CREATIVE WORKSHOP ON SOCIOEMOTIONAL SKILLS FOR ADOLESCENTS: A CASE STUDY

Oficina criativa de habilidades socioemocionais para adolescentes: um relato de experiência

Taller creativo de habilidades socioemocionales para adolescentes: un relato de experiencia

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Abstract: *The experience report outlines a program for psychological care and stimulation of socioemotional skills using creative resources through a workshop with defined techniques. Thirty adolescents from a state high school, with an average age of 16.5 years (SD=0.93), participated in the workshop, including 12 boys and 18 girls, no other gender was reported. The workshop happened over three months, comprising nine sessions. The theoretical foundation is based on Jungian psychology with mobilizing resources for verbal and non-verbal expressions. It was observed that the adolescents identified painful and pleasant emotions, addressed conflicts and dilemmas in the passage of adolescence, with manifestations of suffering, including states of anxiety and emotional emptiness, ideations, and self-destructive behaviors, as well as concerns about emotional losses, separation, life, and death. The workshop provided recognition of these emotions and self-regulation processing, developing strategies for self-care, and recognition of emotional needs. The adolescents showed engagement in the proposed activities, allowing them to express and work on sets of socioemotional skills, including self-awareness, recognition of emotions and naming emotional states, critical reflection, responsible decision-making, sharing, appreciation, and qualification of dialogue, mutual and empathetic recognition, building bonds, and a sense of belonging.*

Keywords: *adolescence; socioemotional skills; jungian psychology; school; creativity.*

Resumo: O relato de experiência apresenta um programa de cuidado psicológico e estimulação de habilidades socioemocionais com recursos criativos mediante uma oficina com técnicas delimitadas. Participaram da oficina 30 adolescentes de uma escola estadual de Ensino Médio, com idade média de 16,5 anos (DP=0,93), 12 meninos e 18 meninas, outro gênero não foi reportado. A oficina transcorreu durante três meses, perfazendo nove encontros. A fundamentação teórica se apoia na psicologia junguiana com recursos mobilizadores de expressões verbais e não verbais. Observou-se que os adolescentes identificaram emoções dolorosas e prazerosas, abordaram conflitos e dilemas da trajetória de passagem da adolescência, com manifestações de sofrimento, dentre as quais se destacaram estados de ansiedade e vazio emocional, ideações e comportamentos autodestrutivos, preocupações com perdas afetivas, separação, vida e morte. A oficina proporcionou reconhecimento dessas emoções e processamento de autorregulação, desenvolvendo estratégias de autocuidado e reconhecimento de necessidades emocionais. Os adolescentes demonstraram engajamento nas atividades propostas, que lhes permitiram expressar e trabalhar conjuntos de habilidades socioemocionais, entre as quais se destacaram: autoconhecimento, reconhecimento de emoções e nomeação de estados emocionais, reflexão crítica e tomada de decisão responsável, compartilhamento, valorização e qualificação do diálogo, reconhecimento mútuo e empático, construção de vínculos e sentimento de pertença.

Palavras-chave: adolescência; habilidades socioemocionais; psicologia junguiana; escola; criatividade.

Resumen: *El relato de experiencia presenta un Programa de cuidado psicológico y estimulación de Habilidades Socioemocionales con recursos creativos, mediante un Taller con técnicas delimitadas. Participaron en el Taller 30 adolescentes de una escuela de bachillerato pública, con edad promedio de 16,5 años (DE=0,93), 12 varones y 18 mujeres; no se reportaron otros géneros. El Taller se desarrolló durante tres meses, con un total de nueve encuentros. La fundamentación teórica se basa en la psicología junguiana, utilizando recursos que movilizan expresiones verbales y no verbales. Se observó que los adolescentes identificaron emociones dolorosas y placenteras, abordaron conflictos y dilemas propios del tránsito de la adolescencia, con manifestaciones de sufrimiento, entre las cuales se destacaron estados de ansiedad y vacío emocional, ideación y comportamientos autodestructivos, preocupaciones por pérdidas afectivas, separación, vida y muerte. El Taller proporcionó un espacio de reconocimiento de estas*

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emociones y un proceso de autorregulación, desarrollando estrategias de autocuidado y reconocimiento de necesidades emocionales. Los adolescentes demostraron compromiso con las actividades propuestas, que les permitieron expresar y trabajar un conjunto de habilidades socioemocionales, entre las cuales se destacaron: autoconocimiento, reconocimiento de emociones y denominación de estados emocionales, reflexión crítica y toma de decisiones responsable, compartir, valoración y cualificación del diálogo, reconocimiento mutuo y empático, construcción de vínculos y sentido de pertenencia.

Palabras clave: *adolescencia; habilidades socioemocionales; psicología junguiana; escuela; creatividad.*

1. Introduction

The mental and socioemotional health of adolescents has emerged as a significant issue in educational settings, and, in recent years, it has become one of their main challenges. The latest edition of the National Student Health Survey, PENSE 2019, surveyed 160,000 adolescents aged 13 to 17, of whom 50.6% reported feeling very worried in everyday situations, 31.4% felt sad most of the time or always, and 21.4% stated that life was not worth living (IBGE, 2021). The COVID-19 pandemic has added complexity to adolescents' mental health challenges - such as increased symptoms of stress, anxiety, and depression, self-harming behaviors, and substance use - and has generated long-term impacts on learning and school dropout rates (Sobrinho *et al.*, 2022; UNICEF, 2021, 2022; UNICEF & CENPEC, 2021; Zuccolo *et al.*, 2023).

Education is one of the strongest health predictors (PAHO, 2022; Paula *et al.*, 2016), and the school setting is well-suited for implementing programs focused on psychological care, health promotion, and prevention (Paschoal, 2021; Ronchi & Avellar, 2020; Silva & Bodstein, 2016). Thus, it contributes to ensuring the fundamental rights of protection for children and adolescents (Brazil, 1990, 2017). Socialemotional skills development programs implemented in schools have emerged as protective strategies for this population (Durlak *et al.*, 2011, 2022; Navarro-Vasconcellos *et al.*, 2024). The Department of Mental Health of the World Health Organization (WHO) has recognized life skills education as a predictor of personal and social development and emphasized its importance in preventing health and social problems and in protecting human rights (WHO, 1999). CASEL (Collaborative for Academic, Social, and Emotional Learning) considers social and emotional learning (SEL – Social and Emotional Learning) to be a process of acquiring and applying knowledge, skills, and attitudes that supports the development of individuals and communities (Lawson *et al.*, 2019). SEL programs aim to equip children and adolescents to face the challenges of daily life, with the goal of enhancing personal and social well-being, helping them to understand themselves, consolidate their life plans, and promote their affective and social development (Arnau-Sabatés *et al.*, 2023; Del Prette & Del Prette, 2017; Sánchez Agostini *et al.*, 2019; Taylor *et al.*, 2017).

In this study, we understand that the acquisition of socioemotional skills constitutes part of human development and permeates all dimensions of personality as a whole. According to Jungian psychology, the theoretical framework underpinning the propositions presented in this article, personality development involves the continuous interplay of unconscious and conscious processes (Jung, 2013c, §103; Jung, 2015). Health-promoting education and schools would serve as aids to support the formation and development of children's and adolescents' consciousness, considering their needs in support of the individuation process (Moreira & Oliveira, 2012). Personality integration involves, in an interpenetrating manner, inner adaptation and adaptation to the environment and to others - "individuation has two fundamental aspects: on the one hand, it is an inner and subjective process of integration, and on the other, it is an objective process of relating to others, just as indispensable as the first" (Jung, 2012, §448).

This case report presents a psychological care program focused on the development of socioemotional skills for high school adolescents at a public school in São Bernardo do Campo, São Paulo. The intervention carried out is aligned with the objectives of socioemotional learning (SEL), which aim to promote affective-emotional and cognitive integration, with an emphasis on verbal and nonverbal resources stemming from creative imagination and body awareness. Jung proposes "the constant tendency toward individuation through the very process of

symbolization as specifically human" (Pieri, 2022, p. 263) and highlights the self-regulatory psychic function of creative expressions and the human propensity to create symbols (Boechat, 2014; Jaffé, 2008; Ramos, 2018; Silveira, 2015). Jungian authors have used expressive resources as a foundation for developing workshops in school settings, as a strategy to promote self-knowledge and to facilitate creative and interactive group processes (Cupertino, 2008; Jones *et al.*, 2008). Creative workshops can support the adolescent journey as an imaginal, symbolic, and relational space in which it is possible to explore potentialities and acknowledge suffering (Navarro-Vasconcellos, 2019). We understand that socioemotional skills programs gain depth when they invite adolescents to approach their experiences as researchers of their intersubjectivity - attitude through which they can pose questions, understand their place in the world and their relationships with others, and make sense of their existential experiences. It is also aligned with the Sustainable Development Goals (SDGs), aiming for access to quality education that fosters the knowledge and skills necessary to promote rights and equity (SDG 4.7) and the mental health and well-being of adolescents (SDG 3) (UNESCO, 2015). The work carried out falls within the scope of clinical psychology, as a transformative action (Macedo, 2020), which extends its scope as a strategy to meet the demand for providing environments of care, emotional support, and social sensitivity to

Core pillars of social-emotional skills	**Strategies and skills in action**
Intrapersonal Aspect	
Self-knowledge, self-awareness, self-image (physical, conceptual, situational)	• through mindfulness and self-observation exercises: practices involving attention, concentration, and presence, as well as self-awareness, which enable individuals to perceive themselves in a given situation, recognize their own actions and feelings, and foster self-reflective thinking
Emotional regulation and self-regulation	• through the recognition of emotions and the ability to name emotional states; identify self-care strategies
Critical reflection and decision-making	• through the presentation of real-life or imagined situations in which it is necessary to identify contexts and circumstances, recognize goals, and devise (concrete and achievable) plans to reach them, make decisions, and identify coping strategies
Development of creativity	• through resources for expressing creativity (games, drawings, role-playing), recognizing bodily expressions (sensations, symptoms) as a creative outlet; narratives/stories/fiction (literary creations and dramatic scripts, aimed at updating potential and capabilities
Self-agency, responsibility	• by encouraging reflection on decision-making and possible choices, aiming to cultivate psychological differentiation, raise awareness of personal responsibility and respect for others, identify guiding principles, and value individual differences; self-efficacy
Interpersonal Aspect	
Sharing and conflict resolution	• by fostering environments of dialogue and shared values, it aims to cultivate relationships, social awareness, and conflict resolution among others
Bonding and sense of belonging	• by fostering spaces for social interaction and cooperative relationships, identifying common ways of being, and acknowledging differences, it aims to promote a sense of belonging and group identity
Verbal and nonverbal communication	• through oral, pictorial, and gestural communication (games, images, role-playing), it aims to enhance and broaden the scope of communication as a basis for fostering dialogue (with oneself and with others) and mutual understanding
Empathy	• through experiences of sharing and mutual recognition, it aims to enhance listening, observation, and reciprocity, as well as an understanding of others' perspectives and needs

Figure 1 - Pillars of the intervention – intrapersonal and interpersonal aspects.

groups of school-aged adolescents in their communities.

2. Method

The intervention was conducted as part of a quasi-experimental study using mixed methods and a transformative research strategy (Creswell, 2010), in accordance with ethical requirements for research involving human subjects and approved by Report no.5.401.673 from May 11, 2022. Thirty adolescents with a mean age of 16.5 years (SD = 0.93) and enrolled in the second year of high school, in the Comprehensive Education Program (PEI), participated in the intervention. The group consisted of 18 girls and 12 boys, with no other genders reported. This article reports on the principles, stages, and description of the workshop developed, with a discussion based on the adolescents' productions emerging from the program's central techniques and subjected to thematic analysis (Creswell, 2010) and the Discourse of the Collective Subject (DCS) (Lefèvre, 2017).

3. Procedure

Oficina do Conviver ("Living Together Workshop") is a program providing psychological support and socialemotional skills development for high school students in the public school system, implemented within the school setting. The workshop aims to develop attitudes of *intersubjectivity*, understood through the concept of adolescent development grounded in Jungian psychology, which views adaptation to the inner world and adaptation to the outer world as inseparable and interpenetrating, yet with distinct functions (Frankel, 2021a; Jung, 2013d, 2013e). Intersubjectivity is expressed through aspects such as the *intrapersonal* (self-awareness, awareness of one's own feelings, and the intensity of emotional responses) and the *interpersonal* (communicating with and responding to others and the environment), which constitute sets of socioemotional skills that serve as structural pillars for the implementation of the Program (Figure 1).

The program uses structured activities at each session to facilitate interactions through techniques designed to stimulate spontaneous creative expression (creative acts), such as drawing and painting, storytelling, and role-playing. Creativity is conceived in this intervention as a general principle, a fundamental element of the organization and development of consciousness (Boechat, 2017) and the development of intersubjective attitudes. To this end, the proposed activities are designed to stimulate internal dispositions conducive to a dialogical engagement with emerging conscious and unconscious content, taking into account: contact with their internal images and self-perceptions, creative spontaneity, the objectification of affective content through expressive techniques, and the recognition of subjective experiences that can be shared and potentially integrated into consciousness (Boechat, 2014; Frankel, 2021a; Humbert, 1985).

Workshop Implementation

The program was implemented in a school setting with a group of high school students from the Comprehensive Education Program (PEI) during regular school hours over a three-month period. It consisted of nine sessions, each lasting between 2 and 2.5 hours, led by the researcher with the support of a volunteer team comprising a psychologist and a final-year Psychology undergraduate. The sessions were held in a large room, providing privacy and comfort for those present.

Four main techniques developed in this modality were employed for the Workshop: I. *Emotional Thermometer;* II. *Expressions in Hexagons* (Navarro-Vasconcellos, 2019); III. *Role-playing*; IV. *Lysis* –, along with tools and strategies from active/collaborative teaching-learning methodologies to generate and foster dialogues (Bohm 2005; Brown & Isaacs 2007) and extracurricular activities (*Practices We Take into Life*). The sets of socialemotional skills that form the structural pillars of the workshop were systematically addressed in the proposed activities. Each session followed this structure: (1) warm-up exercises; (2) main activity consisting of the techniques; (3) sharing and process evaluation as a closing activity. The out-of-class activities, *Practices We Take into Life*, were proposed at the end of some sessions to encourage the application of the concepts and practices offered in the program (in the supplementary material) to daily life. The adolescents received the practices as *activity cards* via the WhatsApp group created for workshop participants and as printed copies in the classroom. Each adolescent received

a set of materials (folder, notebook, pen, box of pastel chalk, and standard-sized paper) and was instructed to record his or her experiences and impressions, like a *logbook*. The skilled facilitation of the activities aimed to ensure the creation of an emotionally safe relational environment, based on self-confidence and mutual trust, respect, cooperation, and emotional responsibility.

Figure 2 presents a descriptive summary of the sessions, including the four techniques. It is noted that the concepts of socioemotional skills highlighted in the sessions are interconnected; they do not constitute behavioral training but rather serve as stimuli for recognizing shared intersubjective experiences aimed at expanding the adolescents' socioemotional repertoire.

Support techniques and strategies		Objectives / social-emotional skills
1st.	Exercise in collaborative dialogue practices and joint development of the Coexistence Agreement	Workshop introduction and participant interaction. • Aims to build bonds, a sense of belonging, and group identity; communication skills; recognition of shared values
2nd. & 3rd.	Technique I: *Emotional Thermometer* – activity for creating a descriptive panel of emotions/emotional states	Identification of emotions linked to the body, emotional expressions, thoughts, and self-care strategies. • Aims to stimulate emotional regulation and self-regulation; critical reflection and decision-making; self-knowledge and self-awareness; communication skills
4th. & 5th.	Technique II: *Expressions in Hexagons* Step 1: expressive technique (paintings of emotions and feelings based on the panel created in the 3rd session) Step 2: discussion circle facilitated by the paintings in the hexagons	Intensifying emotional engagement through an expressive pictorial technique and group sharing. • Aims to foster the building of bonds, a sense of belonging, and group identity; verbal and nonverbal communication skills; empathy; creativity and expressiveness; sharing; self-agency and self-efficacy; coping strategies
6th. & 7th.	*World Cafe* – a collaborative activity involving dialogue, sharing, and knowledge-building (theme: emotions and skills)	Interim sessions to welcome participants and develop the content and experiences emerging from sessions 2 through 5. Progress evaluation. • Aims to foster verbal and nonverbal communication skills; critical reflection and decision-making; empathy and recognition of values; emotional self-regulation; self-knowledge and self-awareness; self-reflective thinking; self-agency
8th. & 9th.	Technique III: *Role-playing* – creation and staging of scripts/narratives – everyday situations and narrative plots (sessions 8 and 9) Technique IV: *Lysis* – Final narratives and program conclusion (session 9)	Emotions and socioemotional skills are enacted through dramatic action as a creative and collaborative strategy for developing and reflecting on the content covered in the workshop. • Aims to foster bonding, a sense of belonging, and group identity; verbal and nonverbal communication skills; empathy; creativity and expressiveness; conflict sharing and resolution; critical reflection and decision-making Final narratives, self-assessment, and evaluation of the intervention program. • Aims to foster self-knowledge and self-awareness; self-reflective thinking; self-regulation; group identity; recognition of being an agent of action and interaction with others

Figure 2 - Descriptive summary of the "*Oficina do Conviver*" program – sessions.

4. Results and Discussion

Productions emerging from the group

The sequence of the four proposed techniques began with the identification of emotions/emotional states and self-care strategies (I. *Emotional Thermometer*) in sessions 2 and 3 and proceeded to the visual exploration of such identified emotions through drawings in hexagons and sharing (II. *Expressions in Hexagons*) in sessions 4 and 5, followed by

associative group work through a collaborative Word Cafe exercise in sessions 6 and 7, which led to the staging of dramatic scenes created by the group (III. *Role-Playing*) in sessions 8 and 9 and concluded with the final narratives (IV. *Lysis*) in session 9. This sequence aimed to facilitate the unfolding of narratives and group engagement by fostering recognition of adolescents' socioemotional skills, ways of managing their emotions and expressions, and self-care strategies, both intrapersonally and interpersonally. The content analysis of Techniques I and II was grounded in the theory of emotions by Ekman (2011) and Tomkins (Frank & Wilson, 2020; Tomkins, 2008), which describe *Basic emotions* (innate and universal). *Secondary emotions*, emotional states derived from or combined with basic emotions, were also considered (Gazzaniga *et al.*, 2017; Miguel, 2015).

I. *Emotional Thermometer*: identifying emotions and emotional states, their physical manifestations, their impact on thoughts and behavior, and identifying self-care strategies.

The *Emotional Thermometer* technique involved the adolescents' identifying their most frequent emotions, followed by sharing, reflections, and the creation of a map (a panel of emotions and emotional experiences) which included self-care strategies proposed by the group. The adolescents described nineteen emotions, from which two groups emerged: (1) *basic emotions*: reported by the group – joy, anxiety/distress, fear, anger, surprise, sadness, and shame (Ekman, 2011; Tomkins, 2008); (2) *secondary emotions*: reported by the group – agony, love, breeze, guilt, discomfort, despair, frustration, insecurity, emptiness/nothingness, hatred, peace,

Panel of emotions and emotional states	
ANXIETY / DISTRESS (*basic emotion*) • *Description of the emotional state*: mixed feelings; despair and panic; feeling inadequate; distress; agony; sadness; crisis; having trouble relating to people; feeling out of control; feeling inferior; feeling overwhelmed; internal discomfort; guilt; paranoia • *Body*: crying; trembling; shaking hands; repetitive movements (clenching hands, knees, moving legs, hands, or feet, playing with hair...); shortness of breath; feeling suffocated; headache; biting something; increased blood pressure and heart rate; tightness in the chest; arrhythmia; dizziness; vertigo; physical restlessness; bodily agitation; difficulty breathing; dry cough; muscle tension / general tension; tingling in the hands; dry mouth • *Behavior*: harming one's mental state (engaging in harmful behaviors); wanting to do everything; hurting others; hurting oneself; self-harm; nail-biting; crying; cowering; overeating; pushing loved ones away; harming one's body; inability to stay still; compulsivity;	(cont. *Behavior*) screaming; swearing; physical fights; isolation; overeating; punching something; feeling restless; being unable to stay still; constantly moving hands, legs, feet, and biting one's lips • *Ideation*: accelerated thinking; overthinking; depressive thoughts (depression); a tired, overwhelmed, frightened, and fragile mind; negativity about everything; thoughts of inferiority; thinking too much about what worries you • *Self-care*: talking; venting; talking to someone you trust; talking to a professional or someone you trust; taking medication; breathing techniques; taking a shower; being patient with an anxious person; not comparing yourself to others so much; working on building confidence; calming exercises; being patient; going out with friends; making a call (calling someone); reading; listening to music; sleeping; watching movies; dancing; using a cell phone; focusing on something else; self-harm
EMPTINESS/NOTHINGNESS (*secondary emotion*) • *Description of emotional states*: not fitting in; existential crisis; feeling of non-existence; not noticing time passing; anxiety; uncontrollable; anguish; loneliness; helplessness; fear; numbness; not knowing what one is feeling; when one is afraid to allow oneself to feel an emotion so he/she does not end up hurting him/herself; absence of any feelings; doing anything to try to fill the void of something one does not know what it is; not creating expectations about what might happen • *Body*: crying	• *Behavior*: not leaving the house; becoming isolated from people and trying to connect with oneself; withdrawing; when not willing to do something; trying to fill the void; loss of initiative; being unable to speak; showing no reaction to great achievements • *Ideation*: unwanted thoughts; empty mind • *Self-care*: talking; receiving hugs; going out with friends; listening to music; family; trying to occupy one's mind; filling one's routine; being in contact with nature; making time for friends; not isolating oneself; allowing oneself to do/feel more; socializing; doing new things

Figure 3 - Emotional thermometer: emotional states.

and suffocation. Among the reported set, an example of a *basic emotion* and another of a *secondary emotion* are presented, described in greater detail by the adolescents: (1) anxiety/distress and (2) emptiness/nothingness (Figure 3).

Emotions are not characterized by a single reaction, but rather as a process involving multiple variables; they can be experienced in combination, as clusters of emotions, with varying intensities, affective and behavioral expressions, and cognitions (Cowen & Keltner, 2017; Miguel, 2015). Anxiety was reported by adolescents as an affective expression associated with other emotions: agony, anguish, despair, fear, and shame. Some physical reactions were described as associated with emotions; for example, anxiety: trembling, shortness of breath, headache, dizziness, general tension, tingling, dry mouth, increased blood pressure and heart rate, arrhythmia, and crying. The description of behaviors associated with emotions largely aligns with the description of internalizing problems (Achenbach & Rescorla, 2001), such as crying, self-harm, isolation, and withdrawal. The ideations reflect some intrusive, recurrent, and persecutory thoughts. Regarding self-care strategies, adolescents highlighted: mindfulness and concentration practices (meditation, breathing, presence); leisure and distraction (listening to music, dancing, watching movies, reading, using a cell phone); self-awareness and self-love; taking care of one's body (diet, hydration, physical exercise); seeking support and trusting relationships (friends/peers; family members; psychologist and psychiatrist). Upon observing the completed panel, the group noted that the reported positive emotional states (*basic emotion*: joy; *secondary emotions*: peace and love) were less detailed, which they expressed with comments such as: "it would be good to expand on this!", "seeing this panel helps us realize what's happening to us").

II. *Painting in Hexagons*: fostering emotional understanding through an expressive painting technique (painting in hexagons) and group sharing (recognizing and naming emotions/emotional states and self-care strategies).

In their drawings, the adolescents depicted and labeled: (1) *basic emotions* – anxiety/anguish, anger/hatred, disgust, joy, surprise, sadness, fear/terror; (2) *secondary emotions* – emptiness/nothingness, insecurity, peace, breeze, belonging, stress, confusion, exclusion, guilt, hope, love, happiness, hurt, frustration; and (3) *self-care practices* – friendship, group of friends, self-love, self-appreciation, self-esteem, cultivating positive feelings, "talking to oneself!", doing what one likes, taking time for oneself, opening up to surprise and love (Ekman, 2011; Frank & Wilson, 2020; Gazzaniga *et al.*, 2017; Miguel, 2015; Tomkins, 2008). They also reported complex emotional experiences, described in sets of combined semantic terms, in which emotions connect, like gradients, and interact dynamically in terms of valence and arousal (Cowen & Keltner, 2017). Some hexagon-based paintings represented these subjective experiences, here termed "mixed experiences", for example: (a) love + joy + anger + sadness + anxiety + distress + hatred + joy; (b) love, happiness, hope, joy; (c) emptiness, love, anxiety, peace, hatred.

The experiences of *anxiety/distress* and *emptiness* stood out for having the highest number of expressive productions, with examples of representations shown in Figure 4.

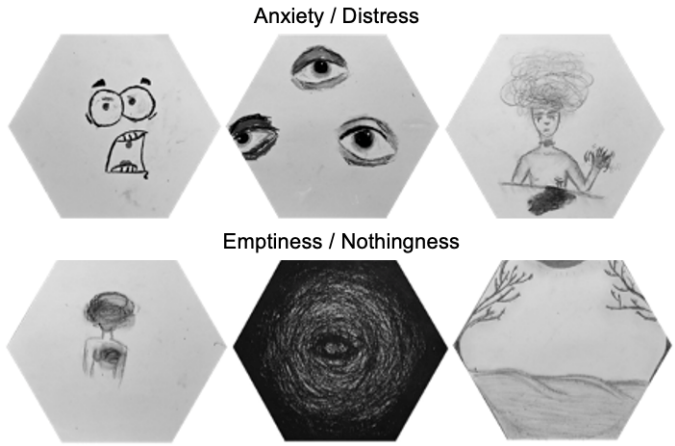


Figure 4 - Painting in hexagons: emotions.

Anxiety/distress is described by adolescents as an experience of intense emotional overload and disorientation, which they recognize as common among many people. The adolescents indicate a lack of preparedness or resources to cope with these emotional experiences, which become overwhelming and often culminate in self-destructive impulsivity. The set of images reveals the growing intensity of the emotional experience of *anxiety/distress*. From the stunned expression in the eyes and mouth and the fixed and unfocused gazes, which reinforce feelings of pressure/oppression, to the pressing emotions that take root in the adolescent's psyche and trigger complexes and defensive forces, culminating in mental confusion and excessive, profound emotional suffering. "Excess leads to nothing," an expression emphasized by a participant, conveys a possible response to the intensity of emotions, denoting numbness and dissociative defense. The "darkness", associated with the experience of *anxiety/anguish* in the images and accounts, fills the psychic life, as perceived in the visual representations of the category *emptiness/nothingness*. Adolescents report the perception of an existential void which, during moments of transition and identity transformations such as those in adolescence, can lead to thoughtless and regressive behaviors (*acting*) and complex feelings and states of confusion and guilt. This confused and regressive state obliterates discernment, as represented by a head and the feelings shrouded in the dark blur in the image, and intensifies states of greater affective intensity and reduced agency of the self. The illustration showing the eye emerging from a growing darkness of emptiness signals a glimmer of consciousness and self-perception, the possibility of meeting the gaze, being seen, and finding oneself in the gaze - observing oneself and observing the contexts of one's affections.

The emotional states of *anxiety/distress*, highlighted by the adolescents, relate to a profound general sense of danger and indiscriminateness (Pieri, 2022). The adolescents' images and accounts suggest internal experiences of high emotional affective charge that influence cognition and are expressed in physiological changes (Jung, 2013d, p. 751). Falcone *et al.* (2016) suggest that in states of anxiety, cognitions are linked to a distorted perception of danger, self-perception of vulnerability, and failure to recognize personal resources and abilities, excessive worry, catastrophizing, avoidance strategies, and recursive threat-related thoughts. Bovensiepen (2014b) notes that defensive resources are employed in the face of perceived threats to survival - physical and/or psychological - from external and internal attacks. Adolescents seek to respond dynamically to complex, threatening psychological situations and to preserve, in some way, their subjective integrity through fight/flight, as well as freezing, dissociation, and detachment, which approximate the states of *emptiness/nothingness* (characteristic of unbearable psychological experiences) reported and represented through imagery by adolescents (Bovensiepen, 2006; Van der Kolk, 2020). The prospective psychological attitude presents itself as the emergence of potentialities and perspectives of care and self-care within the *emptiness/nothingness* group, through the image of the sea and the statement: "I feel like the sea sometimes - I become calm, empty, or sometimes with many people inside the sea [...] here I make the connection with meditation, with self-care; just because you're empty doesn't mean it's a bad thing." In Figure 5, the prospective possibility is presented.



Figure 5 - Painting in hexagons: self-care ("*We are stronger than our most painful feelings*").

During adolescence, psychosomatic integration is threatened by physical, psychological, and social demands and changes (Bovensiepen, 2014b; Wahba & Bloise, 2017), as illustrated by an image of a hollowed-out body with fragile contours, denoting a weakened and depersonalized identity. The category *self-care* outlines the flourishing of protective resources, suggestive of a shift in intersubjective disposition, expressed in the statement: "we feel it when we cultivate positive feelings." The phrase on the panel incorporates suffering, acknowledges the pain of experiences shared within the group, and heralds the emerging and restorative power of mutual recognition – "we are." The whole and centered body, in the image of the meditating human figure, conveys a sense of expanded and strengthened identity, with defined edges and contours and aligned colored fields, suggestive of a subjective experience that compensates for the psychic disorganization expressed in the emotional states of anxiety and emptiness. The adolescents recognized protective resources through self-knowledge and their relationships with peers for managing their internal states: "Meditation helps you get to know yourself better; by knowing yourself, you understand your feelings, and this makes it clearer how you can take care of them."

> III. *Role-playing*: emotions and socioemotional skills were acted out in dramatic scenes as a creative and collaborative strategy for exploring and reflecting on the content covered in the workshop.

The adolescents developed narrative plots and performed dramatic scenes. Analysis of the scenes revealed six categories: (a) *models of coexistence* – competition and partnership, prejudice and solidarity; (b) *family relationships* – trust and distrust, conflicts; (c) *peer relationships/friendships*; (d) *sexuality and gender identity*; (e) *mental health*; (f) *death* – romantic couples.

Plots and scenes related to mental health fostered greater engagement and the sharing of reflections among the adolescents. Questions were raised about mental illnesses, such as depression, their manifestations, challenges, and coping strategies. Some adolescents reported experiences of intense emotional distress, which allowed the group to recognize one another's struggles, followed by reflections on the complexity of such experiences.

Frankel (2021a) warns against the tendency to emphasize pathology in adolescents' symptoms and behaviors, at the risk of overlooking what might foreshadow a deeper process of transformation. Regarding depression, suicide, and other disorders, adolescents demonstrated empathy toward mental health and psychological distress and their complexity, rejecting simplistic ideas. They also confronted tragic outcomes in the narrative about the death of a partner in a romantic relationship, questioning the bearability of psychological suffering and the possibility of emotional coping in the experience of loss/grief and distressing emotional states, such as depression, suicidal ideation, and feelings of helplessness.

Adolescents grapple with life and death as challenges arising from profound shifts in identity as they move beyond childhood, bringing to the fore emotional needs related to the death of the child and the birth of the person who envisions adulthood as their future self (Frankel, 2021b; Kiepenheuer, 1990; Le Breton, 2012, 2017). They experience contradictory feelings toward protective figures, who may sometimes threaten them or prove unreliable. The discovery of intra- and intersubjective resources for development, protection, and self-control of their emotions fosters the strengthening of their sense of self, promoting maturity so they can navigate their relationships.

> IV. *Lysis*: recognition of one's life journey and intersubjective experiences, in the relationship with oneself and with others.

Lysis is a moment for reflective introspection at the end of the intervention program, during which each participant is invited to recognize and express the meaning and significance they attribute to their experiences and learning. As a conclusion or resolution of a lived process, *Lysis* can point to outcomes, proposals, and a prospective direction through work that considers conscious and unconscious aspects (Jung, 2013a, 2013c, 2015), as proposed in the set of Workshop Techniques. The evaluation of the journey and its narratives took place over two sessions. At the first stage, the prompt was to reflect on oneself at the beginning of the Program and recognize how one saw oneself now, considering the activities carried out and the reflections on emotions and experiences. In the final session, the guiding questions were: "what do I take away from here?" and "what do I leave here?". The *Final Narratives* were analyzed

using the Collective Subject Discourse method (Lefèvre, 2017), resulting in four Discourses (CSD) based on central ideas and three anchors, as follows.

> *CSD 1: Leaving behind*
> I am leaving my troubled past behind; I have learned to deal with my problems and am leaving my worries there. Or maybe I will die without leaving anything, but I liked it when you said I am caring and loving - tell my mom that!
>
> *CSD 2: Difficulties and suffering*
> My aggressiveness, impulsiveness, outbursts, impatience, anxiety, fear, and insecurity have improved. I can now identify my emotions and control myself better. I feel less shame and have fewer negative thoughts, less anguish and physical discomfort. I no longer feel as much rejection and withdrawal, but even though I feel more comfortable, I still feel anxious about a lot of people; I struggle to socialize properly, experience some stress, and have difficulty opening up. I may feel depression, but there are other good feelings too; it's hard to understand so much suffering that leads to suicidal thoughts in someone. I feel like I didn't know how to cope with my difficulty concentrating, and that has been killing me within.
>
> *CSD 3: Positive changes*
> I've gained a deeper understanding of myself and others; being able to express and acknowledge feelings is good - it helps maintain connections and understand others with empathy and compassion. I feel welcomed, represented, and connected to my peers. I'm more outgoing and better integrated than before. Through dialogue, people were able to talk without arguing. Self-confidence, self-esteem, responsibility, and sharing have increased, along with a sense of humor. I feel more emotional expression and relaxation; I feel calmer. I feel more peace, tolerance, and understanding, with less fear of being judged and less guilt. I practice better self-care; I feel better physically, taking care of my body and diet. I've learned to be more focused, reflective, in control, and an active listener. My thoughts have changed, and I can handle them better; they're more creative. I used to do poorly on tests; now I do better. It's good to know that I'm not the only one with problems, that I'm not alone; the thoughts of wanting to hurt myself have lessened. I can say that I used to be horrible, disrespectful, and now I'm better. I was very ashamed to express myself, because people might think I was crazy for feeling what I feel, but now I see that everyone feels differently, and that helped me. Today, if I need help, I'll seek it out.
>
> *CSD 4: Encouragement and hope*
> Ever since the day I arrived here, I've felt a sense of peace and freedom. Here, people can speak their minds; if they want to, they can make their own choices. I take with me the courage to change, with an openness to hope, believing that we can become better every day. I'll carry this experience with me for the rest of my life. I can think about problems without wanting to escape reality; I feel relieved to see the world with more optimism, and I can already look forward to the future.

The various accounts reveal that adolescents believe it is possible, based on their experience in the Program, to overcome certain states of emotional withdrawal and cope with challenges, thereby broadening their self-perception through recognition by others. There was an expansion in their repertoire of skills related to naming and recognizing emotional states, managing and perceiving difficulties, and emotional regulation. The adolescents reported emotional and behavioral improvements attributed to their participation in the intervention, such as increased self-awareness and self-esteem, strengthened bonding and empathy, improved communication based on dialogue and mutual understanding, reduced fear of being judged, and reduced guilt and shame, upon realizing they were not the only ones experiencing these conflicting feelings. An increase in self-care behaviors and an improvement in academic performance issues were reported. It appears that the experience of positive feelings resulting from the workshop influenced perceptions of well-being and expectations for the future.

The sense of well-being is inferred from the three converging anchors of discourse (cross-cutting themes) (Lefèvre, 2017), which point to the repertoires and values that adolescents hold and rely on to make sense of their emerging intersubjective experiences during the intervention: *We give meaning to life as we live it; We are just a tiny part of the universe; Lives really*

matter to those who care. Illustrating these meanings attributed to their experiences, a girl, as we said goodbye at the program's final meeting, hugged me and told me, with tears in her eyes, that her mother had died two days earlier. "I needed to come, because now, here, we care about each other, and I feel better because of that".

This testimony, like others of a similar nature, demonstrates that disruptive states characterized by significant manifestations of anxiety/distress and emotional emptiness, self-destructive thoughts and behaviors, and concerns about emotional loss and separation, as well as life and death, are balanced by empathetic and relational skills that fostered experiences of support, group identity, hope, and the strengthening of self-care strategies. Throughout the workshops, the adolescents demonstrated capacity for self-awareness, recognition and naming of emotional states, critical reflection and responsible decision-making, sharing, valuing and enhancing dialogue, mutual and empathetic recognition, building bonds, and a sense of belonging.

The techniques proposed in the Program – which utilize expressive resources (painting in hexagons, role-playing, and storytelling) as a means of transducing psychophysiological information, promoting self-regulation, and delving deeper into internal images and affective states – enabled participants to symbolize, perceive, name, and modulate internal and relational dynamics that are largely hidden from conscious awareness, regarding them as driving forces for personality development and integration (Boechat, 2014; Dirkx, 2006; Navarro-Vasconcellos, 2019; Ramos, 2018; Silveira, 2015; Van der Kolk, 2020; Jung, 2013b). Moments of silence and introspection were also encouraged and recognized by the participants as important pauses for connecting with their inner selves, mental rest, and respect for each person's pace of expression. As Frankel (2021a) points out, this constitutes a bridge – the beginning of a genuine I-You connection – as a counterpoint to the powerful distressing states that disrupt them. The work followed a pre-planned and structured design, but its execution remained open to adjustments, responding to the adolescents' subjective experiences and needs.

Of particular note is the importance of the symbolic-creative dimension in the design of emotional care and socioemotional learning programs in school settings for high school students, with the aim of supporting them on their journey and transition to adulthood, guided by their internal images and the intersubjectivity expressed in their intrapersonal and interpersonal aspects. In this conception, the acquisition of skills and knowledge is not limited to behavioral training, as it aims to foster awareness of authentic and creative responses to the adaptive challenges and demands of the internal and external worlds, as interpenetrating spheres (Dobson, 2008; Frankel, 2021a; Jung, 2013e; Wahba & Bloise, 2017).

The issues addressed in the workshop reflected conflict and pain, which are commonly present in adolescence and are exacerbated by personal, family, or social vulnerability. Emotional distress among adolescents increased during the pandemic and in the post-pandemic period (Itaú Social & UNDIME, 2023; UNICEF, 2022; UNICEF & CENPEC, 2021). Bovensiepen (2014a) notes that young people's mental state often reflects the confusion and destructiveness prevalent in their social environment, in response to which multidisciplinary teams should work together to restore a sense of wholeness and integrity among individuals and communities. Environments of care and protection offer a safe *locus* in which it is possible to associate intense - and sometimes unbearable - sensations with feelings of safety, well-being, joy, and tranquility, which, according to Van der Kolk (2020; Kast, 2003, 2022), constitutes the foundation of self-regulation, self-soothing, self-education, and social relationships. Foundations are built for identity development and coping with existential challenges through a strengthened sense of agency (Knox, 2010), as well as the restoration of the psychological fabric of individuals (Feldman, 1996) and communities (Hermann, 2015).

5. Concluding remarks

This case report sought to present a psychological care program focused on developing socioemotional skills for high school students in public schools. The creative imaginative perspective adopted provided an imaginative, symbolic, and relational space in which the adolescents were able to engage with their emotions, conflicts, psychological distress, and potential. The intensity of psychological distress has emerged as a pressing need in school settings, and

the proposed program sought to address this scenario through proactive, transformative action. The study falls within the scope of clinical psychology, focusing on prevention and health promotion in local areas and communities. Thus, we emphasize that it should be conducted by psychology professionals trained in the proposed techniques and familiar with the theoretical foundations of Jungian psychology.

We observed that school administrators and coordinators were immediately receptive to implementing the intervention at the school. They expressed concerns about the emotional well-being of the students, especially in the wake of the COVID-19 pandemic and recognized the importance of mental health promotion activities at the school. The adolescents' adherence was not immediate, requiring initial classroom discussions to form a group. However, throughout the intervention, many adolescents at the school progressively expressed interest in participating in the activities and requested the formation of new groups, indicating a need for psychological support and care.

The intervention has the potential to positively affect the population of school-age adolescents, highlighting the importance of incorporating initiatives like this into the curriculum of Comprehensive Education Programs and regular school programs, either as a local initiative or as part of public policy programs. One aspect worth highlighting as a distinguishing feature was the use of creative symbolic resources with a Jungian focus in socioemotional learning programs. The results were promising and suggest the importance of expanding intervention studies based on this approach.

We note some limitations. The small sample size and the fact that the study was conducted in only one public school indicate the need to expand and diversify the sample and the institutional contexts. We also suggest that future studies incorporate integrated initiatives targeting other members of the school community, such as staff, teachers, and family members, as well as implement similar programs in other schools, with the aim of expanding the program's reach and effectiveness.

References

Achenbach, T., & Rescorla, L. (2001). **Manual for the ASEBA School-Age Forms & Profiles**. University of Vermont, Research Center for Children, Youth, & Families.

Arnau-Sabatés, L., Universitat Autónoma de Barcelona, España, Clemente, C., Universitat de Barcelona, España, Urrea, A., & Universitat de Lleida, España. (2023). Programas Socioemocionales Para Adolescentes Basados en Evidencias: Una Scoping Review. **Revista de Psicología y Educación - Journal of Psychology and Education, 18**(2), 96. https://doi.org/10.23923/rpye2023.02.238

Boechat, W. (2014). **O Livro Vermelho de C. G. Jung**. Vozes.

Boechat, W. (2017). A criatividade como função psicológica. *In*: L. L. Wahba & D. Faria (Orgs.), **Criatividade, arte e psicologia junguiana**. CRV.

Bohm, D. (2005). **Diálogo: Comunicação e redes de convivência**. Palas Athena.

Bovensiepen, G. (2006). Attachment-dissociation network: Some thoughts about a modern complex theory. **The Journal of Analytical Psychology, 51**(3), 451–466. https://doi.org/10.1111/j.0021-8774.2006.00602.x

Bovensiepen, G. (2014a). Jung's contribution to the understanding of adolescence and a review of the literature. *In*: M. Sidoli & G. Bovensiepen (Orgs.), **Incest fantasies and self-destructive acts: Jungian and post-jungian psychotherapy in adolescence (**p. 3–14). Transaction Publishers.

Bovensiepen, G. (2014b). Suicide and attacks on the body as a containing object. *In*: M. Sidoli & G. Bovensiepen (Orgs.), **Incest fantasies and self-destructive acts: Junguian and post-junguian psychotherapy in adolescence** (p. 123–133). New Brunswick, New Jersey.

Brasil. (1990). Lei no 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. https://www.planalto.gov.br/ccivil_03/leis/l8069.htm

Brasil. (2017). Lei no 13.431, de 4 de abril de 2017. Estabelece o sistema de garantia de direitos da criança e do adolescente vítima ou testemunha de violência e altera a Lei nº 8.069, de 13 de julho de 1990 (Estatuto da Criança e do Adolescente) https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2017/lei/l13431.htm#:~:text=LEI%20N%C2%BA%2013.431%2C%20DE%204%20DE%20ABRIL%20DE%202017.&text=Estabelece%20o%20sistema%20de%20garantia,da%20Crian%C3%A7a%20e%20do%20Adolescente).

Brown, J., & Isaacs, D. (2007). **O World Café: Dando forma ao nosso futuro por meio de conversações significativas e estratégicas**. Cultrix.

Cowen, A. S., & Keltner, D. (2017). Self-report captures 27 distinct categories of emotion bridged by continuous gradients. **Proceedings of the National Academy of Sciences, 114**(38), E7900–E7909. https://doi.org/10.1073/pnas.1702247114

Creswell, J. W. (2010). **Projeto de pesquisa: Métodos qualitativo, quantitativo e misto.** Artmed.

Cupertino, C. M. B. (2008). A arte em psicologia e educação: O uso de recursos expressivos no passado recente. In C. M. B. Cupertino (Org.), **Espaços de criação em psicologia: Oficinas na prática** (p. 13–35). Annablume.

Del Prette, A., & Del Prette, Z. A. P. (2017). **Competência Social e Habilidades Sociais: Manual teórico-prático**. Vozes.

Dirkx, J. M. (2006). Engaging Emotions in Adult Learning: A Jungian Perspective on Emotion and Transformative Learning. **New Directions for Adult and Continuing Education**. https://doi.org/10.1002/ace.204

Dobson, D. (2008). The symbol as teacher: Reflective practices and methodology in transformative education. In R. Jones, A. Clarkson, S. Congram, & N. Stratton (Orgs.), **Education and imagination: Post-Jungian perspectives** (p. 142–159). Routledge.

Durlak, J. A., Mahoney, J. L., & Boyle, A. E. (2022). What we know, and what we need to find out about universal, school-based social and emotional learning programs for children and adolescents: A review of meta-analyses and directions for future research. **Psychological Bulletin**, **148**(11–12), 765–782. https://doi.org/10.1037/bul0000383

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. **Child Development, 82**(1), 405–432. https://doi.org/10.1111/j.1467-8624.2010.01564.x

Ekman, P. (2011). **A linguagem das emoções.** Lua de Papel.

Falcone, E. M. de O., Baptista, M. N., Placido, M. G., Krieger, S., Oliveira, E. R., Falcone, J. F., & Vieira, B. F. L. (2016). Construção e validade de conteúdo da Escala Cognitiva de Ansiedade em adultos. **Revista Psicologia em Pesquisa**, 10(1), Artigo 1. https://doi.org/10.24879/201600100010050

Feldman, B. (1996). Identity, sexuality and the self in late adolescence**. The Journal of Analytical Psychology, 41**(4), 491–507. https://doi.org/10.1111/j.1465-5922.1996.00491.x

Frank, A., & Wilson, E. (2020). **A Silvan Tomkins Handbook.** University of Minnesota Press. https://www.upress.umn.edu/book-division/books/a-silvan-tomkins-handbook

Frankel, R. (2021a). **A psique adolescente: Perspectivas junguianas e winnicottianas.** Vozes.

Frankel, R. (2021b). Imagens de vida e morte na adolescência. Em R. Frankel, **A psique adolescente: Perspectivas junguianas e winnicottianas**. Vozes.

Gazzaniga, M., Heatherton, T., & Halpern, D. (2017). **Ciência psicológica** (5 ed.). Artmed.

Hermann, J. (2015). **Trauma and recovery: The aftermath of violence — From domestic abuse to political terror.** Basic Books.

Humbert, E. G. (1985). **Jung**. Summus.

IBGE. (2021). **Pesquisa nacional de saúde do escolar: 2019.** IBGE, Coordenação de População e Indicadores Sociais. https://biblioteca.ibge.gov.br/visualizacao/livros/liv101852.pdf

Itaú Social & UNDIME. (2023). **Percepções e Desafios dos Anos Finais do Ensino Fundamental nas redes municipais de ensino** [Apresentação de dados de pesquisa]. https://undime.org.br/uploads/documentos/phpHiz8lt_64da43f96e2fc.pdf

Jaffé, A. (2008). O simbolismo nas artes plásticas. Em C. G. Jung (Org.), **O homem e seus símbolos** (p. 309–367). Nova Fronteira.

Jones, R. (2008). Storytelling, socialization and individuation. *In*: R. Jones, A. Clarkson, S. Congram, & N. Stratton (Orgs.), **Education and Imagination: Post-jungian perspectives** (p. 78–95). Routledge

Jung, C. G. (2012). A psicologia da transferência. *In*: **Ab-reação, análise de sonhos e transferência – OC 16/2:** (p. 46–209). Vozes. (Publicação original em 1931)

Jung, C. G. (2013a). A função transcendente. *In*: **A natureza da psique – OC 8/2** (p. 13–38). Vozes. (Publicação original em 1958)

Jung, C. G. (2013b). **A prática da psicoterapia – OC 16/1**. Vozes.

Jung, C. G. (2013c). **O desenvolvimento da personalidade – OC 17**. Vozes.

Jung, C. G. (2013d). **Tipos psicológicos – OC 6**. Vozes.

Jung, C. G. (2013e). A importância da psicologia analítica para a educação. *In*: **O desenvolvimento da personalidade – OC 17** (p. 57–72). Vozes. (Publicação original em 1946)

Jung, C. G. (2015). **O eu e o inconsciente – OC 7/2.** Vozes.

Kast, V. (2003). **Joy, Inspiration, and Hope**. Texas A&M University Press.

Kast, V. (2022). Função da emoção positiva. **Cadernos Junguianos, vol. 16**, p.p. 46–83.

Kiepenheuer, K. (1990). **Crossing the bridge: A jungian approach to adolescence.** Open Court Publishing.

Knox, J. (2010). **Self-Agency in Psychotherapy: Attachment, Autonomy, and Intimacy.** W. W. Norton & Company.

Lawson, G. M., McKenzie, M. E., Becker, K. D., Selby, L., & Hoover, S. A. (2019). The Core Components of Evidence-Based Social Emotional Learning Programs. **Prevention Science: The Official Journal of the Society for Prevention Research, 20**(4), 457–467. https://doi.org/10.1007/s11121-018-0953-y

Le Breton, D. (2012). O risco deliberado: Sobre o sofrimento dos adolescentes. **Política & Trabalho: revista de ciências sociais, 37**. https://periodicos.ufpb.br/ojs/index.php/politicaetrabalho/article/view/14841

Le Breton, D. (2017). **Uma breve história da adolescência.** PUC Minas.

Lefèvre, F. (2017). **Discurso do sujeito coletivo: Nossos modos de pensar nosso eu coletivo**. Andreoli.

Macedo, R. S. (2020). Reflexões sobre o conceito de Psicologia Clínica na contemporaneidade e métodos de pesquisa. In R. S. Macedo, I. Kublikowski, & C. L. Moré (Orgs.), **Pesquisa qualitativa no contexto da família e comunidade: Experiências, desafios e reflexões** (p. 218). EDUC.

Miguel, F. K. (2015). Psicologia das emoções: Uma proposta integrativa para compreender a expressão emocional. **Psico-USF, 20**, 153–162. https://doi.org/10.1590/1413-82712015200114

Moreira, F. G., & Oliveira, L. de. (2012). O elogio à diversidade: Hogwarts, uma escola promotora de saúde. **Revista Junguiana, 30**(2), 47–55.

Navarro-Vasconcellos, A. P. (2019). **Oficina do Conviver: Preocupações prementes de adolescentes do ensino médio sob o olhar da psicologia analítica** [Dissertação de Mestrado, Pontifícia Universidade Católica de São Paulo - PUC-SP]. https://tede2.pucsp.br/handle/handle/22721

Navarro-Vasconcellos, A. P., Ulisses, S., & Wahba, L. L. (2024). Programas de habilidades socioemocionais para adolescentes de ensino médio: uma revisão sistemática de artigos publicados entre 2013 e 2023. **Psicologia: Teoria e Prática, 26**(3), ePTPPE16616. https://doi.org/10.5935/1980-6906/ePTPPE16616.en

OPAS. (2022). **Transformar cada escola em uma escola promotora de saúde: Padrões e indicadores globais.** Organização Pan-Americana da Saúde. https://iris.paho.org/handle/10665.2/55710

Paschoal, V. N. (2021). Escola é lugar de cuidado. Em R. S. Macedo & T. E. C. R. Macedo (Orgs.), **Con-vivendo com a adolescência nos dias atuais** (p. 117–138). CRV.

Paula, T. C. S. de, Moreira, F. G., & Andreoli, S. B. (2016). Efetividade do atendimento psicossocial na continuidade escolar de adolescentes em vulnerabilidade social. **Epidemiologia e Serviços de Saúde, 25**, 789–798. https://doi.org/10.5123/S1679-49742016000400012

Pieri, P. F. (2022). Dicionário junguiano. Vozes; Paulus.

Ramos, D. G. (2018). **A psique do corpo: A dimensão simbólica da doença** (6 ed.). Summus.

Ronchi, J. P., & Avellar, L. Z. (2020). Ambiência na atuação do psicólogo na escola: Promoção à saúde e integração na comunidade. In **Família e comunidade: Pesquisas e intervenções em temas emergentes** (p. 264). CVR.

Sánchez Agostini, C., Daura, F. T., & Laudadío, J. (2019). La comunidad escolar como medio para el desarrollo socio emocional de los alumnos. Un estudio de caso en la República Argentina. **Estudios pedagógicos (Valdivia), 45**(3), 31–49. https://doi.org/10.4067/S0718-07052019000300031

Silva, C. dos S., & Bodstein, R. C. de A. (2016). Referencial teórico sobre práticas intersetoriais em Promoção da Saúde na Escola. **Ciência & Saúde Coletiva**, 21, 1777–1788. https://doi.org/10.1590/1413-81232015216.08522016

Silveira, N. (2015). **Imagens do inconsciente.** Vozes.

Sobrinho, A. L. da S., Abramo, H. W., & Villi, M. de C. (2022). **Jovens e saúde: Revelações da pandemia no Brasil 2020-2022**. Fiocruz. https://portal.fiocruz.br/documento/jovens-e-saude-revelacoes-da-pandemia-no-brasil#:~:text=Abramo%20e%20Marisa%20de%20Castro,390%20p.%20%3A%20il

Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting Positive Youth Development Through School-Based Social and Emotional Learning Interventions: A Meta-Analysis of Follow-Up Effects. **Child Development, 88**(4), 1156–1171. https://doi.org/10.1111/cdev.12864

Tomkins, S. (2008). **Affect imagery consciousness: The complete edition.** Springer Publishing Company.

UNESCO. (2015). **Objetivos de desenvolvimento sustentável.** https://brasil.un.org/pt-br/sdgs

UNICEF, & CENPEC. (2021). **Out-of-School Children in Brazil: A warning about the impacts of the COVID-19 pandemic on Education** (p. 30). UNICEF. https://www.unicef.org/brazil/media/14881/file/out-of-school-children-in-brazil_a-warning-about-the-impacts-of-the-covid--19-pandemic-on-education.pdf

UNICEF. (2021). **On my mind: Promoting, protecting and caring for children's mental health.** UNICEF. https://www.unicef.org/media/114636/file/SOWC-2021-full-report-English.pdf

UNICEF. (2022). **Rede de apoio em saúde mental.** U-Repot Brasil. https://brasil.ureport.in/opinion/2905/

Van der Kolk, B. (2020). **O corpo guarda as marcas: Cérebro, mente e corpo na cura do trauma**. Sextante.

Wahba, L. L., & Bloise, P. (2017). Adolescência: Transição ou crise? In R. Payá (Org.), **Intercâmbio de psicoterapias: Como cada abordagem psicoterapêutica compreende os transtornos psiquiátricos** (321–329). Roca.

WHO. (1999). **Life skills education for children and adolescents in schools** (WHO/MNH/PSF/93.7A.Rev.2). WHO. https://iris.who.int/handle/10665/63552

Zuccolo, P. F., Casella, C. B., Fatori, D., Shephard, E., Sugaya, L., Gurgel, W., Farhat, L. C., Argeu, A., Teixeira, M., Otoch, L., & Polanczyk, G. V. (2023). Children and adolescents' emotional problems during the COVID-19 pandemic in Brazil. **European Child & Adolescent Psychiatry, 32**(6), 1083–1095. https://doi.org/10.1007/s00787-022-02006-6