

Being a woman and having an injured body: a study of social representations

Alves, Raiana Marinho; Carvalho, Evanilda Souza de Santana; Oliveira, Jeane Freitas de; Araújo, Edna Maria de

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Alves, R. M., Carvalho, E. S. d. S., Oliveira, J. F. d., & Araújo, E. M. d. (2014). Being a woman and having an injured body: a study of social representations. *Revista de Pesquisa: Cuidado é Fundamental Online*, 6(4), 1513-1524. <https://doi.org/10.9789/2175-5361.2014.v6i4.1513-1524>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Ser mulher e ter o corpo ferido: um estudo de representações sociais

Being a woman and having an injured body: a study of social representations

Ser mujer y tener el cuerpo herido: un estudio de representaciones sociales

Raiana Marinho Alves¹, Evanilda Souza de Santana Carvalho², Luciano Marques dos Santos³, Jeane Freitas de Oliveira⁴, Edna Maria Araújo⁵

ABSTRACT

Objective: To discuss social representations of women with chronic injuries about being a woman and have an injured body and implications of these representations on social relations. **Method:** Qualitative research on women with chronic injuries treated at health facilities in Bahia who responded to an in-depth interview and thematical story drawing. The data was subjected to thematic content analysis. **Results:** Representations about being a woman and have an injured body are centered on ideas and experiences that reveal stigmata, pain, sadness, loneliness, anger, dependencies and the need to get closer to God. **Conclusion:** The representations of participants interfere in dressing habits, in relating to themselves and the people around them, resulting in isolation and loneliness. The representations reproduce stigmas about a body image that does not meet the criteria for beauty and health that is socially and culturally determined. **Descriptors:** Gender identity, Gender and health and holistic nursing.

RESUMO

Objetivo: Discutir as representações sociais de mulheres com feridas crônicas sobre ser mulher e ter um corpo ferido e implicações dessas representações sobre as relações sociais. **Método:** Pesquisa qualitativa com mulheres com feridas crônicas, atendidas em unidades de saúde na Bahia que responderam a entrevista em profundidade e desenho-estória tema. Os dados foram submetidos à análise de conteúdo temática. **Resultados:** As representações sobre ser mulher e ter um corpo ferido estão centradas em ideias e experiências que revelam estigmas, dor, tristeza, solidão, irritação, dependência e necessidade de aproximar-se com Deus. **Conclusão:** As representações das participantes interferem no modo de vestir, de relacionar-se consigo mesma e com as pessoas em seu entorno implicando em isolamento e solidão. As representações reproduzem estigmas sobre a imagem corporal que não atende a critérios de beleza e de saúde determinados social e culturalmente. **Descritores:** Identidade de gênero, Gênero e saúde, Enfermagem holística.

RESUMEN

Objetivo: Discutir las representaciones sociales de mujeres con heridas crónicas sobre ser mujer y tener un cuerpo herido y sus implicaciones en las relaciones sociales. **Método:** Estudio cualitativo con mujeres con heridas crónicas atendidas en centros de salud en Bahia que contestaron entrevista en profundidad y el dibujo estoria tema. Los datos han sido sometidos al análisis de contenido temático. **Resultados:** Para las participantes ser mujer y tener un cuerpo herido representa vivir el estigma, el dolor, la tristeza, la soledad, la ira, la dependencia y la necesidad de acercarse a Dios. **Conclusión:** Las representaciones influyen la manera de vestir, de relacionarse consigo mismo y con las personas de su entorno que resulta en el aislamiento y la soledad. Además reproducen el estigma del cuerpo que no cumpla con los criterios de belleza y salud determinados social y culturalmente. **Descriptor:** Identidad de género, Género y salud, Enfermería holística.

¹ Nurse graduated at the Universidade Estadual de Feira de Santana (UEFS) Feira de Santana - BA, Brasil. ² Nurse, Doctorate in Nursing, Adjunct Professor at the Universidade Estadual de Feira de Santana (UEFS) Feira de Santana - BA, Brasil. ³ Nurse, Masters in Nursing, Auxiliary Professor at the Universidade Estadual de Feira de Santana (UEFS) Feira de Santana - BA, Brasil. ⁴ Nurse, Doctorate in Collective Health, Associate Professor at the Escola de Enfermagem da Universidade Federal da Bahia, (EEUFBA) Salvador- BA, Brasil. ⁵ Nurse, Post-Doctorate in Public Health, Professor at the Universidade Estadual de Feira de Santana (UEFS) Feira de Santana - BA, Brasil. Extracted from the research project entitled "Body and sexuality of chronically injured women: Images and Social Representations", funded by the National Council for Scientific and Technological Development.

INTRODUCTION

The chronicity of the injury disrupts the natural daily life, and requires an adaptation to a new permanent and limiting condition. To the extent that the condition develops, numerous problems arise, causing an imbalance in their biological, social and psychological cycle, directly affecting interpersonal relationships. A woman's chronic injury directly impacts on personal, social, family and emotional levels.

The skin is the first body part of a person to be exposed when in contact with other people, this is a kind of business card that to some extent exposes individuals to the surroundings.¹

People are judged and classified by their external presentation, taking into consideration some body marks that may indicate signs of health, beauty and perfection and other signs of ugliness, illness or disability.²

In this sense the integrity of the skin or the loss of it, could mean changes on the way with the people see themselves or are evaluated by others. By living with an injury people experience changes in their physical and psychological condition, with important implications in the context of interpersonal, social and emotional relationships. It is assumed that the changes emerge from the difficulties imposed by the dirty injured body with new odors can alter the sense of satisfaction of their needs, their feelings, their self-image and behavior, acting therefore directly in the levels of quality of life.³

Out of the many contacts with women with chronic injuries in health care practices during activities of nursing, emerged the need to understand and identify the multiple effects of chronic injury in a woman's everyday life. In this context the following research was developed guided by question: How do women represent a woman and live with an injured body?

To understand the experience of women living with chronic injuries involves exploring feelings that are difficult to be exposed, because the effects of the injury not only apply on the relationship that is established in public life, but also about her private life.

Understanding that knowledge representations are drawn from personal experiences and social interaction, it was decided to adopt the theory of social representations as theoretical basis, for the possibility that it offers to explore and explain the socially developed knowledge.⁴

Such knowledge includes cognitive, symbolic and emotional content that has the role of guiding the conduct and behavior of people in their daily lives. In this sense, the social representations enable to understand how the injury acts on the way that women are represented and how this influences their behaviors, attitudes and relationship with themselves and with others around them.

It is believed that the data presented contain subsidies for Nursing to offer an integrated and humanized care, as recommended by the National Health System, for women

with chronic injuries. Moreover, it is expected that reading this article arouse attention and interest for further research on the topic involving other groups of women.

OBJECTIVE

To discuss the social representations of women with chronic injuries about being a woman and have an injured body and implications of these representations on social relations.

METHOD

U9o

The data was collected by applying a story theme design, and an in-depth interview. These techniques were employed through a script, which at first sought to characterize the participants.

The story theme design is a projective technique aimed at grasping elements that expand the dynamic personality through the use of thematic information and graphical techniques.⁵

The design allows the researcher to access ideas and emotions of the subject more spontaneously, and this is an unconscious process that portrays the feeling of who designed it.⁶

The application of this technique was developed in two stages, the first was offered the participant a sheet of blank paper and asked for it to draw freely. Soon after it was requested that the participant told a story that was related to the design produced, with beginning, middle and end. For production of the drawings the following stimuli were used: "Draw something that represents a woman and live with the injured body." And the in-depth interview started from the question: "Talk about being a woman and living with the injured body", and as far as the interview unfolded, new questions were formulated seeking to deepen the themes treated by women.

For data analysis we resorted to content analysis of stories theme designs, using the model proposed by Coutinho and thematic content analysis of the statements obtained through interviews⁷⁻⁸.

This study was authorized for the collection of data by the Ethics and Research Committee-UEFS (CEP) through the protocol n°032/2011, seeking to preserve the anonymity of participants fictitious names were assigned to them randomly by raffle.

RESULTS E DISCUSSION

The data presented is focused on the interview content and story theme design of 45 women who met the inclusion criteria. The participants were between 29 and 88 years among these 57.8% of the women studied from 1st to 4th grade, 24.4% had never attended school, 8.9% studied from 5th to 8th grade, 6, 7% studied from 1st to 3rd year graduation school and only 2.2% had completed higher education.

From all the participants 42.2% declared themselves black, 40% mixed and 17.8% white. As for marital status 42.3% had a steady partner, 28.9% were widowed, 26.6% declared themselves single, 2.2% had casual partners. Regarding the occupation variable, 42.3% had no specific occupation, 14 31.1% declared themselves homemakers, 8.9% retired, 8.9% domestic workers, 4.4% seamstresses and 4.4% agricultural worker. The majority, 73.3% reported receiving a minimum wage 6.6% over two minimum wages, 15.5% reported having no kind of personal income and 4.4% did not state their income.

After analysis of the data, six categories emerged through which the participants of being female and having a injured body are shown: having a marked and stigmatized body; live with pain; be sad and lonely; Live irritated with everything and everyone; being dependent on others.

1-Having a marked and stigmatized body

The studied women show in their speeches and drawings representations of their body after the appearance of the injury. The way they assessed their body image brings the aesthetic result that the injury causes them, with dissatisfaction, the woman hides herself, stimulated by a feeling of shame.

The hassle of modified body image increases when they are questioned in a social environment about what is the bandage that they are using, or how it happened.

When we come to the place, like, looking at people, there are some saying nothing, but, there are others that say: hum hum! [Changing face] and say: That woman has an injury. Look at that woman's leg. They don't talk for people to look, but it happens. (Beatriz, 72, injured over 1 year ago).

The drawings presented denote the representation of woman with broken body, as marked, faulty and sometimes as a deformed body, visible and noticeable to the public. The testimonials demonstrate dissatisfaction with the body whose appearance changed since the appearance of the injury, as evidenced in Figure 1 below:



I would like to be a healthy person

She was a healthy, beautiful, lovely person and today she finds herself cast down, for she has a defect that she can not improve...

Figure 1 - I would like to be a healthy person

The visual impact caused by the injuries stimulate women to hide their injuries and bandages, but it is not always possible to do so. The attempt to hide the problem from other people is evident in the testimonies, showing that the changes in the garments reflect the need to adapt and live with the injury, prevent exposure and negative judgment causing embarrassment and shame:

We are ashamed to wear clothes so the wrapped leg does not appear, so we do not go to a beach, so we do not use a dress. One only uses pants to cover the injury. (Geisa, 68, injured 1 year ago).

I just have a complex with clothes because I do not like them, because my injury is in my leg, therefore I do not like wearing shorts or dresses. I only use pants. Even in day-to-day at home I just wear pants [...] Before I wore shorts, I wore dresses and today I have this complex. I just wear pants, because I do not like it when I go on the street and people keep looking at my leg injury. There are people who are curious: what is it? There are also people that are indiscreet and say: Wow! It still hasn't healed yet? Therefore, to not go through this embarrassment I prefer to wear pants so that I don't act rudely. (Zilda, 49, injured 11 years ago).

2 - Living with pain

Daily living with pain was a valued aspect of the participants; they report an always present pain in different everyday situations. Through the testimonials it can be concluded that the experience of pain promotes malaise, an unpleasant memory, marked by anguish and suffering:

We feel pain, and it is an unbearable pain (Leila, 45, injured 16 years ago).

My whole problem is that I can not stand up, the worst difficulty is that [...] we walk, the leg hurts [...] some people do not accept it, because it hurts, my leg gets tired. (Daniela, 64, injured 12 years ago).

Before, my leg did not hurt, my life was great [...]. (Geisa, 68, injured 1 year ago).

The presence of pain is often related to the physical sensations that are displeasing, but it may be noted that the pain does not only cover the physical dimension, it also has impacts on the emotional lives of these women, such as the loss of hope and meaning in life. Participants came to reveal that sometime they already had envisaged terminating their own life, as is evidenced in the following statement:

I suffer a lot. It's a lot of pain. I have to live depending on the medicine, so, my life stopped with this disease. One day I was in so much pain, I thought about killing myself. (Marta, 52, injured 7 years ago).

3 - Being sad and lonely

There are many emotions experienced by women from the time they acquire a chronic injury. Feelings that lead to suffering are often expressed, with being the most reported, this is taken as a constant companion, one with whom one lives daily.

I consider myself a very sad person [...] a felled person, very sad, truly very sad. (Elisa, 63, injured 40 years ago).
It's horrible. For me it's horrible. I suffer and cry a lot. (Marta, 52, injured 7 years ago).
Before I was happier [...] the injured body keeps us sometimes always sad. I feel sad sometimes. (Leila, 45, injured 16 years ago).

In Figure 2, the participant portrays in his drawing-story-theme as she sees today.

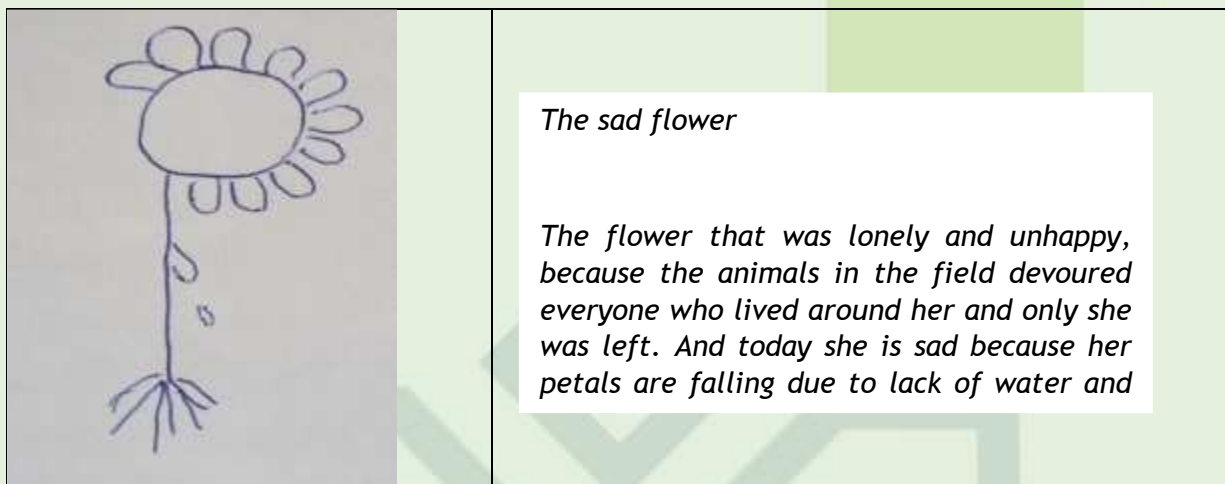


Figure 2 - The sad flower.

In these cases, the state of sadness comes from the feeling of loneliness and unhappiness, evidenced in the testimonies of isolation from family and social environment. The absence or distancing of friendship, partners and other family members cause feelings of exclusion and fear. Often isolation occurs through the initiative of the woman herself who feels inadequate by experiencing self preconception, as can be seen in the statements below:

[...] Sometimes people do not have the same friendship they had before, I pulled away a bit from the people [...]. Perhaps the prejudice came to myself, not wanting to relate to people and often hid from people that I had this problem. (Leila, 45, injured 16 years ago).
I was gathering too much indoors, just kept indoors ... Nobody will want to buy a 'acarajé' with a woman with a leg injury. (Marta, 52, injured 7 years ago).
My husband left the house because of the leg be. Then I started to get sick of the leg. He did not like it and left the house. Therefore, I stayed home and went to raise my children. I did not accept him because of my leg [...]. And then I tried to avoid having sex with him, while he was young, like myself, then he got fed-up and left the house. (Elisa, 63, injured 40 years ago).

4 - Living irritated with everything and everyone

This category highlights the change of mood that the experience of the injury causes. The bodily changes, the demands for daily care, the odors, the loss of significant relations

gives women a state that leaves them *on the edge*. The everyday is referred to as exhausting and they claim that everything angers them, makes them lose patience, encourages them to express aggression and commit acts of violence against those who are near, whether they are family or professional caregivers. When faced with the new reality irritability manifests itself primarily by non-acceptance of their injury condition.

I live seven years now with this disease, I do not accept it. I only see it growing, growing, I do not accept it. I will not accept it[...] I do not want to have this disease do. I won't lie, I do not want it. (Marta, 52, injured 7 years ago).

An injured body is a very stressful thing, an injury without healing, I find it exhausting [...] years and years with that leg injury, for me, it is very exhausting. (Geisa, 68, injured 1 year ago).

The non-acceptance of the patients' status is accompanied by the desire to transform the reality, aiming to achieve normality represented by injury healing. For the participants, being normal is to get rid of the injury, in that sense they remember the past with nostalgia when the problem did not exist.

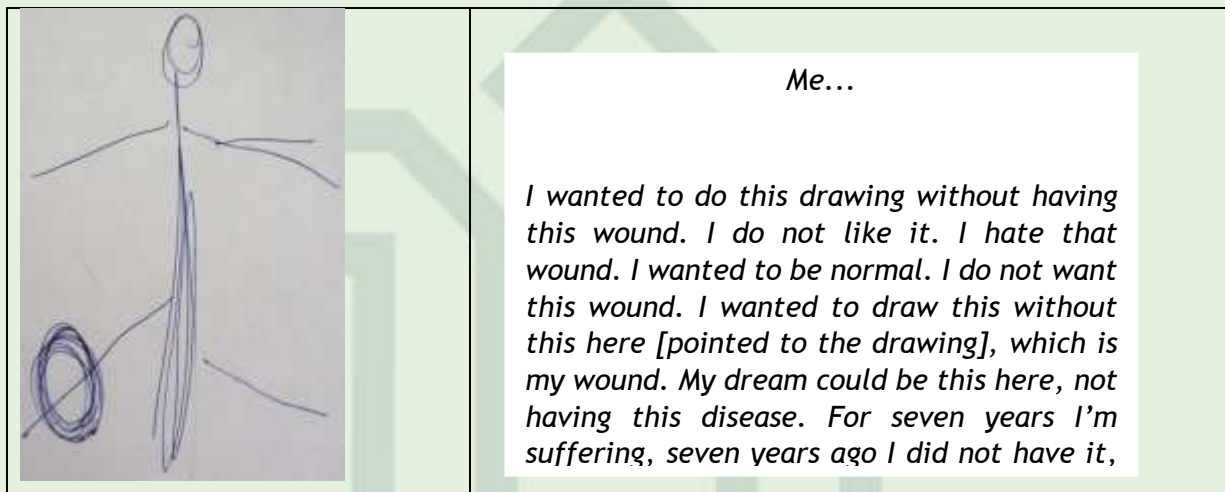


Figure 3 - Me...

5 - Being dependent on others

Through their speeches the participants highlighted the loss of autonomy and the ability to work, whether in the domestic or the public environment. The injury prevents them to continue their routine household tasks like caring for children, the house and themselves. Despite of the physical limitations they continue to look for work to ensure the survival of their children, however, the stigma of the injury is reflected in the rejection of potential employers.

I raised 4 children with difficulty, because I lived without working, I tried to work in domestic jobs, but they would not accept me, so I had to go to the street to beg to be able to raise my children. (Elisa, 63, injured 40 years ago).

Physical limitations may interfere with the performance of basic activities of daily living such as getting dressed, housekeeping, travel with public transport, working, which undermines the social life of women, bringing feelings of inadequacy, worthlessness and loss of freedom, which will inevitably bring implications about to their emotional state.

We do not have the freedom that a person has with two good legs ...Do what I did, is difficult today. I can not wash clothes. I'm always asking one or another to do things... I can not even go out alone. (Elisa, 63, injured more than 40 years ago).

I can do nothing at home. I feel like nothing, because I can not do anything, a lot of things that have to be done are done by my children, and so, I am nothing, I feel like nothing ... After the injury, I no longer worked ...My life stopped with this disease. I worked, I was independent and today I am no longer independent. Today who give me things are my children. Everything changed. (Marta, 52, injured 7 years ago).

The participants experience the feeling of failure to perform daily activities, there is an impotence due to the fact that they can't perform all that they really want, not qualifying them as caregivers anymore, but as subjects of care and poor therefore dependent on the others. For women who have a close family dependence it is also anchored in the attitudes of zeal, when the family advises them not to work, not to physically strive but to avoid situations that jeopardize the health and intensify measures to seek care.

My sons and daughter in law do not want me to do anything. Until today, the thanks to God, everyone hugs me and my kids already speak to me: Mother do you have to be careful, you're a modern woman. They always are saying a kind word. (Beatrice, 72, injured over 1 year ago).

So, while the family imposes limits, this same family is the support to overcome the difficulties. The family contributes to the chronically injured people so they won't feel helpless and alone during the ailment.

This dependence is expressed not only by the need of help to take care of themselves, but by financial need to meet the material demands, especially in families where the woman is the sole provider. The absence of a partner or family members to collaborate economically, coupled with the inability to work consequently leads injuries to the extreme impoverishment of women taking some of them to dependence on social assistance, or begging for their survival and their families.

The body image relates not only to the interrelation of perception and senses, it encompasses the mental representations and figurations that the individual has of the other and oneself, and it also results from contact with actions and emotions of other previously acquired experiences.⁹

The appearance is modified by the injury, causing shame, leads to suffering, change in the habits of presenting themselves and changing the daily lives of women.

The feeling of shame occurs during exposure of the injury, either at the time of treatment or accidentally, and it equals to the same control as private bodily practices like stripping naked, defecate and urinate.³

This control generates a permanent state of vigilance which passes what is prescribed on the outside, with looks of disapproval and the feeling of disgust of others towards them, which will be incorporated and shall be adopted by patients as an internal requirement causing negative feelings from the shame and fear, self-loathing, when a person loses control over his bodily presentation and goes to see herself unfit for social interaction.³

The persons with a chronic ulcerations feel forced to change their appearance opting for garments that mostly do not denounce the presence of the injury. These changes constitute a challenge for women, requiring great effort on their part in maintaining femininity, being the way of dressing one of the ways in which this is expressed.¹⁰

By adopting the routine use of long pants these women feel distant from models of femininity, inadequate and less attractive. The physical limitations, the increasing the level of dependency, the need for rest and the restrictions of domestic space are magnified to the extent that the pain becomes constant. The pain is in a private and subjective experience, which results not only from the characteristics of tissue injury, but also integrates the emotional and cultural factors of each being.¹¹

There are a variety of manifestations caused by pain, such as changes in sleep patterns, appetite and libido, irritability, changes in energy, impaired concentration and restrictions on the ability for family, professional and social activities. And the exacerbation of these symptoms occur with the persisting of the pain.¹²

The self-isolation reported by the women participating in this study, is manifested primarily as a resource for self-defense in the face of shame that exposure of the body promotes. The person with chronic injury can experience the isolation in two ways, one through the family and friends who move away for fear of being infected or affected by it, and another, in person, to realize that their odors they experience as unpleasant themselves, makes them believe that this presence is also unpleasant to others and thereby deviate from the others in their social life.¹³

In addition, studies done on the process of living with chronic injury shows that most of patients surveyed are afraid of being rejected by family members, and also demonstrated the fear that family members may experience the odor of the injury.¹⁴ The familymembers and friends of the chronically ill may react unfavorable to the patient in their own way by demonstrating denial, silence or overprotection, which favor dysfunctional adaptations to the disease.¹⁵

In situations of illness, in the beginning the person counts on immediate support from family, friends, neighbors or acquaintances, but to the extent that the problem assumes a chronic condition such support decreases or disappears, and the person who once showed motivated tends to discourage and lose confidence, primarily to observe that the injury does not heal and the people in their social circle distance themselves.²

It is noteworthy that the disease process not only involves the biological dimension of the body part affected by the disease, but also the social and psycho-emotional dimensions since it generates a discontinuity in the daily routine that requires the rethinking of values, priorities and life projects, which ends up causing more reflection on what really matters to each person. The existence of the injury reinforces the feeling of loss, which refers to mourning.^{3, 13}

The study on the quality of life of people with venous leg ulcers showed that feelings of anger are often expressed, but in other situations, it is common to demonstrate conformity and adaptation to this new reality.¹

The impact on daily activities acts as an important conditioning factor in psychological response of people with chronic injuries. Often people express the feeling of living a

restricted life, citing the inability to do what they want, the things that give them pleasure, naturally, free of complexes, obstacles and impediments¹⁶⁻¹⁷

Unable to accomplish things of which is experienced with regret, sometimes transposing a negative assessment people make of themselves, selfconception, feeling themselves as diminished and useless.¹⁷

The situation of economic dependence was discussed in studies realized with the population and injured women in Salvador, related to the low education of women with chronic injuries of the lower limbs that are seeking to occupy as domestic or low-paying jobs such as cooks, laundresses, caretakers, because due to the odor and appearance of wounds they can hardly be placed on the labor market.³

In a study with cancer patients and their families, the participants point out the role of family and friends as a crucial support for their psychological balance, considering them as the fundamental emotional support throughout treatment.¹⁸

The words of a son, a friend, a grandson nourishes the will to live and the hope of an improvement. The need to feel cared for and to receive affection and feel the concern of others related to themselves is of the greatest value for the sick person with chronic injury.¹⁷

CONCLUSION

The imposition of rules to be followed in today's society makes that beauty is exalted, dictating what is beautiful and how one should be and what to wear. This study revealed that having a chronic injury, with its features externalized to the other, either by smell or changes in body image, imposes that these women are nonstandard and therefore excluded from social life.

For women with chronic injury, the pathology passes the physical barrier, passes from only an external body modification, to a psycho-emotional distress for causing feelings of sadness, irritability, isolation, dependence and consequent low self-esteem, directly affecting the quality of life of the subject.

The chronic injury may remain for several years, and this is one of the problems that cause loss of self-esteem in women marked by feelings of inadequacy and worthlessness that the injury causes them. The shame, the pain, the loss of autonomy, isolation, awkwardness and embarrassment of being in public means lead to the conclusion that women with chronic injury are more likely to develop emotional disorders.

Given the complexity of understanding the reality experienced by women with chronic injury, it is necessary that professionals involved in the care of these women know and expand their vision about the feelings that they have towards the disease, linking together with the family and social circle of this woman. To reach a dignified care, the health professional should provide a systematic and individualized assistance, knowing the other as a whole, discovering their fears and anxieties and expectations that accompany them.

Therefore, it is necessary to treat these women with adequate support, providing holistic care, understandings that go beyond the care of the injury, that behind these

treatments there is a human being who expresses their fears, hopes and anxieties. She is showing her daily suffering, thus in need of listening, psycho-emotional support and monitoring.

REFERENCES

1. Yamada BFA. Qualidade de vida de pessoas com úlceras venosas crônicas [dissertação]. São Paulo (SP): Escola de Enfermagem da Universidade de São Paulo; 2001.
2. Carvalho ESS, Paiva MS, Aparicio EC. Cuerpos heridos, vida alterada: representaciones sociales de mujeres y hombres. *Index Enferm* [periódico na Internet] 2011 Jun; [citado em 10 nov 2012]; 20(1-2): [aprox. 5 telas]. Disponível em: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1132-12962011000100007&lng=es. <http://dx.doi.org/10.4321/S1132-12962011000100007>.
3. Carvalho ESS. Cuidando de pessoas com feridas infectadas: representações sociais da equipe de enfermagem [dissertação]. Salvador (BA): Escola de Enfermagem da Universidade Federal da Bahia; 2005.
4. Coutinho MPL. Representações sociais e práticas de pesquisa. João Pessoa (PB): Editora Universitária da UFPB; 2005.
5. Trinca W. Investigação clínica da personalidade - o desenho livre como estímulo da percepção temática. São Paulo: EPU; 1987.
6. Farias FLR, Furegato ARF. O dito e o não dito pelos usuários de drogas, obtidos mediante as vivências e da técnica projetiva. *Rev. Latino-Am. Enfermagem* [periódico na Internet] 2005 Oct; [citado em 10 nov 2012]; 13(5): [aprox. 7 telas]. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692005000500014&lng=en. <http://dx.doi.org/10.1590/S0104-11692005000500014>.
7. Ribeiro KCS, Oliveira JSC, Coutinho MPL, Araújo LF. Representações sociais da depressão no contexto escolar. *Paidéia*. 2007 Set/Dez; 17(38): 417-430.
8. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12^a ed. São Paulo (SP): Hucitec; 2010.
9. Santos DB, Vieira EM. Imagem corporal de mulheres com câncer de mama: uma revisão sistemática da literatura. *Ciênc. saúde coletiva* [periódico na Internet] 2011 May; [citado em 10 nov 2012]; 16 (5): [aprox. 11 telas]. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232011000500021&lng=en&nrm=iso. access on 29 Oct. 2012. <http://dx.doi.org/10.1590/S1413-81232011000500021>.
10. Hyde C, Ward B, Horsfall J, Winder G. Older women's experience of living with chronic leg ulceration. *International Journal of Nursing Practice*. 1999 Dec; (5):189-198.
11. Budo MLD, Nicolini D, Resta DG, Bütttenbender E, Pippi MC, Ressel LB. A cultura permeando os sentimentos e as reações frente à dor. *Rev Esc Enferm USP*. 2007 Mar; 41(1):36-43.

12. Kreling MCGD, Cruz DALM, Pimenta CAM. Prevalência de dor crônica em adultos. *Rev. bras. Enferm* [periódico na Internet] 2006 Aug; [citado em 10 nov 2012]; 59 (4): [aprox. 4 telas]. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672006000400007&lng=en&nrm=iso>.
13. Carvalho ES, Sadigursky D, Viana R. O significado da ferida para as pessoas que a vivenciam. *Rev Estima*. 2006; 4(2):26-32.
14. Salomé GM. Processo de viver do portador com ferida crônica: atividades recreativas, sexuais, vida social e familiar. *Saúde Coletiva*. 2010; 46 (7):300-4.
15. Meneses R, Ribeiro JL. Como ser saudável com uma doença crônica: algumas palavras orientadoras de ação. *Análise Psicológica*. 2000 Nov; 18 (4):523-8.
16. Ebbeskog B, Ekman SL. Elderly persons' experiences of living with venous leg ulcer: living in a dialectical relationship between freedom and imprisonment. *Nordic Scand J Caring Sci*. 2001; 15(3):235-43.
17. Sousa FAMR. O "corpo" que não cura: Vivências das pessoas com úlcera venosa crônica de perna [dissertação]. Porto (PT): Instituto de Ciências Biomédicas de Abel Salazar da Universidade do Porto; 2009.
18. Lopes C, Pereira M G. O doente oncológico e sua família. Lisboa: Climepsi editores; 2002.

Received on: 04/12/2012
Required for review: No
Approved on: 03/10/2013
Published on: 01/10/2014

Contact of the corresponding author:
Evanilda Souza de Santana Carvalho.
Av. Transnordestina, SN. Departamento de Saúde, Mod. VI. Bairro Novo
Horizonte. CEP 44.036.900, Feira de Santana, Bahia, Brasil.
E-mail: evasscarvalho@yahoo.com.br