possible to represent a kind of regression by expressing the fear of growing up and renouncing the privileges of childhood, a feeling that is common in adolescence, when the second phase of life is lived, when ceases to be a child living a transition to the adult world.^{1,16}

It is brought, by literature, the umbrella as the representation of defenses undertaken against the environment.¹⁶ Marília presents an umbrella because she was on the beach, which may remind the prospect of improvement, since the treatment is in a phase that makes possible the remission of the symptoms of the disease. Marília is inserted in the landscape that brings the ambivalence of the situation lived in a process of hospitalization for treatment and the desire to be in a situation of leisure and, because it resides in a coastal city, the beach means leisure area, which she said when she explained her drawing.

I wanted to be good to go to the beach as before. (WHO SAID THIS???)

It is shown, because she is alone, the probable distancing between her peers of the same age, since being a teenager is almost synonymous with group experience. It is believed that it is in the group that the adolescent strengthens and finds possibilities of his formation and safe distance of his parents.

Children and adolescents are rescued through the drawing of positive experiences, prior to their illness, as a compensatory form to the losses that this process brings. They are shown by the drawings, although the respondents were asked to draw something that reflected their illness, situations outside the hospital and even in a moment of leisure.

The design is modified according to human development. A drawing by preschool children can be started, saying that something is, and as you draw, assign new designations. School-aged children are more consistently between their production and what they speak; any comment, when they show a drawing, can be a sign of an attitude, thought or feeling,³ and thus evolve in the traces and forms.

It is thought, although the drawings do not mention the coexistence between them during

hospitalization, that this coexistence with other children and adolescents in the same situation of illness and treatment in the Support House (APALA) can help in reducing the intensity of the feeling of isolation and difference, providing a sense of security, help and comfort present in the human relationship.⁵

There is a way of trying to understand people's history and the possibility of discovering unique experience through investigation through narrative. It is known that narrative is the way to examine and interpret human action and the way people attribute meaning to life.^{2,17}

It influences how people express their feelings through the socioeconomic context.² It is perceived, when hearing the sick person, the extent that illness means in his life, which is experienced singularly by each one; however, the respondents, although they were adolescents, when requested, spoke very little about their drawings and their experience with the disease, although they were encouraged to do so.

The adolescents are spoke little and the little that they express confirmed the results obtained through the drawings and their interpretation, as well as the feelings related to the process of cure / illness and adolescence in which they are inserted.

CONCLUSION

It was possible, through the research data, to verify that the use of the drawing can help the perception of the adolescents' experience, expanding the way of understanding their feelings and desires in the process in which they are inserted, in the sense of a multidisciplinary and interprofessional work.

The dynamics of this research can be instituted as routine in the institutions of support to cancer therapy, assisting in the process they face, towards the treatment and the experience of moving away from their normal activities and acting as a therapeutic process.

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