Developing a Hypnotic Relaxation Intervention to Improve Body Image: A Feasibility Study

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Purpose/Objectives: To determine the content, feasibility, and best outcome of a mind–body intervention involving self-directed hypnotic relaxation to target body image.

Design: A five-week, uncontrolled, unblinded feasibility intervention study.

Setting: Behavioral therapy offices in Ann Arbor, Michigan, and Waco, Texas.

Sample: 10 female breast cancer survivors and 1 breast and gynecologic cancer survivor.

Methods: Adult women with a history of breast and gynecologic cancer and no major psychiatric history were eligible. The intervention included four face-to-face sessions with a research therapist lasting 40–60 minutes, logged home practice, one telephone check-in call at week 5, and one intervention feedback telephone call to complete the study. Descriptive statistics and paired t-tests were used to test feasibility and content validity.

Main Research Variables: Stress from body changes as measured by the Impact of Treatment Scale, sexual function as measured by the Female Sexual Function Index, and sexual self-image as measured by the Sexual Self-Schema Scale for women were the variables of interest.

Findings: The intervention content was confirmed. Changes in scores from the baseline to week 5 suggested that stress from body changes decreased and sexual self-schema and function improved during the intervention. Nine of the 11 women were satisfied with the intervention, and all 11 indicated that their body image improved.

Conclusions: Hypnotic relaxation therapy shows promise for improving body image and, in doing so, improving sexual health in this population. Additional testing of this intervention is warranted.

Implications for Nursing: Hypnotic relaxation therapy is feasible to improve body image and sexual health in women diagnosed with cancer and may be an important intervention that could be offered by nurses and other behavioral therapists.

More than 4.8 million women alive in the United States on January 1, 2016, had been diagnosed with a type of breast or gynecologic cancer (Miller et al., 2016). This number is expected to increase by at least 340,000 women by the end of 2016 (American Cancer Society, 2016). More than half of the women diagnosed with breast or gynecologic cancer report negative changes related to their sexual health and functioning (Abbott-Anderson & Kwekkeboom, 2012; Gilbert, Ussher, & Perz, 2010; Schover, Baum, Fuson, Brewster, & Melhem-Bertrandt, 2014); however, addressing a decline in sexual health is not considered a part of standard cancer care in most healthcare systems.

Common symptoms that are experienced by female cancer survivors include fatigue, sleep changes, hot flashes, night sweats, and altered sexual function (Ganz, Greendale, Petersen, Kahn, & Bower, 2003; Ganz, Rowland, Desmond, Meyerowitz,