



Use of Mirrors as a Nursing Intervention to Promote Patients' Acceptance of a New Body Image

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Body image in oncology is a relatively unexplored field. Recent interventions have focused on the use of the mirror in assessing body image. The purpose of this narrative is to increase oncology nurses' awareness of the need to adopt such interventions based on expert judgment and practice when empirical evidence is limited.

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Oncology practice places an appropriate emphasis on treatments and surgeries that eradicate cancer. Unfortunately, many of those interventions cause disfiguring appearance changes. Some treatments, such as head and neck surgeries, limb amputations, ostomies, and mastectomies, significantly alter visible appearance. Radiation and chemotherapy also cause body alterations. Many of these new body changes may only be assessed by individuals by viewing themselves in a mirror. Mirrors are essential for one to see an image of the eyes, head, neck, chest, back, and profile. Mirrors also allow people to see their body from head to toe.

In a previously published literature review (Freysteinson, 2009b), the author found the limited research available focuses on the therapeutic use of mirrors being primarily related to eating and neurologic disorders (Delinsky & Wilson, 2006; Sütbeyaz, Yavuzer, Sezer, & Koseoglu, 2007; Vocks, Legenbauer, Wächter, Wucherer, & Kosfelder, 2007; Vocks, Wächter, Wucherer, & Kosfelder, 2008; Watanabe & Amimoto, 2007; Yavuzer et al., 2008). In some studies, evidence shows the limited availability of mirrors in patient rooms in hospitals and skilled nursing units (Freysteinson, 2010a; Freysteinson & Cesario, 2008).

In addition, the mention of the mirror as an intervention prompts a number of personal and professional beliefs, which influences whether nurses will use mirrors (Freysteinson 2009a, 2010c). A recent phenomenologic study examined reasons nurses should be concerned about using the mirror intervention to introduce women to their altered body image after a mastectomy (Freysteinson et al., 2012). The author determined that, to date, policies, regulations, or clinical practice guidelines regarding the use of mirrors with patients with cancer or survivors are nonexistent. In addition, nurses do not appear to have been taught about the use of mirrors in nursing school or clinical practice (Freysteinson, 2009a).

Although evidence-based research is lacking, patient self-reports suggest that viewing one's image in a mirror is a common reality. Viewing one's operative site after a mastectomy, for example, often is necessary to do incisional and drain care (Freysteinson, 2009a; Freysteinson et al., 2012). One study found that the mirror serves multiple functions (Melchior-Bonnet, 2002). For example, when patients look into the mirror, they may dream of what their body may look like in the future, or works to transform the mirror may motivate a patient to change their appearance by applying

make-up, shaving, changing a soiled dressing, and other similar activities.

The objective of this article is to point out that although a lack of evidence-based research exists, nursing mirror interventions may help to buffer difficult moments patients may have when viewing themselves after body-altering surgeries and treatments. Negative cultural and societal attitudes regarding viewing one's body in a mirror, as well as patients' and nurses' readiness to accept mirror interventions, also are discussed.

Understanding Reactions to Disfiguring Body Image

As of 2008, about 12 million cancer survivors were living in the United States. However, the number of cancer survivors with disfiguring body image changes is not specified (American Cancer Society, 2012).

Research assessing and promoting a positive body image and psychosocial well-being in oncology has been rudimentary (Bessell & Moss, 2007; White & Hood, 2011). Rumsey (2008) discussed the history of body image psychology as being very brief, with a focus on physical attractiveness and eating disorders. That may explain why the North American Nursing Diagnosis Association International's ([NANDA], 2009) definition of *disturbed body image* is "confusion in mental picture of one's physical self" (p. 197). NANDA does not list any references for the body image section, making an interpretation of this definition difficult. More significantly, the scarcity of body image literature in NANDA supports the notion that body image intervention evidence is needed. In addition, the Oncology Nursing Society's (2012) evidence-based practice interventions do not provide a definition or address the implications of providing