

# Obese people's perception of their own bodies

*Percepção de pessoas obesas sobre seu corpo*

*La percepción de personas obesas sobre su cuerpo*

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## ABSTRACT

**Objective:** Awareness on the obese people's perception of their own body image. **Methods:** A qualitative research performed in an outpatient clinic accompanying people with excess weight, in Salvador-BA. Interviews were carried out with 19 people diagnosed as obese. The information was submitted to thematic content analysis. **Results:** Three categories emerged from the analysis: Depreciated body revealed with deformed, deteriorated features, modulated outside esthetical and moral standards; Suffering the weight of living in an obese body expressed the predicament of the interaction between a disfigured body and the social world; Identifying with the body revealed acceptance, not feeling upset by the social pressures on the ideal standards for the body. **Conclusion:** Perception about the body reflected above all a negative image accompanies by sadness, shame and isolation. Obesity affects the wellbeing and living with an obese body demands the exercise of acceptance in an environment which considers it a moral failure.

**Keywords:** Body image; Obesity; Self Concept; Nursing.

## RESUMO

**Objetivo:** Conhecer a percepção da pessoa obesa sobre a imagem do corpo. **Métodos:** Pesquisa qualitativa realizada em ambulatório para acompanhamento de pessoas com excesso de peso, em Salvador - BA. Foram entrevistadas 19 pessoas com diagnóstico de obesidade. Os dados foram submetidos a análise de conteúdo temática. **Resultados:** Da análise emergiram 3 categorias: Ter um corpo depreciado revelando-o com feições deformadas, deterioradas, modulado fora dos padrões estéticos e morais; Sofrer o peso de viver um corpo obeso expressou o padecimento a interação com o corpo desfigurado e o mundo social; Ter identificação com o corpo revelou a sua aceitação, não havendo abatimento pelas pressões sociais sobre o padrão ideal de corpo. **Conclusão:** A percepção do corpo refletiu, sobretudo, uma imagem negativa acompanhada de tristeza, vergonha e isolamento. A obesidade afeta o bem-estar e, viver um corpo obeso demanda o exercício da aceitação em um meio que a considera um fracasso moral.

**Palavras-chave:** Imagem corporal; Obesidade; Autoimagem; Enfermagem.

## RESUMEN

**Objetivo:** Conocer la percepción de la persona obesa sobre la imagen de su cuerpo. **Métodos:** Investigación cualitativa realizada en un ambulatorio para acompañamiento de personas con exceso de peso, en Salvador, Bahia. Participaron 19 personas con diagnóstico de obesidad. Los datos fueron sometidos al Análisis de Contenido Temático. **Resultados:** Emergieron tres categorías: Tener un cuerpo depreciado, con características deformadas, deterioradas, modulado afuera de los estándares estéticos y morales; Vivir en un cuerpo obeso expresó el padecimiento de la interacción con el cuerpo desfigurado y el mundo social; Tener identificación con el cuerpo reveló su aceptación, no habiendo desaliento por las presiones sociales sobre el ideal de belleza. **Conclusión:** La percepción del cuerpo reflejó sobre una imagen negativa, acompañado de tristeza, vergüenza y aislamiento. La obesidad afecta el bienestar y estas personas necesitan el ejercicio de la aceptación en un medio que las considera un fracaso moral.

**Palabras clave:** Imagen corporal; Obesidad; Autoimagen; Enfermería.

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Submitted on 07/13/2014.

Accepted on 07/02/2015.

DOI: 10.5935/1414-8145.20150067

## INTRODUCTION

Obesity, a chronic, multifactorial and difficult to control disease is causing concern of health care professionals, governments and society in general due to its growth in the last decades<sup>1,2</sup>. It is an epidemic that affects adults, adolescents and children not only in developed societies but also in the ones still in development. Nowadays obesity is considered a public health problem as important as malnutrition, attracting the attention of health care teams<sup>3</sup>.

In Brazil, the recent survey data from the Ministry of Health "Surveillance of risk and protective factors for chronic diseases through telephone survey" (VIGITEL) has revealed that more than half of the adult population (51.0%) were overweight and 17.4% were obese<sup>4</sup>.

By the late years of the nineteenth century, overweight men and women were considered as standards of beauty and fertility. Nowadays, besides the changes in the standard of beauty to a slim body, which can be considered as an aesthetic pattern called "good shape", there is also great concern about the pathological aspects associated with the excess body weight<sup>5</sup>. The new morality, "good shape", requires individuals to control their physical appearance and, paradoxically, coexists with the profits from food industries, encouraging the consumption. Slimness is demand within an aesthetic ideal that is really difficult to achieve, meanwhile the overweight increases significantly due to increased calorie intake and physical inactivity<sup>6</sup>.

Obesity leads to a number of complications that compromise the health and the individual's quality of life as it is a complex condition that is associated not only with chronic illnesses, but a number of socioeconomic and psychosocial effects such as labor and social discrimination, social isolation and loss of self-esteem<sup>7</sup>. Obese individuals need to adapt to a world that has values, standards, rules and structures where the excess go weight and comorbidities are probably limiting and stigmatizing factors.

The psychological suffering of the obese person is due to social stigmas and values related to the current culture that considers the fat body as ugly and unacceptable<sup>8</sup>.

Studies have shown that an obese-person attends less school years, and has less chances of being accepted in schools and competitive jobs and less chances of developing a stable relationship. Being overweight and having body-fat accumulation means being outside the standards of beauty and the concern of being different becomes present in the life of that person, resulting in an even greater suffering<sup>8,9</sup>.

The perception of the body image represents the self concept about one's judgement about their size, shape and weight. Many feelings are involved in the interface of the body's appearance. It should be highlighted the dissatisfaction, depreciation, distortion and concern about the body image presented to society<sup>10</sup>.

Reflecting on obesity emerges not only questions about causes, treatment and consequences of this disease, but also other aspects involved that hinder weight control and influence directly or indirectly on health issues.

Looking at an obese person, from their perspective of body image, guides innovative care practices in the nursing field directed to the uniqueness and particularity of experience lived by them. Only with this perspective the nursing staff can develop along with these people, specific conditions with an approach that goes beyond the biological dimension and contemplate the psychological, social and emotional aspects.

However, the production of knowledge on the perception of body image from the perspective of obese people, located in different socio-cultural contexts, is scarce in the national and international literature in the nursing area. The advances on the knowledge about body image of obese people can contribute to the understanding of the impact of this disease in their life and to the guidance for the creation of reflexion and actions aimed at dealing with the arising problems.

Given these considerations, this study has aimed at examining perceptions of obese people of the image of their body.

## METHODS

This article has resulted from a qualitative, descriptive study conducted at an outpatient clinic of a private higher education institution, which develops a Study Project on Overweight (PEEP), located in the city of Salvador, Bahia.

The study included nineteen people with obesity registered in the medical records who were selected by the convenience for the sample, and who met the following inclusion criteria: be registered and monitored by the PEEP, have the obesity diagnostic Body Mass Index (BMI)  $\geq 30$  kg/cm<sup>2</sup> and be older than 20 years old aiming at portraying the body image for adults. People who were nonconscious and disoriented chronologically and lacked autopsychic and alopsychic orientation were excluded from the sample once this condition is necessary to attend an interview. The number of participants was not predetermined but was limited by the theoretical criterion of data's saturation, i.e. the verification of data repetition and the absence of new data, and in parallel, the growing understanding of the concepts identified<sup>11</sup>.

Data collection took place between February and March 2012, after obtaining authorization from the Ethics Committee in Research with Human Beings of the Escola Bahiana de Medicina e Saúde Pública (EBMSP) under the Protocol 193/2011. The ethical dimensions for research involving human beings, under the terms of Resolution n<sup>o</sup> 196/96 of the National Health Council, have been met.

The data collection technique was the semi-structured interview. We used a script with four multiple choice questions in order to raise socio-demographic data and two semi-structured questions to explore the object of study. BMI values were obtained in the medical records.

The subjects were approached during the nursing consultation and invited to participate. After the acceptance they were referred to a private room with the interviewer. All participants read and signed a consent form. To preserve their anonymity the letter "E" was attributed for their identification and they were numbered from 1 to 19.

The interviews were recorded and transcribed entirely. Integrates by the researchers. For the analysis of the contents of the testimony, first, we carried out their thorough reading, line by line, to extract the nuclei of meaning. Once they were identified, we grouped those who indicated the emergence of the advent of the same phenomenon. Through the comparison process, the identified nuclei were grouped by their similarities and differences composing categories. From the treatment of the results, there was a third stage, the interpretation, according to the national and international literature<sup>11</sup>. Data of sociodemographic characterization and BMI were analyzed in absolute numbers and percentages.

## RESULTS

The study group consisted of 19 people, of which 14 (74%) were females and 5 (26%) were male. The age varied from 30 to 64 years old. As for their education, 2 (10%) could not read and write, 3 (16%) had college degrees and 14 (74%) the high school degree. With regard to their labor activity, 8 (42%) were housewives, 6 (32%) exerted diverse occupations such as bus driver, general services, housekeeper, security guard and business activity. It was found professional inactivity in 5 (26%) due to unemployment and retirement 5 (26%). The average BMI was 36.8 kg/cm<sup>2</sup>, with a maximum of 50 kg/cm<sup>2</sup> and minimum of 30 kg/cm<sup>2</sup>.

With the analysis of the reports three categories expressed the perception of the obese person on their body image: 1) Having a depreciated body; 2) suffering the weight of living an obese body; 3) Having identification with their body image.

Having a depreciated body: this category revealed the perception of their body as features transformed for the worse, deformed, damaged, a body modulated outside the aesthetic and moral standards, as illustrated by the testimonies:

*[...] my body is a potato bag tied in the middle, did I describe correctly? [...]* (E1).

*[...] the image is of a fat and paunchy. A lot of fat in the middle of my stomach*

*[...] so nowadays I got this super fat and full of body mass body in the belly [...] it's just as if I were looking at myself [...]* (E2).

*[...] we become weird. My body is a bit deformed because of obesity [...]* (E4).

*[...] full of fat, these flabby skin, these fats don't settle [...]* (E12).

*[...] the worst part I don't like is the belly, I have a lot of fat in the belly. It's horrible! [...]* (E16).

*[...] I think I'm fat and with a big belly. I didn't have this huge belly [...]* (E18).

The perception of a deteriorated body, a distorted body image, goes much beyond a body with excessive weight and volume. This self-image brings consequences for social life and

it causes discomfort, negative feelings that generate suffering, as expressed in the category, suffering the weight of living an obese body.

Suffering the weight of living an obese body: expressed the sense of suffering of the obese person when interacting with the distorted body image and the social world. It means feeling yourself sad, ugly, ashamed and inhibited. It means having a strong sense of personal diminishing and devaluation.

A negative body image causes an aversive experience and a corresponding negative emotion. Then it allows the emergence of dissatisfaction with the body and the presence of derogatory feelings of rejection of their own image and low self-esteem as the feelings of shame, sadness, frustration, rejection, are illustrated in the following statements:

*[...] it's horrible, I am ashamed, I think everything is ugly. I don't like to look at myself in the mirror much, because for me it's all ugly, it's all horrible, so I don't like [...]* (E3).

*[...] I think that being fat is too ugly. That is why I am on a diet to be able to decrease obesity [...]* (E13).

*[...] I think I have a big belly. I see myself as a sick person [...]* (E5).

*[...] I feel sadness ... I am ashamed! [...]* (E3).

*[...] I feel ugly and I am ashamed. Fat people are ugly [...]* (E10).

*[...] I am not feeling good with that body. I feel much, I feel that I'm ugly [...]* (E12).

*[...] I feel very ugly and very sad because I'm too fat [...]* (E17).

*[...] I feel fat. I feel sick [...]* (E18).

Several people suffer from not being able to find appropriate clothing to obese:

*[...] you go out all excited to buy clothes and when you get there the sizes are small. Unfortunately they don't care about fat people. The fashion trends are for anyone who is thin [...]* (E6).

*[...] the more I want to look good, the clothes don't fit on my body, because it is too large, it's an ugly deformation [...]* (E7).

*[...] putting on clothes just don't look the way I want. Nothing matches, everything is ugly [...]* (E17).

*[...] we go to a store to buy clothes and it is difficult to buy clothes for a fat! I think fat people are ugly [...]* (E11).

The statements make clear that having a body out of the beauty standards influences everyday life. They referred to the image of their body with displeasure, describing and criticizing their own appearance in the mirror.

Some people because of shame, sadness, move away from social life and show difficulty to adapt to life in society with their obese body:

*[...] it represents ugliness, it represents sadness, I don't even feel like going out sometimes. [...]* (E6).

*[...] everything looks ugly and clothes don't match. you go out and some people look at you and say: Look at that fat woman, look at that ugly thing, it's all fat, flabby skin all over her body. There's prejudice. [...]* (E17).

Sadness was the feeling predominantly referred by the participants. Many of them cried during the interview, demonstrating how that image bothers them and how hard it is to live with that body, which brings feelings that contribute to an unhappy life.

Among the 19 surveyed participants, three showed identification with the obese body expressed as the next category:

Having identification with their body image: represented the acceptance of their own body image as it is, not letting themselves be influenced or discouraged by social pressures and family about the ideal standard body.

*[...] nothing bothers me, because I am normal. I was never sorry for my body, I have never seen myself different from others. I was never depressed [...]* (E9).

*[...] I have no prejudice, I go to the beach, I use my normal bikinis, I don't prejudice in general of my body body, I'm not ashamed! [...]* (E9).

*[...] I'm that kind of guy who doesn't care much about things, because I'm flirted and complimented. For example, my mother-in-law would say, "you are very beautiful!" My wife's friends sometimes say "You look handsome, you look good" [...]* (E8).

*[...] I have no problem as for this. I don't see myself in the beauty standards of the society, but it's fine. What I am doesn't depend on my body. Do not see myself in the beauty standard demanded by society, but quiet. What am I doesn't depends on my body [...]* (E15).

While many obese people see themselves different from the beauty standard determined socially determined, there are those who feel satisfied and have a positive relationship with their image allowing harmless social interaction. However, it was expressed in the analysis of the testimonials that for most participants the culture of thinness is a condition imposed as a key issue for the person to be accepted successfully in the community.

## **DISCUSSION**

The construction of personal identity includes the relationship with the body and body image is the mental representation of the body that is made up from life experiences<sup>12</sup>. Body

image is a vehicle of expression of personality, culture, customs and daily habits<sup>13</sup>. The perception of the body image is influenced by psychological, social, cultural and biological aspects and determines the search for the best physical appearance. In this context, obesity is a factor that strongly influences the body image<sup>13,14</sup>.

The categories evidenced in this study have showed that the perception of the obese person's body comes from their interaction with the network of values in the social context which can make them feel in a world that favors or not the dimensions of their body. Most participants were predominantly marked by the perception of a depreciated body which leads to psychosocial repercussions. The disfigured image of one's own body generates suffering. Living these feelings of sadness, shame, inhibition and frustration caused by obese body determines in order to be beautiful and accepted one must be thin, which appears to be the condition that ensures the well-being with themselves and others. These findings reinforce that obese people are discriminated in the beauty culture that is imposed by the media, and that idolizes slim body as the "beautiful" one.

The research findings showed a negative perception of the body image and dissatisfaction for being obese. Studies conducted with active and elderly women also showed dissatisfaction with their body image associated with obesity<sup>12-14</sup>. Among children and adolescents to dissatisfaction with the body was greater for those who are overweight, but when considering the genre, there were variations, where boys were most dissatisfied with thinness and girls with overweight<sup>15</sup>.

The search for beauty and perfection of the body symbolizes personal and professional success. Because of this people desperately chase an ideal body image. This search is related to an appearance approved by society<sup>9</sup>. The need for the acceptance of others and for corresponding to an ideal standard of beauty, which requires women to have a slim and slender body and men an athletic, muscular body, may influence the way the obese person sees and acts. As evidenced in this study, many participants moved away from their social life due to the "weight" of obesity.

The perception of the body image expressed in the statements revealed the stigma that overweight people suffer<sup>9</sup>. The categories "Having a depreciated body" and "suffering the weight of a fat body" may be related to negative attitudes and prejudices of society directed at obese people, drawing to them negative adjectives, such as ugly, relaxed, lazy, which is fact that responds to the same responsibilities for their obesity. Thus, discussions suggest that obese people may internalize negative stereotypes based on social concepts<sup>8</sup>. This concern makes it difficult for social and affective relationships, and can lead the individual to depreciation of their own physical image, because they feel insecure as for the other and imagines or observes that others see or treat them with hostility and contempt. As an example, Marcuzzo<sup>16</sup> found that obese people reduce their body experiences due to difficulties in interpersonal relationships.

Feelings like sadness, shame and frustration observed in this study, can lead to depression, anxiety, compulsion and bulimia<sup>12</sup>. In this sense, psychology refers the need to understand the sadness as something that needs to be shared so that people can legitimize the place of their suffering<sup>8</sup>.

It was also found in this investigation that the weight excess can lead to inhibition and personal isolation, which can compromise the quality of life, and the accomplishment of tasks such as buying clothes and even leaving home and feeling good in social environments. The obese person feels negatively judged, and studies suggest that stigmatizing experiences are associated with depression, general psychological symptoms and dissatisfaction with the body image<sup>12,17</sup>.

It is worth highlighting that the body image includes behavioral components and the feedback received from others about one's perception and is associated with the degree of acceptance or rejection that can determine the self evaluation and perception of the obese individual about their body<sup>18</sup>. In this sense, the category Having identification with the body image revealed that three respondents approved and could get along well with their body image, Not referring negative feelings towards the obese body. Self acceptance and self-trust from others strengthens the individual to develop defense mechanisms to prejudiced actions. This category also strengthens that the perception of the body size is influenced by different cultural contexts. The obese individual lives in a reality built from their beliefs, values and positive social interactions.

The numerous problems caused by obesity and the depreciated obese body call for the intervention in health care that may help people cope with the discrimination and minimize the suffering experienced. A study carried out in São Paulo has shown that an interdisciplinary therapy program with obese adults promoted improvements of the psychological symptoms and improved the dissatisfaction feeling with their body image<sup>17</sup>.

Being sensitive to the suffering of overweight people in clinical practice and considering the inclusion of this issue in the training in health care and nursing allows the health care professional to promote an interdisciplinary attention to help obese people to find within their means a better way to deal with the condition of being obese. Knowing the limits and possibilities of an obese person guides the planning of actions in health care. Considering that obesity is a multifactorial problem its approach depends on the integration of practices from healthcare workers. It becomes a challenge for nurses and other members of the health care team succeed in practices that include not only the search for better health conditions of the obese person, but the psychological and social issues implicated in obesity.

## CONCLUSION

Although it predominated in the participants' discourse the negative body image expression that causes sadness, shame and social isolation, demonstrating that obesity affects the well-being and that living an obese body demands the exercise of

acceptance in a way that considers as a moral failure, some individuals approved their image and the acceptance of their body was strengthened by the positive feedback from people in their social context.

Obese people need health care from the perspective of completeness, focused not only on the control of the chronic disease, but also on minimizing the psychosocial suffering of being obese, help them address the negative feelings caused by the imaginary of ugliness. Such considerations point to the need for understanding and for support of those who suffer the fat stigma.

Regarding the nursing care, the results of this study have shown that obese people need to be the target of practices of care that are able to predict the most varied needs of health care in a continuous and individual way. The assistance moment needs to be constituted of an expanded listening able to capture the feelings, desires and perceptions and guide them over sharing the knowledge on the sickening process so that actions aimed at addressing the problems experienced by obese person can be identified.

As for the limitations of the study we can highlight its accomplishment with a local population, in a single reality, whose analysis can be limited once they represent particular perceptions of a single group. Even though it's not possible to generalize the results, they show the need to broaden the approach on people with obesity to go beyond the issues related to the physical-biological sphere.

It is noteworthy that this research does not intend to answer to all complexity that involves the comprehension of the body image of obese people. However, the considerations brought in this study open up possibilities for new thinking and expand the look in the nursing field and health care to the magnitude of the obesity problem.

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