



A pilot study of a body image intervention for breast cancer survivors

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ABSTRACT

Body image interventions for breast cancer survivors are lacking in empirical support. Examining existing research on effective body image interventions for women in midlife more broadly may provide useful insights. This pilot study assessed the acceptability, feasibility, and preliminary effects of a Cognitive Behavioural Therapy-based intervention adapted from women in midlife to promote positive body image among breast cancer survivors. Twenty-two breast cancer survivors received the 7-week group intervention, co-facilitated by a clinical psychologist and peer. Participant evaluations suggested the intervention was both acceptable (e.g., 94% would recommend it) and feasible (e.g., 91% completed the intervention). Improvements were identified at either post-test or 1-month follow-up in nearly all body image measures. Maintained improvements were found in body appreciation, weight and shape concern, acceptance of aging-related appearance changes, and self-esteem. This study suggests that the adapted intervention is acceptable, feasible, and demonstrates preliminary efficacy in improving body image and secondary outcomes among breast cancer survivors.

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1. Introduction

Breast cancer is the most commonly diagnosed cancer among women around the world (Ferlay et al., 2015). However, medical advances have led to an increase in survival rates. As a result, more women are living with the consequences of the disease and its treatment. One major consequence of breast cancer treatment is changes to appearance, including breast asymmetry, scarring, sensation loss, and lymphedema. Side effects of adjuvant therapies (chemotherapy, radiotherapy, hormone therapy) can include hair loss and thinning, weight fluctuation, fatigue, skin and nail discolouration, dermatitis, and the exacerbation of menopausal symptoms. These changes can evoke long-lasting body image concerns for women (Falk Dahl, Reinertsen, Nesvold, Fosså, & Dahl, 2010).

Body image is a multidimensional construct encompassing perceptions, thoughts, feelings, and behaviours, in relation to the body's appearance, functions, and capabilities (Cash & Pruzinsky, 2002). Up to 77% of women treated for breast cancer experience some degree of body image distress (Begovic-Juhant, Chmielewski, Iwuagwu, & Chapman, 2012), and longitudinal research indicates little improvement five years post-treatment (Falk Dahl et al.,

2010). These findings warrant concern as poor body image predicts elevated levels of anxiety, depression, sexual and intimacy concerns, and shorter length of survival (Cousson-Gelie, Bruchon-Schweitzer, Dilhuydy, & Jutand, 2007; Lam et al., 2012). The importance of addressing residual psychosocial consequences of cancer diagnosis and treatment has been recognised internationally by governments, health policy and services, and community organisations (e.g., Centers for Disease Control and Prevention & Lance Armstrong Foundation, 2004; Department of Health, Macmillan Cancer Support, & NHS Improvement, 2013). Breast Cancer Care, a leading breast cancer charity in the United Kingdom, has called for more body image-specific support for women treated for breast cancer (Breast Cancer Care, 2014). This consequently highlights the importance of developing effective body image interventions for this group.

Currently, body image support consists of practical services for camouflaging treatment-related appearance changes (e.g., "Look Good, Feel Better" skin care and make-up workshops), structured group courses to address more general psychosocial issues associated with cancer treatment (e.g., UK-based Breast Cancer Care's "Moving Forward" programme), and formal one-to-one psychotherapeutic support. Nevertheless, these services have not undergone rigorous evaluation and their long-term impacts remain unknown (e.g., Taggart, Ozolins, Hardie, & Nyhof-Young, 2009). Further, a systematic review of interventions targeting body image concerns among women treated for breast cancer indicated limited effectiveness (Lewis-Smith, Diedrichs, Rumsey, & Harcourt,

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2018). Less than half of the interventions improved body image either at post-test or follow-up with no maintained effects, and there was a general lack of methodological rigour across studies. With regard to intervention approach and content, most interventions reviewed did not adopt an exclusive or explicit focus on body image. Instead, they addressed body image concerns within a smaller component of a larger intervention. Additionally, interventions tended to employ a narrow disease-focused approach (i.e., only focusing on disease- and treatment-related concerns specific to cancer), rather than adopting a holistic approach that recognises the interaction between the individual, the disease, and the broader sociocultural context of women's lives. Finally, most interventions lacked an empirically supported theoretical or aetiological basis, thus failing to target modifiable risk factors and potential mechanisms of change (such as sociocultural and psychological influences). Overall, these findings indicate significant scope for the further development and rigorous evaluation of body image interventions for women who have undergone treatment for breast cancer.

Consulting evidence-based interventions in the wider body image field that have undergone rigorous testing with other populations may be a useful avenue for advancing research in this area. Given that women treated for breast cancer tend to be in midlife, they may also be vulnerable to the body image concerns associated with aging-related bodily and appearance changes experienced by women who have not had cancer (McKinley & Lyon, 2008). Effective interventions among women in midlife more broadly may therefore offer clues for improving intervention effectiveness. Indeed, a systematic review of interventions targeting body image among women in midlife (Lewis-Smith, Diedrichs, Rumsey, & Harcourt, 2016) found that the majority were effective at post-test, with nearly half of interventions reporting maintained improvements. The methodological rigour was also superior across studies, thus drawing greater confidence in their findings.

A Cognitive Behavioural Therapy (CBT) – based intervention, which exclusively and explicitly addresses body image (McLean, Paxton, & Wertheim, 2011), was identified as particularly promising. The intervention, 'Set Your Body Free', adopted an aetiological approach and targeted established risk factors for body dissatisfaction among women, including perceived sociocultural appearance pressures (e.g., from the media and family; Green & Pritchard, 2003), internalisation of appearance ideals (i.e., the extent to which an individual "buys into" socially determined standards of beauty; Katz, 2005), and the tendency to compare one's appearance with that of others (i.e., appearance comparisons; Kozar & Damhorst, 2008). This intervention conferred the longest-lasting effects of the largest size on multiple measures of body image among women in midlife. It was also evaluated as the most methodologically rigorous study reported in the systematic review (McLean et al., 2011). Additionally, research has found that the targeted risk factors also predict body image among women treated for breast cancer (Moreira & Canavarro, 2010; Przewdziecki et al., 2013). Further, CBT has been found to effectively alleviate psychological distress more broadly among women with breast cancer (Tatrow & Montgomery, 2006).

The CBT-based intervention developed by McLean et al. (2011) also overcomes the limitations of previously evaluated interventions among women treated for breast cancer (Lewis-Smith et al., 2018) in several ways. 'Set Your Body Free' exclusively and explicitly addresses body image, and thus addresses and validates women's body image specific concerns. This is valuable, given that many women treated for breast cancer feel that the adverse consequences of treatment-related appearance changes, and their body image concerns more specifically, are not recognised or adequately addressed by health professionals (McWilliam, Brown, & Stewart, 2000). Further, it adopts a holistic approach by recognising the

broader sociocultural context beyond cancer which is likely to influence one's body image (e.g., appearance ideals that reinforce youth, thinness, etc. for all women). The intervention also adopts a cognitive-behavioural and aetiological therapeutic approach by targeting broader and modifiable sociocultural and psychological risk factors. Taken together, with some adaptation, 'Set Your Body Free' may be a useful intervention to improve body image among women who have received treatment for breast cancer.

In the current study, 'Set Your Body Free' was adapted for use with women treated for breast cancer, by tailoring it to this population on the basis of existing research in the field and consultation with women from this group and relevant health professionals. In line with the Medical Research Council's framework for the development and evaluation of complex interventions (Craig et al., 2008), before proceeding to a large-scale efficacy trial, this pilot study aimed to evaluate the acceptability, feasibility, and preliminary efficacy of 'Accepting your Body after Cancer' (the adapted intervention) among women treated for breast cancer.

2. Method

2.1. Participants

Details regarding participant recruitment and retention are included in Fig. 1. The first form of recruitment involved soliciting interest in the study from local cancer charities and support groups. Their advertising resulted in 27 women expressing an interest in the study. The second form of recruitment was via university advertising (e.g., using social media), and resulted in 13 women expressing an interest. Finally, six women who were interested in participating in the prior phase of consulting on the intervention adaptation, but were unable to attend the focus group sessions, were invited to take part in the current study. Four of these women were interested.

The 44 women were assessed for their eligibility. Inclusion criteria included being above the age of 35 years, completed active treatment for breast cancer, and being able to attend at least five of the seven intervention sessions. Reasons for not taking part were predominantly related to the timing and location of the intervention. In total, 22 eligible women were enrolled into the study.

2.2. Intervention

The original intervention, 'Set Your Body Free' (McLean et al., 2011), used CBT strategies to address concerns associated with aging-related appearance changes and disordered eating. Other themes included engagement in self-care, body acceptance, and reducing the importance of appearance to one's self-worth. The intervention was adapted, and feedback was sought, prior to the current pilot study. First, all intervention materials were adapted for use with women treated for breast cancer by removing all elements pertaining to disordered eating. Second, examples were adapted and added to represent concerns associated with cancer treatment-related appearance changes. All three authors were involved in the adaptation of the intervention materials, including DH, who possesses 20 years of expertise and knowledge in the field of breast cancer and body image. Existing literature concerning the wide-ranging nature of body image concerns among this group of women (e.g., Ashing-Giwa et al., 2004; Beatty, Oxlad, Koczwara, & Wade, 2008; Harcourt & Frith, 2008; Ridner, Bonner, Deng, & Sinclair, 2012) was also consulted to inform the adaptations. The adaptation process led to a reduction in the number of sessions from the original 8 to 7.

Following this, feedback on the adapted intervention was sought through focus groups with a separate sample of 22 women

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