Clinical Psychology

Psicologia: Teoria e Prática, 27(3), ePTPCP17087. São Paulo, SP, 2025.
ISSN 1516-3687 (print), ISSN 1980-6906 (electronic version). **Evaluation system:** double-blind review.
https://doi.org.10.5935/1980-6906/ePTPCP17087.en
Universidade Presbiteriana Mackenzie

Original research articles based on limited empirical data

Effects of a behavioral intervention for body dissatisfaction among women

Amanda Santos de Souza[1], Paulo Coelho Castelo Branco[2], Liana Rosa Elias[3]

[1] Federal University of Bahia, Multidisciplinary Institute of Health, Graduate Program in Health Psychology, Vitória da Conquista, Bahia, Brazil.
[2] Federal University of Ceará, Department of Psychology, Graduate Program in Psychology, Fortaleza, Ceará, Brazil.
[3] Federal University of Ceará, Department of Psychology, Fortaleza, Ceará, Brazil.

Received: June 6, 2024.
Accepted: July 17, 2025.
Section Editor: Cândida Helena Lopes Alves.

Author Note

Amanda S. de Souza https://orcid.org/0000-0002-9874-2541
Paulo C. C. Branco https://orcid.org/0000-0003-4071-3411
Liana R. Elias https://orcid.org/0000-0002-1176-0406

Correspondence concerning this article should be addressed to Paulo Coelho Castelo Branco, at the following address Department of Psychology, Area II of the Humanities Center, Federal University of Ceará, Avenida da Universidade, 2762 – Bairro Benfica, Fortaleza, Ceará, Brazil, ZIP Code: 60020180. Email: pauloccbranco@gmail.com

Financial support: This study was financed by FAPESB and the National Council for Scientific and Technological Development (CNPq – Productivity Grant: 30445/2022-3).

Conflict of Interest: None declared.

Abstract

Aesthetic standards produce body dissatisfaction in women, damaging their relationship with their bodies. This study qualitatively investigated the effects of a short-term online behavior-analytic intervention for a group of four women who were dissatisfied with their body image. The data presented is an evaluation of the results of the action research design, collected in a final interview with the participants. The sample was non-probabilistic, conducted by active search and had the following inclusion criteria: identify as a woman (cis or trans); be at least 18 years old; have severe or moderate dissatisfaction - measured by the Body Shape Questionnaire (BSQ), and have made at least one attempt at body modification at least two years ago through diet and invasive or minimally invasive aesthetic procedures. Four women participated in five 90-minute psychotherapy sessions twice a week, in September 2022. The effects of this intervention were assessed using a semi-structured interview and the Body Shape Questionnaire (BSQ). The data was analyzed through content analysis and discussed from the perspective of Behavior Analysis, through the following categories of analysis: the experience of the psychotherapeutic sessions; changes in the relationship with the body and appearance; qualitative analysis of the BSQ, effects and behavioral variation after the intervention; evaluation of the intervention modality; evaluation of the therapist and the therapeutic process; and last, critical notes and possibilities for improvement. The intervention significantly reduced body dissatisfaction and promoted positive changes in body image perception among the participants. The main effects were: an increase in self-care and self-compassion behaviors; a minimization of negative/deprecating self-descriptions about themselves and them one's body; an increase in positive/valorative self-descriptions; a broadening of personal perception beyond objective appearance; recognition of the functional variables on which the behaviors involved in body dissatisfaction; identification of cultural elements as promoters of body dissatisfaction; an increase in psychological flexibility and valued behaviors and a broadening of the self-knowledge repertoire. It is concluded that the behavioral approach, in the online, brief, and group modality to treat demands related to body dissatisfaction among women is a promising clinical alternative, with positive therapeutic effects.

Keywords: behavior analysis, body image, brief psychotherapy, group psychotherapy, online therapy

EFEITOS DE UMA INTERVENÇÃO COMPORTAMENTAL PARA INSATISFAÇÃO CORPORAL ENTRE MULHERES

Intervenção Comportamental Para Insatisfação Corporal Entre Mulheres

Resumo

Este estudo investigou os efeitos de uma intervenção analítico-comportamental de curta duração, on-line, para um grupo de quatro mulheres insatisfeitas com a imagem corporal. Os dados apresentados são uma avaliação dos resultados do desenho da pesquisa-ação. Os efeitos desta intervenção foram avaliados por meio de entrevista semiestruturada e do Body Shape Questionnaire (BSQ). Os dados foram analisados através da análise de conteúdo e discutidos na perspectiva da Análise do Comportamento, incluindo a análise qualitativa do BSQ, a experiência das sessões psicoterapêuticas, alterações na relação com o corpo e aparência, efeitos e variação comportamental após a intervenção, avaliação da modalidade interventiva, avaliação da terapeuta e do processo terapêutico, e apontamentos críticos e possibilidades de melhorias. Os principais efeitos foram: aumento dos comportamentos de autocuidado e autocompaixão; minimização de autodescrições negativas/depreciativas sobre si e sobre o próprio corpo; aumento nas autodescrições positivas/valorativas; ampliação da percepção pessoal, além da aparência objetiva; reconhecimento das variáveis funcionais sobre as quais se enquadram os comportamentos envolvidos na insatisfação corporal; identificação de elementos culturais como promotores da insatisfação corporal; aumento da flexibilidade psicológica e de comportamentos valorosos; ampliação do repertório de autoconhecimento. Conclui-se que a intervenção se demonstrou uma alternativa clínica promissora, com efeitos terapêuticos positivos.

Palavras-chave: análise do comportamento, imagem corporal, psicoterapia breve, psicoterapia de grupo, terapia online

EFECTOS DE UNA INTERVENCIÓN CONDUCTUAL PARA LA INSATISFACCIÓN CORPORAL EN MUJERES

Intervención conductual para la insatisfacción corporal en mujeres

Resumen

Este estudio investigó los efectos de una intervención analítica conductual a corto plazo para un grupo de cuatro mujeres insatisfechas con su imagen corporal. Los datos presentados son una evaluación de los resultados del diseño de investigación acción. Los efectos de esta intervención se evaluaron mediante una entrevista semiestructurada y el Body Shape Questionnaire (BSQ). Los datos fueron analizados a través de análisis de contenido y discutidos desde la perspectiva del Análisis de Comportamiento, incluyendo análisis cualitativo del BSQ, la experiencia de las sesiones psicoterapéuticas, cambios en la relación con el cuerpo y la apariencia, efectos y variación conductual después de la intervención, evaluación de la intervención. Modalidad, evaluación del terapeuta y del proceso terapéutico, y notas críticas y posibilidades de mejora. Los principales efectos fueron: aumento de las conductas de autocuidado y autocompasión; minimizar las autodescripciones negativas/despectivas sobre uno mismo y su cuerpo; aumento de autodescripciones positivas/evaluativas; expansión de la percepción personal, más allá de la apariencia objetiva; reconocimiento de las variables funcionales que configuran las conductas implicadas en la insatisfacción corporal; identificación de elementos culturales como promotores de la insatisfacción corporal; mayor flexibilidad psicológica y comportamientos valiosos; ampliación del repertorio de autoconocimiento. Se concluye que la intervención demostró una alternativa clínica prometedora, con efectos terapéuticos positivos.

Palabras clave: análisis de la conducta. imagen corporal, psicoterapia breve, psicoterapia de grupo, terapia online

Body image is a verbal construction that involves an individual's learning history about their body, which influences identity processes (Elias et al., 2023; Zin et al., 2022). It is built on the person's interaction with environmental events. Sociocultural attractiveness patterns and gendered beauty imperatives are related to body dissatisfaction and maladaptive body image relations among women (Fonseca & Nery, 2018). Since the definition of beauty excludes several natural and common characteristics among women, individuals are more likely to be considered "ugly" regardless of their appearance. Under the control of these rules and the body as a stimulus, there is a high probability of discriminating against "imperfections", "defects", and rejecting the most varied personal attributes (Elias et al., 2023).

By excluding most people, the aesthetic pattern creates dissatisfaction with body image even more since its dissemination is massive and constant, especially due to new technologies and social networks (Lira et al., 2017). Among other implications, this favors body dissatisfaction, eating disorders, and hypervigilance concerning one's appearance (Tiggeman & Slater, 2017). However, this does not occur equally for all women. By postulating thinness, youth, and features common to white people as the ideal body features, women lacking these characteristics experience aesthetic pressure more aggressively (Bittencourt, 2013).

Concerning body image, the behavioral therapist must go beyond topographic descriptions of responses and investigate the determinants of specific behaviors in specific contexts, employing molecular and molar functional analysis (Elias et al., 2023). Thus, the therapist is equipped with tools to develop, with the client, more adaptive repertoires regarding body image and reduce the frequency of harmful behaviors, promote varied sources of reinforcement, develop more effective rules, etc. In this process, the therapeutic relationship is fundamental to expanding the client's repertoire of self-knowledge, which implies sensitizing the client to the consequences of their behaviors, knowledge of the contingencies in force, and mobilization for change (Vale & Elias, 2011).

The integration of psychological care with technologies and the internet is an international trend that has mobilized scientific efforts to structure and develop its practice (Ferracioli et al., 2023). The COVID-19 pandemic and subsequent quarantine measures have strengthened short-term psychotherapy (Balan et al., 2022) and online psychotherapy (Cruz & Labiak, 2021) as alternatives to long-term, in-person therapeutic models. Besides being established as a common and promising reality, facilities such as availability, convenience, accessibility, and low cost are elements that turn these practices into mental health care strategies. Despite the challenges involved, they have proven to be an efficient alternative to traditional ones (Ferracioli et al., 2023).

Regarding therapeutic groups, these produce social interactions that result in behavioral changes established by the demand of the members themselves. In this context, the environment is rich in stimulation, favoring the emission of clinically relevant behaviors, and generalization is facilitated due to the greater similarity with the natural environment. Generally, reinforcement is diversified and immediate, as group members themselves serve as an additional source of

positive social reinforcement. Because of the broad basis of social modeling in group contexts, members can facilitate the acquisition and maintenance of socially valued behaviors (Lappalainen et al., 2023).

On the other hand, the brief intervention modality is characterized by maintaining limited objectives and reduced goals compared to conventional psychotherapies, proposing to meet the individual's more immediate needs. The focus, conflict, or current situation of the client is the guiding element and the essential condition for the effectiveness of this type of psychotherapy. The brief duration of the intervention requires predetermined treatment timelines to arrange the organization and completion of assessment tools and clinical interventions (Balan et al., 2022).

Considering that incorporating brief psychotherapy to group interventions of analytical-behavioral orientation, in an online care modality, can optimize the clinical approach for cases of dissatisfaction with body image, this article investigates the effects of an online short-term analytical-behavioral intervention for a group of women dissatisfied with their body image.

Method

Design

The research followed steps guided by the design of research-action (Thiollent, 2022), referring to a brief online analytical-behavioral intervention for a group of women dissatisfied with their body image. This article is situated at the stage of results evaluation. Therefore, the results obtained in the final interview assessing the effects of the therapeutic intervention will be presented. This evaluation was conducted with the participants in October 2022. A qualitative research approach was used with a descriptive design to propose a qualitative evaluation of health services (Bosi & Gastaldo, 2021), which is inspired by the proposal of clinical and qualitative research on online therapy (Silva & Antunez, 2023).

Participants and Instruments

A convenience sample of women was recruited according to these inclusion criteria: self-identifying as a woman (cis or trans); at least 18 years old; with a minimum score of 111 points in the Body Shape Questionnaire (BSQ), indicating of moderate dissatisfaction with body image (Izquierdo-Cardenas et al., 2021); performed at least one attempt at body modification in the last two years before the study through diet and invasive or minimally invasive aesthetic procedure.

Seven participants were selected, and all consented to their participation by signing the Free and Informed Consent Form (FICF) and the Sound and Testimony Authorization Term for Recording. Of these participants, two gave up before the therapeutic group, and one (identified as P.E.) evaded during the process. Thus, four women participated in the group therapeutic process.

In common, all participants (P) were cis northeastern Brazilian women and had completed higher education. In diversity: P1 was 29 years old, a psychologist, single, with an income of up to three minimum wages; P2 was 22 years old, an administrative assistant, married, with an

income of up to three minimum wages; P3 was 53 years old, a public servant, married, with an income between three and five minimum wages; P4 was 55 years old, a public servant, divorced, with an income of up to three minimum wages. Concerning weight loss dieting practices over the past two years, P1 and P3 reported receiving guidance from some health professionals, whereas P2 and P4 implemented self-directed dietary modifications. Regarding aesthetic procedures, few were performed during this period, with laser hair removal being the most common (P1, P3, and P4), followed by lymphatic drainage (P2 and P3). The age discrepancy between P1 and P2 (29 and 22 years old, respectively) and P3 and P4 (53 and 55, respectively) drew attention to different experiences and contingencies established by the stages of life to which they were exposed. As young adults, P1 and P2 were in a moment of professional ascension and early marriage (in the case of P2). P3 and P4, in the moment of maturity, experienced financial and marital stability (in the case of P3). Regarding the two married participants, only P3 associated body image with marital relationship, when reporting that her current appearance negatively affects the couple and causes discomfort to her husband. The group consisted of five psychotherapeutic sessions, each lasting an average of 1.5 hours, conducted twice a week in September 2022.

Procedures

Following the group therapeutic process, individual meetings were scheduled with each participant to conduct semi-structured interviews to evaluate its effects, using a predetermined script. In this meeting, the BSQ was applied again to compare body dissatisfaction levels before and after the intervention. The interviews were conducted online, recorded, and transcribed. The script included two assessment blocks: (1) evaluation of the intervention itself and (2) perception of observed effects and changes following the intervention. From the treatment of qualitative data on clinical interventions, a content analysis was performed (Faria-Schutzer et al., 2021). The following steps were operationalized: (1) general reading of the material, (2) coding into thematic units, and (3) data interpretation into categories, discussed according to Behavior Analysis (Fonseca & Nery, 2018).

It should be noted that this study is part of a larger research effort, entitled "Short-term analytical-behavioral intervention online for a group of women dissatisfied with body image: action research", which generated other studies. The Research Ethics Committee approved its implementation (Committee opinion no. 59403522.8.0000.5556). Thus, the aspects of confidentiality, anonymity, and right of withdrawal were met. Additionally, the risks and benefits were communicated and attested through the aforementioned terms. If necessary, individual psychological assistance was ensured and made available to the participants by the group's researcher-facilitator, who is a qualified psychologist registered at the Regional Council of Psychology and has training for individual intervention. Due to social distancing measures implemented during the COVID-19 pandemic (Schmidt et al., 2020), this study adopted a virtual format during and following the quarantine period. To facilitate the reader's understanding of the intervention's effects, Table 1 below illustrates its structure.

Table 1

Structure of therapeutic intervention in groups

Therapeutic Session	Objective
1	Introduction of the researchers and participants, review of the therapy contract, survey of complaints, and therapy goals.
2	Introduction of the participants who missed the first meeting. Joint activity. Identification of self-description, values, and avoidances. Self-care and self-compassion in the face of bodily characteristics (especially unsatisfactory ones). Raising awareness and proposing questions about the reproduction of aesthetic pressure and self-aversion.
3	Socialization of homework "looking at myself with good eyes". Approach to the history of learning about body image and the identity concept.
4	Socialization of homework "letter to body" to address self-compassion, self-care, and verbal constructs referring to body image and identity. Flexibilization of self-rules related to body/appearance and strengthening of positive references compatible with reality. Expansion of body and self-description, aiming to include positive/personal aspects/characteristics.
5	Closing the group experience based on the homework. The body beyond objective appearance, self-compassion, expansion of self-description, and flexibility of derogatory self-rules were the targeted contents of the meeting. Previously addressed issues and participant impressions were revisited for group closure.

Source: authors' elaboration.

Results and Discussion

BSQ qualitative analysis

Table 2 presents the levels of body dissatisfaction in the BSQ for each participant. As evidenced by the first BSQ application, participants exhibited elevated levels of body dissatisfaction before the intervention. After the intervention (second application), every participant presented a decrease in the intensity of this dissatisfaction.

Table 2

Data obtained by BSQ

P	1st application score (August 2022)	Body dissatisfaction level	2nd application score (October 2022)	Body dissatisfaction level	Observed difference
P1	158	Severe	143	Moderate	Decrease of 15 points
P2	170	Severe	137	Moderate	Decrease of 33 points
P3	186	Severe	140	Moderate	Decrease of 46 points
P4	129	Moderate	116	Moderate	Decrease of 13 points

Source: authors' elaboration.

Although they still maintain a moderate level of body dissatisfaction, the reduction in intensity may indicate the efficiency of the intervention, which aimed to manage complaints related to body image (and not to extinguish body dissatisfaction). In the first application, most participants had severe body dissatisfaction, with an average of 160 points. In the second, the

level of dissatisfaction decreased among these participants from severe to moderate, with an average of 134 points. It is pertinent to highlight the case of P3, whose difference in BSQ score after the group experience was considerable (46 points). This finding may be related to P3's adherence, which, throughout the intervention, demonstrated an active posture in the therapeutic process. In addition to participating in all meetings, P3 committed to the activities.

The therapeutic bond appears as another variable related to the positive effect of the intervention for P3. The therapeutic relationship was built with ease and fluidity, becoming solid and permeated by trust. It is plausible to consider the bond as a decisive factor in the case of the other participants as well. In particular, P2 showed a high score difference in the two applications of BSQ. Despite missing two of the five therapeutic sessions and exhibiting escape and avoidance behaviors, P2 demonstrated openness to contact and willingness to the group process, which enabled the construction of a good therapeutic bond.

The therapeutic relationship is pointed out as one of the most important predictors of the benefits of the clinical process. This relationship serves as the link between the psychotherapist and the patient and is based on goal agreements and the tasks of therapy. It is understood from the personal qualities of the therapist and the client in a given clinical context, being a determinant of the quality of the analyses made by the therapist, as well as the effectiveness of the process. In addition, it requires the involvement of both the therapist and the client, it is not necessarily established in the first session, and it is modified during the process (Marques & Garbelotto, 2021).

However, the results and effects observed in these cases cannot be considered separately since both P2 and P3 had already been working on body dissatisfaction in individual psychotherapy. Thus, factors such as adherence, active participation, the therapeutic bond between participants, and individual psychotherapy may contribute to and enhance the results of this intervention.

Experience of group psychotherapeutic sessions

The participants described the meetings as interesting, satisfactory, fruitful, and dynamic. For them, group immersion seemed to be unprecedented, given the little incursion into health care practices.

> It was a particularly good connection to know that women so distant, I mean, geographically and in relation to life (...) and who went through the same things and lived the same things (P1). For me, the best part is knowing that there are other people feeling what I was feeling (P4).

The importance of group work in relation to the model of individual psychotherapy is highlighted. Besides favoring and expanding access to services, this modality has some therapeutic advantages: increasing the source of reinforcement beyond the therapist (since the therapeutic environment and group members begin to exert a reinforcing function); and the

variety of arranged models, histories and repertoires, which contribute to the expansion of self-knowledge, discrimination, and contingency modification (Feitosa et al., 2016).

The atypical character attributed to the experience of group psychotherapy was associated with the understanding that it provided a unique experience, marked by the possibility of being in contact with different women, from different regions, but who shared emotional issues and common difficulties. All participants referred to shared demands and mutual identification despite different realities, ages, and life histories. This seems to have served as a key discriminative factor shaping the social contingencies that govern relationships between body, beauty, and aesthetic standards. Social reinforcement, reflected in acceptance, validation, and mutual support, seems to have contributed to the adherence and positive evaluation of the group experience. Through access to positive social reinforcement, the participants established powerful bonds permeated by mutual identification, alliance formation, and reciprocal support. This facilitates the process of social modeling and contributes to behavioral variation by offering a model, providing immediate reinforcement, and teaching new skills in a context close to the natural environment (Delitti & Derdyk, 2009).

Changes in relationships with the body and appearance

In general, the meetings improved the relationship with the body and appearance. The participants reported changes in self-perception and self-description, which included other aspects and characteristics beyond the objective body. Rather than being exclusively governed by physical characteristics (especially those deemed inappropriate and unpleasant), self-perception came under the control of multiple stimuli, thereby overcoming the "fragmented vision" they had previously. Besides the qualitative expansion in terms of self-reference, the participants seemed more sensitive to evaluative attributes beyond appearance:

> One of the things that impacted me a lot was the change in how I see myself. So, not physically, but how I see myself as a person. How I value myself or how I am patient with myself, how I welcome myself, how I can look, for example, at everything I went through, what I did, what I got (...) (P1).

Thus, it is possible to consider that psychological flexibility increased in relation to appearance. Body acceptance was also observed, which minimized concerns of this nature. Although still present (and signaling social punishment), other characteristics besides those that generate body dissatisfaction began to exert control over body descriptions. From the multiple control of verbalizations and responses associated with the body, the self-descriptive self-rules of identity (the self-body relationship) were made flexible (Zin et al., 2022). It is inferred that body image and its identity relations could be modified through interventions. The body then began to exercise multiple discriminatory controls:

> I think what has changed about that - about how I look at my appearance and the way I used to see it as central - is that I now realize there are other things. I've come to see that there is so much more to me than just my appearance. (P1).
>
> Our appearance is our first calling card in our relationships, whether personal or work-related, and I think it's still a bit hard for me to accept being judged by how others see me. But now the discomfort is much smaller (P3).

The relationship with the body was rethought by recognizing the discrepancy between the evaluation they made of third parties and self-assessment, as well as the role of appearance in their interpersonal relationships. The participants were able to question the equivalences related to appearance since it occupies a secondary or irrelevant role in their relationships (especially the affective ones). This alternative way of conceiving appearance seemed to contribute both to relativizing its importance (about identity and values), and to pondering and leveling the criteria from which they judge others and themselves:

> The appearance of the other, sometimes for me, comes later. But my appearance, in my opinion, defined everything; it was what defined everything for both "yes" and "no". But according to what we were talking about here, the "after" would be to think of the appearance as "something", part of who I am, part of a whole (P2).

Other reported changes included increased self-care and self-compassion behaviors, such as personal validation, welcoming, self-esteem, decreased self-criticism, and self-judgment. The emission of valuable behaviors and changes in self-regulation were also noted:

> It made me look at myself in a caring, welcoming way. Not judging me so much, not being so critical (P3).
>
> One thing that struck me a lot was the question of looking at me. I have a lot of trouble looking at myself, and seeing myself in the mirror, and seeing my size (..) every time I go to look at myself or I think about not looking in the mirror, I remember the importance of doing this, I remember how rebellious it is to look in the mirror. And it is a rebellion that has to be done (P2).

When not governed by experiential avoidance, P2 engaged in values-consistent actions aligned with principles of self-care and self-compassion. Despite the discomfort of looking in the mirror, P2's behavior was controlled by the delayed consequences of looking (validation of one's existence, monitoring of one's progress, identification of aesthetic improvements, etc.). The report suggests that the participant sees the act of looking in the mirror as an act of resistance. Considering that the verbal community imposes aesthetic rules that disallow one's body to exist (in the way it presents itself naturally), and that from this body, one's life is qualified in a pejorative way, one's behavior exerts a function of countercontrol, mobilizing a courageous confrontation against a hostile and exclusionary reality.

In contrast, P4's reports indicate that changes in her relationship with her body and appearance were minimal. According to her, the group meetings promoted little change in this direction. Throughout the therapeutic process, this participant showed significant cognitive rigidity and self-critical and demanding behavioral patterns. Besides remaining poorly sensitive to environmental variables and the role of culture in promoting and maintaining body dissatisfaction, P4 maintained strict self-rules associated with personal accountability for appearance. Immersed in a culture that produces body dissatisfaction, P4 continued to inflexibly reproduce reports such as "if I try harder, then I will lose weight", "if I do not try to make up lost ground, I will continue in this", "the math is simple: do more exercise and eat less". From these reports, typical elements of aesthetic pressure fostered by culture are noticeable, such as meritocratic reasoning, self-directed guilt, individual disability, and disregard of personal limits around the current aesthetic normative (Wolf, 2020).

Centralized control over the body and physical characteristics perceived as unacceptable made it difficult to discriminate against other aspects, characteristics, and elements unrelated to aversiveness. Thus, self-description was fundamentally permeated by negative qualifications and derogatory verbal relations. The body, perceived as aversive (and a sign of punishment), continued to evoke behaviors of rejection and withdrawal by P4, as well as mobilizing unpleasant emotional effects (sadness, anger, nonconformity, etc.). However, although her report indicates that the intervention was insufficient or unable to modify her relationship with the body, the second application of the BSQ revealed a 13-point decrease in the intensity of body dissatisfaction. Thus, it is questioned whether the intervention failed to change her relationship with her body and appearance, or whether the strict control by rules made it difficult to discriminate the changes.

Still concerning P4, the therapeutic effects produced by the group are considered more related to social reinforcement arising from the sharing of experiences. Since the beginning of the pandemic, P4 has experienced significant social and affective deprivation. Thus, the group was a context of socialization and promotion of social reinforcers. This resulted in what seem to be feelings of group belonging and consolation for being understood and sharing a common experience, including failures related to the desired body modification: "this discomfort I have, I knew I would not change, it was not a matter of changing how I feel, but it gave me comfort (...) to know that there are other people who feel what I feel" (P4).

P4 seems to link body acceptance with conformity and resignation to an appearance she dislikes. This might explain her insensitivity and avoidance of interventions made in this regard since, in this case, accepting her appearance would be equivalent to maintaining the aesthetic condition she rejects:

> It didn't change my position on that [appearance] (...) mainly because I don't see myself in this body or having this body. So, for me, it's something new to accept myself in it, in something that doesn't bring me joy, doesn't make me feel comfortable, you know? (...) Either you take action or you reframe it and accept it as it is (P4).

Several variables affect the selection and maintenance of responding under rule-governed control. Among these, the history of correspondence between the description and the events of the environment to which it refers and the presence of social variables stand out (Veiga & Leonardi, 2012). In the case of P4, there seems to be a combination of these variables. Besides being part of a broader culture that conditions physical fitness to individual effort, P4 has been exposed throughout her life to a culture and family model based on this same logic, as she is part of a family of athletes. Not being an athlete in a family of athletes seems to create a favorable context for the emergence of behaviors such as self-imposed pressure, comparison, and personal accountability. Significant (and unprecedented) weight gain during the pandemic seemed to act as a trigger for body modification behaviors, in parallel with the increased reinforcing value of weight loss. There is a conflict between learning through rules, models received, and direct exposure to contingencies: on the one hand, the conviction and realization that physical appearance depends exclusively on oneself; on the other, the successive failures of attempts made alone. In cases such as this, referral for concurrent individual care may be appropriate.

Behavioral variation and effects after intervention

The main behavioral changes and effects mentioned by the participants included changes in the discriminative function of the body, with contemplation of the body and signaling of current reinforcers; the possibility of enjoying it in the present (as it is/stands); increase in low-frequency responses, such as looking in the mirror and acting with self-compassion toward one's body (with tolerance, patience, and love); and a reduction in positive punishment responses, such as self-demand and self-criticism. These new relationships, promoted by the group's experience, show the multiple functions that the body can perform.

The sharing of painful experiences, the attention given to personal and others' verbalizations, the change of relationships based on experiences, and openness to private behaviors (particularly unpleasant ones) were the results of group dynamics. These had important therapeutic effects, as the following reports indicate:

> Surely to look at myself more (...), to go in front of the mirror, and observe myself. And (...) try to really accept my body (...) in the sense that... the history it carries (...) I've been neglected a lot, I've been invisible many times, and I was doing that to myself again. So, when I said that I wanted to see myself, I wanted to be seen by myself; it was very striking (P2).
>
> The best part for me was knowing that there are other people experiencing and feeling the same thing I feel, this inadequacy, this conflict between how you are and how you would like to be, whether you accept yourself or not (P4).
>
> It affected me positively (...), not judging myself so much, not being so critical, seeing that I'm not alone. It was very good to share about our bodies (P3).
>
> The impact (...) was what I wrote to myself (...) "hey, P1, you're only going to have this face the way it is, for example, this skin, this body, these eyes, this smile, this shape that you have today, today, right now, for a

> certain amount of time." So there are so many possibilities for me to enjoy this, to look at this, and I look at it without liking it enough, even though I can enjoy a little bit of this P1 that I am today, until I become another P1 (...) and new things arise from there because (...) not necessarily, for example, life is about finding yourself beautiful (P1).

The questioning of the meaning of life addressed by P1 can be understood as a break from the rules to which women are subjected. Contrary to what is ostensibly presented by the mass media and guided by market-consumer interests (Elias et al., 2023), this questioning provides an opportunity for critical reflection on what is important: if life is not necessarily about finding oneself beautiful, what is life about? And what is my life about, in particular? What matters and to whom?

Mobilizing reflections in this sense makes it possible to confront learning that is unfavorable to healthy self-esteem and personal development. In addition to enabling the revision of meanings attributed to the body, oneself, and life, it allows critical judgment to shift from an internalist perspective focused on the objective body to address the environmental determinants that produce suffering. There is, then, a deepening of reflection that involves the meaning and values of living—living that is experienced in and through the body, beyond appearances.

Virtual modality of intervention

Participants reported that the virtual modality of the intervention was convenient and enabled their participation. This data corroborates the literature on online psychological services, which is advantageous in terms of availability, convenience, accessibility, low cost, and reduced stigma (Bittencourt et al., 2020). Ferracioli et al. (2023) show that online psychotherapy is effective under different approaches, with benefits for therapists and clients, such as reduction of asymmetries, development of new professional and communication skills, breaking down geographical barriers, and maintaining therapeutic elements present in face-to-face psychotherapy. In this regard, Barak Hen et al. (2008) conducted a meta-analysis of studies examining the effectiveness of online therapy involving 9,764 clients with different disorders, treated through various virtual interventions, whose effectiveness was assessed by different measures. The results showed similarities to those found in conventional therapy, considering the type of online therapy (self-monitored or provided by a professional), type of measurement and timing of results (post-therapy or follow-up), type of disorder, therapeutic approach, and mode of communication. The authors offered strong support for the adoption of psychological interventions in this modality as a legitimate activity.

The use of the camera during the sessions was considered an important factor in the quality of the intervention, contributing to strengthening the bond between the participants through the identification and recognition of expressions: "The open camera was fundamental. The therapist perceived our feelings, our anxieties, and our expressions. Turning on the camera

should be mandatory, even if you feel disheveled or ugly, because that is how we really are. It brought us closer together, even though we were far apart, and connected us" (P3).

Virtual care mediated using cameras can be advantageous in minimizing the cost of responding to therapy, given the quick possibility of escape and avoidance (turning off the camera or pretending that the connection has been lost). According to Sola et al. (2021), the use of cameras is an important distinction between the virtual group setting and the face-to-face format. On the other hand, it can lead to issues that require intervention. This was the case with the evading participant (P.E.), who exhibited some escape and avoidance behaviors (keeping the camera off, turning off the camera after a while, and/or taking notes), and P2, who needed greater bonding and empathetic interventions to feel comfortable with the camera.

Seeing one's image on the screen was not mentioned as a factor that influenced the group's participation. What was observed was the possibility of strengthening bonds and emotional closeness among the participants. Even the situations mentioned above served as a context for strengthening the bonds between the participants. Given the discomfort, shame, and fear expressed by P.E. and P2, the other participants made empathetic and soothing interventions that helped both feel more comfortable with the camera.

However, when comparing it to face-to-face therapy, they recognized some disadvantages, mainly the loss of quality social contact. Although technology-mediated psychological services are promising and show good results in the treatment of various mental disorders, there are still important discussions about their limitations and disadvantages. The damage to the therapeutic relationship and the impoverishment of the bond and nonverbal communication are some of the central points of this debate, which requires further scientific investigation (Assi & Thieme, 2019).

To foster communication links, some measures were implemented to strengthen and preserve the therapeutic relationship and bond, such as the use of self-disclosure, adoption of a casual attitude by the therapist-researcher, use of resources such as joint construction of a playlist (with songs that evoked positive feelings about oneself), and encouragement to use the camera during sessions. Conceiving the limits of the virtual encounter as an inherent part of the online psychotherapy format itself and as a clinical issue to be addressed can contribute to coping with frustrations, leveling expectations, and making better use of the therapeutic process (Bittencourt et al., 2020).

Regarding technical problems, which are common in virtual settings and were present in the group, these were considered minimal, with no significant impact or damage. This seems to have been a consequence of the adaptation strategies employed by both the therapist and the participants, their familiarity with technology and the internet, as well as the prior note about the possibility of technical failures and management guidelines—which were made through the therapeutic contract before the sessions began: "Even with the problems, it was a minimal loss, almost nothing. It was well adapted. We adapted well" (P3).

Group modality of intervention

The participants emphasized that the group intervention was a different and unprecedented experience since none of them had ever done group therapy before, and because of the contact established with people from other regions of the country. It should be noted that, besides the meetings, a WhatsApp group was created to exchange information and experiences during the therapeutic process, with the aim of strengthening the bond. This contributed to making them feel welcome and validated, reducing the feeling of loneliness in the face of the problems reported. Once again, the role of social reinforcement is highlighted, revealing the promising nature of working with groups (Delitti & Derdyk, 2009): "I had never done group therapy before; it was helpful to listen to others, what they are going through is very insightful. This sharing of feelings like ours makes us see that the problem is not just with us" (P3).

For P4, however, the experience was different. Although she shared the perception of the other participants regarding the group format of the meetings, considering it positive, the virtual format reduced the therapeutic effects of the group for her. Given her reality of working from home and social isolation, virtual activities mediated most of her commitments and interactions. In addition to acquiring an aversion, virtuality signaled to P4 the limitations to which she has been exposed since the beginning of the pandemic. The lack of greater social contact that P4 mentions in her account seems to correspond to her clinical diagnosis of socio-affective deprivation. This perception appears to have been reinforced by P4's expectations regarding the group, which differed from its original purpose and exceeded its limits. It is possible that the participant did not fully understand the intervention proposal, or that she was not in control of it, since the group was presented as an online intervention from its initial announcement. As already discussed, it is possible that, for P4, the group served more as a context for socialization than as a psychological intervention per se:

> Perhaps a face-to-face group would be more productive, especially when it ended, there would be coffee, a coffee break, socializing, exchanging phone numbers and email addresses, a 'let's arrange to meet again' invitation (...); these relationships that were started [here] will be lost in time (P4).

Since the participant expected to build deep relationships that would not end with the conclusion of the meetings, it is important to investigate her expectations regarding the intervention in more detail and align them with reality. This can be done by requesting feedback throughout each meeting, highlighting the limits of the intervention, providing more effective clarifications about the proposal and objectives, and revisiting the therapeutic contract. While it falls outside the group's scope, encouraging participants to maintain their formed bonds can strengthen the social support network, especially when it is fragile.

Brief intervention modality

Throughout the therapeutic process, participants commented on the number of sessions. Most of them highlighted their interest in continuing the meetings. Although the brief modality was not considered a problem, a greater number of sessions could have amplified the therapeutic effects. Besides expanding the possibilities for intervention, this would allow for both the exploration of other nuances of the topic and a deeper examination of those that have already been addressed. On the other hand, considering the number of absences (five in total) and dropouts – most of which occurred due to unavailability and work commitments – group cohesion would possibly be lost. It should be noted that the ease of establishing the group is favored by the smaller number of sessions.

Evaluation of the therapist and the therapeutic process

The therapeutic process was well evaluated by the participants. In their reports, they highlighted the comfort of talking about their experiences, the validating and welcoming environment, mutual strengthening and support, as well as therapeutic effects during and after each meeting. The painful moments were considered a fundamental part of the process and, in the participants' perception, contributed to clinical improvement. This was described in terms of a feeling of liberation from incessant concerns about appearance, a glimpse of new perspectives and possibilities for relating to oneself and one's body, relief through the sharing of experiences, and validation:

> I think this type of group approach is very good because (...) one helps the other, one takes the other by the hand, where one is feeling weaker, the other is feeling stronger (...) I think everyone wins, those who are helping and those who are being helped (P4).

Regarding the therapist's behavior, the evaluations were also positive. The therapist's clinical and intervention skills were highlighted, especially concerning her posture during the sessions (confidence, firmness), empathetic interventions (welcoming, validation, active listening, openness, availability), and those focused on reflective questioning (notes and questions):

> I always felt that [the therapist] was completely open, willing to listen, to welcome me, to show me other paths, other perspectives. I felt safe, open to talk (P3).
>
> [The therapist] was able to connect each person's discourse, bringing it to a single goal, making people talk about how they were feeling about the topic and feel comfortable (...) I thought there was a very warm welcome (P4).

Literature supports the emphasis placed on therapeutic skills. Fundamental not only for building and solidifying the therapeutic relationship, but also for mediating clinical interventions, therapeutic skills include empathy, authenticity, acceptance, active listening, the ability to

instruct and observe, demonstrating confidence, acting in a directive, creative, and available manner, and using humor judiciously (Marques & Garbelotto, 2021).

Another important skill is the ability to use one's own emotions as a tool in clinical work. While respecting the psychologist's personal and ethical boundaries, the use of one's feelings in the therapeutic process helps the clinician to better understand the contingencies evoked and/or established during the session and in the therapeutic relationship (Feitosa et al., 2016). According to the participants' reports, interventions based on self-disclosure played an important therapeutic role. In addition to offering a model for exposing vulnerability and alternative ways of coping with problematic situations, they helped the participants feel understood and strengthened the bond between them. For example: "I will never forget the letter [letter to the body, referring to therapeutic exercise] that the therapist wrote and shared with us" (P3). Likewise: "In addition to listening and pointing out the things I was saying, she also brought her own experience to the table, and I think that was essential (...) besides being a therapist, she knew what she was talking about" (P2).

It is commonly recognized that self-disclosure occurs when the therapist provides personal information to the client about their identity, experiences, and/or emotional responses to the client's shared stories and expressions. This is an intervention that can contribute to strengthening the bond, providing a model, naturalizing and validating experiences, and promoting change, as well as supporting and reinforcing the client's perspective or challenging it, as long as its use serves a therapeutic function (Vieira, 2007). It was observed that the experience of revealing personal information was consistent with the experience of body dissatisfaction. This strengthened the bond through identification and mobilized coping strategies and alternative behaviors for clinical improvement (such as self-care, opposite actions, models of body acceptance behaviors, and self-protection against harassment from others about appearance).

Critical notes and possibilities for improvement

The main difficulties pointed out by the participants were related to personal issues, especially scheduling conflicts, unsuitable locations for participating in video calls, and interference from other routine commitments:

> (...) I had difficulty because it was during my working hours, so I felt a little uncomfortable (...). If I cried too much, I would soon have to serve someone, so I couldn't have a very swollen face (P1).

The participants denied experiencing any discomfort during the meetings, agreeing that they took place without any problems in terms of unpleasantness or tension, despite their mobilizing nature. On the other hand, the absences of some participants were pointed out as detrimental to the progress of the group, despite the recognition that this issue was uncontrollable: "What I would have to mention is absenteeism. This ended up hurting the group a little, and that is something completely beyond your control, there is nothing you can do about it" (P1).

The participants made a few suggestions for improvement and refinement. One of them reported wanting to receive feedback on her performance after the meetings had ended: [I would like] you to also give us some feedback (...) anything you noticed, even from this psychological assessment (...) maybe something you picked up on and want to point out, or any reflections you'd like to share" (P4). Although psychological assessment and individual feedback were not objectives of the intervention, they are the focus of studies on monitoring and psychotherapeutic effectiveness (Solstad et al., 2021). Therefore, the report indicates room for improvement.

Some measures could be taken to avoid expectations that deviate from the therapeutic proposal to reduce the risk of abandoning psychotherapy (Ortolan & Sei, 2022). Among them, reviving the therapeutic contract, clarifying the limits and specifics of the intervention, and explaining the actions that comprise the intervention, including some clinical actions that may go unnoticed or would be better utilized once their function has been clarified. For example, many notes and clinical feedback were made during and at the end of the sessions, when participants were invited to share their impressions, feelings, and comments about the session. Informing participants in advance and highlighting the feedback moment (and its function) at each meeting may help participants pay attention to the therapist's scores, which could enhance the therapeutic effects.

Final Considerations

The intervention minimized the intensity of body dissatisfaction, comparing each participant with their own selves, and promoted changes in the relationship with their body among the participants. This was demonstrated by their reports and by the results obtained in the application of the BSQ before and after the intervention. The scores of all participants reduced significantly, and most went from a severe to a moderate level of body dissatisfaction. It should be noted that limiting the evaluation to the data obtained by the BSQ is a limitation of this study. Therefore, we recommend future qualitative assessments based on participants' perceptions of their behavioral changes. Despite this, in general, the intervention actions fulfilled their objectives and met the clinical needs of the participants. Complaints related to body image could be addressed with positive therapeutic effects.

The main therapeutic effects consisted of an increase in self-care and self-compassion behaviors, minimization of negative/deprecating self-descriptions about oneself and one's body, an increase in positive/valuative self-descriptions, broadening of personal perception beyond objective appearance, recognition of the variables on which behaviors involved in body dissatisfaction are based, identification of cultural elements as promoters of body dissatisfaction, increased psychological flexibility and valuable behaviors, and broadening of the repertoire of self-knowledge. Based on these effects, some exercises proposed during group therapy—as tasks between sessions—should be formalized and documented more systematically, as a technical product, to provide details on how to perform them to achieve therapeutic goals. As a conclusion, an online and brief group behavioral approach to treat demands related to body dissatisfaction among women is a promising clinical alternative.

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Contribution of each author to the work:

Amanda Santos de Souza: carried out the interventions, collected and analyzed the data, and contributed to writing and reviewing the manuscript.

Paulo Coelho Castelo Branco: supervised the research design, data collection and analysis, and contributed to writing and reviewing the manuscript.

Liana Rosa Elias: supervised the interventions, data collection and analysis, and contributed to writing and reviewing the manuscript.