

Conceptual Issues Surrounding Body Image for Oncology Nurses

Bethany A. Rhoten, PhD, RN

Cancer and its treatment can uniquely influence survivors' body image. Oncology nurses should understand how this quality-of-life issue can affect patients. To better understand the body image experiences of patients with cancer, this article will present a historic overview of body image conceptualization, as well as a more contemporary, cancer-specific approach to understanding how this population of patients may be particularly affected.

Rhoten is an assistant professor in the School of Nursing at Vanderbilt University in Nashville, TN.

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Rhoten can be reached at bethany.rhoten@vanderbilt.edu, with copy to editor at ONFEditor@ons.org.

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Body image is an important quality-of-life issue for patients with cancer that must be acknowledged by oncology nurses and other healthcare professionals. Cancer and its treatment can uniquely influence body image in several ways. The physical and emotional experience of cancer and its treatment can contribute to short- and long-term body image disturbance. During treatment, appearance changes, such as hair and weight loss, can be disturbing. However, they are most often thought to be temporary. After individuals complete cancer treatment, they often are left with other changes in their appearance or function that may contribute to prolonged body image disturbance. The way people think about body image has changed significantly during the past century; it is no longer only a matter of one's appearance. In addition, body image of a cancer survivor cannot be conflated with which type of surgery he or she experienced.

Historic Overview

Body image was first conceptualized in the context of clinical neurology. Some of the first known body image–related inquiries concerned individuals who had brain damage, resulting in distorted body perception. The brain was thought to be central in maintaining a normal pattern of body experience, and contextual and psychological factors

were thought to play a negligible role in patients' distortion (Fisher, 1990). Therefore, an individual's perception of his or her body was not expected to be a coping response to stress as opposed to the result of actual brain damage or other neuropathology (Fisher, 1990). Schilder (1950) first used the phrase *body image* to mean the picture of our own body that we form in our mind, or the way in which the body appears to oneself. Schilder was influenced by a psychoanalytic perspective and was particularly interested in the manifestations of body image distortions (Fisher, 1990). Schilder's (1950) conceptualization of body image centered on an individual's perception of his or her body—the way it appeared, in addition to the presence of body sensations. The psychoanalytic approach of Schilder (1950) emphasized the role of unconscious psychological conflicts in shaping an individual's body image. Pruzinski and Cash (1990) expanded body image conceptualization from a primarily neurologic focus. With their influence, the study of body image began to include not only a perceptual component but also an individualized attitudinal component. An individual's interaction with the world around him or her influences his or her body image. The study of body image has progressed from viewing body image as a static trait to an experiential state that could change during a person's life (Pruzinski & Cash, 1990).