



Body image and cancer

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Treatment for cancer can cause significant changes in a person's bodily function and appearance. Some patients might experience hair loss, skin discoloration, scarring, swelling and weight changes. Others might face the loss of a body part or sensory changes such as burning, numbness and pain. Some develop functional impairments, such as dysarthria, dyspareunia, dysphagia, impotence, infertility sexual dysfunction or incontinence.¹⁻⁴ Given these effects, body image is a critical psychological issue for many cancer patients, independent of tumor site, stage, type or treatment modality. These issues are especially prevalent during treatment and immediate postoperative periods.^{1,2}

Definition

Body image is defined in many ways. It is most commonly understood as a multidimensional concept associated with numerous medical and psychological factors including "perceptions, thoughts, feelings and behaviors related to the entire body and its functioning."^{1-3,5} Body image has also been defined more simply as "the mental picture of one's body or self-image, an attitude about the physical self and state of health, wholeness, normal function and sexuality."^{4,6}

Models of body image

There has been widespread recognition of Cash's cognitive-behavioral model of body image.⁷ In this model, two primary types of body image attitudes are theorized to drive thoughts, feelings and behaviors related to one's appearance:

Body image evaluation: The degree to which one is satisfied with his or her appearance, and whether there is a discrepancy between self-perceived physical characteristics and desired characteristics^{1,7}

Body image investment: The value or importance one places on appearance and physical attributes of the body for self-evaluation^{1,7}

Each of these can be further segmented as being influenced by historical or past experiences, events or attributes that shaped body image development or by proximal factor or current life experiences, such as cancer diagnosis and treatment.^{1,7}

Studies of body image and cancer

While the preponderance of body image studies focus on eating disorders, there are several studies that highlight cancer's effects on body image. Of 399 patients in one cancer survivor study, 16 percent to 54 percent of women and 11 percent to 34 percent of men reported negative body image.³ Among long-term breast cancer survivors, 15 percent to 30 percent experienced some degree of body image concern.¹ In one study of women with breast cancer, 33 percent reported two or more body image problems some of the time, and 17 percent reported at least one problem most of the time.⁶ In another study of patients conducted after operations for oral and oropharyngeal cancer, 41 percent of patients reported distress about appearance.⁸ Two separate studies, one on oral cancer patients and the other on head and neck cancer patients found that 77 percent and 75 percent of patients, respectively, acknowledged or identified current and/or perceived future embarrassment or concerns about one or more types of bodily changes that will or did occur during treatment.⁹⁻¹⁰ It's important to note that an individual's experiences and views about their body image are subjective and may not be in line with objective body changes observed by others. Extensive research on patients with disfiguring conditions has shown that there is no clear relationship between the severity of disfigurement and the degree of psychological response to disfigurement.⁹⁻¹⁰

Assessment of body image in cancer patients

There are multiple formal assessment tools that can determine body image perceptions among cancer patients. A 10-question body image scale (BIS) is a general assessment tool commonly used with oncology patients.¹¹ The BIS includes a paragraph describing the purpose of the assessment and instructions for completion. Patients respond to the following questions using “not at all,” “a little,” “quite a bit” or “very much.”¹¹

- Have you been feeling self-conscious about your appearance?
- Have you felt less physically attractive as a result of your disease or treatment?
- Have you been dissatisfied with your appearance when dressed?
- Have you been feeling less feminine/masculine as a result of your disease or treatment?
- Do/Did you find it difficult to look at yourself naked?
- Have you been feeling less sexually attractive as a result of your disease or treatment?
- Do/Did you avoid people because of the way you felt about your appearance?
- Have you been feeling the treatment has left your body less than whole?
- Have you felt dissatisfied with your body?
- Have you been dissatisfied with your appearance of your scar?

Additional tools include the 20-item Appearance Schemas Inventory-Revised, the 16-question Body Satisfaction Scale and the six-question Fear of Negative Appearance Scale.¹²⁻¹⁴ Individual specialties also have their own assessment tools, such as the Head and Neck Survey–Appearance Subscale, and most specialties use quality of life assessment tools which include questions related to body image.^{3,9-10,12-15}

Addressing body image distress

Body image issues can lead to difficulty adjusting to body changes post treatment, causing patients to feel ugly, irregular or deformed.⁴ Body image issues can cause avoidance of social situations, social isolation, anxiety, depression, anger and other negative effects on mental health.^{1,3,9-10} Some cancer patients have reported decreased intimacy, sexual interest and problems with sexual performance.³ Given such serious issues, clinicians should openly address body image needs with cancer patients.

While it would be ideal for clinicians to discuss body image with every cancer patient at every encounter, focusing attention on those most likely to develop body image issues might be more feasible. This might include those whose disease or treatment causes self-perceived changes to function or physical appearance, including patients undergoing head or neck surgery, sex organ surgery, mastectomy, ostomy placement, limb amputation, women who have had multiple cancer experiences or any patients who voluntarily raise concerns or behave in a way that indicates they are having body image issues.^{1,3}

Cognitive-behavioral therapy is a short-term, goal-oriented psychotherapeutic approach employed by trained mental health professionals. It can be used to address dysfunctional emotions, thoughts and behaviors via techniques such as goal-setting, systematic desensitization, cognitive restructuring and skills training. Psychosexual couples-based therapy with a trained professional has also been shown to improve body image scores, intimacy and relationship satisfaction.^{1,9}

In addressing body image issues with patients, nurses and other clinicians may find it useful to employ the conceptual framework referred to as “The Three C’s”¹:

- The first “C”: At the beginning of a clinical encounter, remind the patient that body image issues are very *common* as a result of cancer and its treatment. This normalization of body image issues and concerns can reduce embarrassment, stigma and shame.
- The second “C”: Ask patients what *concerns* they have regarding body image. This should be done using open-ended questions and phrases, creating space for conversation by allowing silences and interjecting brief phrases that let the patient know the clinician is engaged.
- The last “C”: Ask patients about the *consequences* of their body image difficulties and how they affect daily functioning. Special focus should be placed on problems related to occupational, social and emotional functioning.

Additional recommendations for clinicians include providing early patient education addressing what to expect regarding appearance and functional outcomes of treatment, connecting patients with community resources, referring patients to mental or sexual health professionals for therapy as needed, encouraging the use of alternative interventions (e.g., yoga, massage or beauty treatments) and following up with patients with known body image issues at each clinical encounter.^{1,9}

Summary

Body image perception is associated with patients' thoughts, feelings and behaviors related to their bodies and their functioning. Body image issues are critical and recognized consequences of cancer diagnosis and treatment. Clinicians can help patients identify and deal with these issues by using patient-centered approaches that include normalizing issues and concerns, open-ended conversations about concerns and consequences and referrals to community resources, adjunct interventions and trained professionals as appropriate.^{1-3,9}

About the author

Sheryl Lipari, LPN, is a senior clinical education specialist at AllianceRx Walgreens Prime with four decades of experience in nursing care. After 18 years in the field of nephrology and kidney transplantation, she turned her focus to reproductive medicine. Lipari spent five years at the Reproductive Science Center of the San Francisco Bay Area, beginning as a nurse case manager and later becoming nursing supervisor and clinical operations manager before becoming director of operations in 2009. Lipari is a member of the American Society for Reproductive Medicine (ASRM), the American Nurses Association the Association of Women's Health, Obstetrics and Neonatal Nurses, the Oncology Nursing Society and the National Association of Female Executives. She has served as a regular contributor to *Clinical Update*, a host for an ASRM annual meeting roundtable and a special-interest track speaker at the Annual REI Nursing Congress: Scientific & Therapeutic Approaches to Assisted Reproductive Technology.

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