© Oncology Nursing Society. Unauthorized reproduction, in part or in whole, is strictly prohibited. For permission to photocopy, post online, reprint, adapt, or otherwise reuse any or all content from this article, e-mail pubpermissions@ons.org. To purchase high-quality reprints, e-mail reprints@ons.org.

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

Wyona M. Freysteinson, PhD, MN

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.

Wyona M. Freysteinson, PhD, MN, is an assistant professor in the Nelda C. Stark College of Nursing at Texas Woman's University in Houston. The author takes full responsibility for the content of the article. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the *Clinical Journal of Oncology Nursing* or the Oncology Nursing Society. Freysteinson can be reached at wfreysteinson@twu.edu, with copy to editor at CJONEditor@ons.org.

Digital Object Identifier: 10.1188/12.CJON.533-536

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 nursing care to patients whose body image has been significantly changed.

Annunziata, Giovannini, and Muzzatti (2012) defined body image as the confluence of emotions, sensations, and perceptions individuals have about their own bodies. They stress that body image is a changing phenomenon that depends on a person's lifetime experiences. Their definition emphasizes that the body image construct is holistic because it combines mind, body, and their influence on each other.

The negative symbolism and cultural beliefs associated with mirrors may be the foundation of some viewpoints on their use by nurses and patients.

Numerous studies indicate that patients have body image and psychosocial concerns following cancer surgeries and treatments. Studies have explored body image dissatisfaction in patients with cancer (Baucom, Porter, Kirby, Gremore, & Keefe, 2005–2006; DeFrank, Mehta, Stein, & Baker, 2007), oral cancer (Fingeret, Vidrine, Reece, Gillenwater, & Gritz, 2010), orbitofacial cancer (Bonanno, Esmaeli, Fingeret, Nelson, & Weber, 2010), stomas (Cotrim & Pereira, 2008), and mastectomies (Arroyo & López, 2011). In addition, chemotherapy and radiation also may negatively impact body image (Lemieux, Maunsell, & Provencher, 2008; Schnur, Ouellette, DiLorenzo, Green, & Montgomery, 2011).

Rumsey (2008) suggested the majority of current treatments that may improve body image are medical in nature (e.g., reconstruction following mastectomy). The few psychosocial interventions currently used, such as psychotherapy, cognitive behavioral training, and group interventions, lack adequate evidence of effectiveness (Bessell & Moss, 2007). No evidence exists on the use of a mirror as an intervention following disfiguring treatments.

Patient Readiness

Limited evidence exists of patients' reactions to the use of mirrors. Nonetheless, nurses believe the decision to use mirrors is the patient's choice and he or she will intuitively know when the time is right (Freysteinson, 2009c; Freysteinson et al., 2012). Those beliefs may be supported by thoughts or comments (e.g., "Patients will go to the mirror when they are ready to see themselves") from family members, or other providers. Similarly, an expectation exists from those involved in the patient's or survivor's care that assumes the patient who is ready to see altered self-image will ask for a mirror.

A major factor influencing patients' readiness to learn about their changed body is curiosity as to what one's body looks like in the mirror following surgery. Another reason influencing readiness is the patients' need to self-manage their own care, such as changing their own dressings, caring for drains, and assessing skin after radiation treatments (Freysteinson et al., 2012). Nurses do not expect patients to ask for a mirror and do not offer mirrors to patients after a body-altering experience. These actions are based on nursing principles that strive to protect the patient and maintain their privacy. Adding to this dilemma is the patients' reluctance to ask for a mirror in fear that the request will be perceived as being vain or excessively proud of one's appearance (Freysteinson, 2009c).

Until additional research is conducted to understand the cultural, personhood, and body image beliefs at play in the mirror experience, nurses should be concerned about whether patients should be given the choice to look into a mirror in a healthcare setting (Freysteinson, 2009a; Freysteinson et al., 2012). If the decision is yes, then ensuring mirrors are readily available, offering mirrors, and using mirrors when teaching incision and drain self-care may be appropriate nursing interventions.

Introducing Mirrors Into Routine Nursing Practice

An international study examining nurses' attitudes and their use of mirrors found that nurses initially reported never using a mirror with patients (Freysteinson, 2009a). However, with reflection and discussion, they began to realize the use of mirrors was part of their routine nursing practice in certain situations, such as teaching ostomy and catheter care, decreasing anxiety during Port-a-Cath® insertion for children older than five years, allowing patients to see during invasive medical procedures and childbirth, and in caring for women who had a mastectomy.

In some instances, cultural beliefs, practices, and taboos are associated with the use of mirrors. Theologians and philosophers have suggested mirrors were an indispensable tool to know oneself. With mirrors, one could maintain appearance and conform to a normative social code (Pendergrast, 2003). Rochat and Zahavi (2011) suggested mirrors are a disquieting experience in all cultures. For example, traditional Chinese culture warns that one should not look in a mirror at midnight, as this may cause the soul to leave the body. In the Netherlands, some families cover mirrors after a death to stop the soul of the deceased from re-entering another person's body. In addition, breaking mirrors is considered bad luck in many cultures (Freysteinson, 2009a).

Melchior-Bonnet (2002) indicated that mirrors are associated with vanity, pride, and lust. At one time, mirrors were condemned by moralists and churches. They were considered dangerous, deceptive, and a tool of the devil. The myth of Narcissus falling in love with his own reflection inspired the long-standing belief that viewing one's self in a mirror was associated with vanity. Mirror rules ensued. Preachers censured mirrors and suggested they led to loss of modesty. Mirrors were forbidden in religious institutions and boarding schools. People were taught that they should never look into a mirror in public. The negative symbolism and cultural beliefs associated with mirrors may be the foundation of some viewpoints on their use by nurses and patients (Melchior-Bonnet, 2002).

Nurses' Readiness to Change Practice

In general, the majority of nurses have not been taught to the integrate mirror interventions into their nursing practice. The lack of empirical evidence demonstrating the effectiveness of mirror interventions may contribute to the lack of use. As such, mirror beliefs may be based on the nurse's personal understanding, cultural attitudes, and self-taught best practices.

One belief is that discussing the mirror experience with a patient who has suffered a bodily disfigurement may cause unnecessary suffering and emotional burden (Freysteinson, 2010b). Based on data from the author's experience, some nurses reported feeling it was absurd to enter into a discussion with a patient on such sensitive matters as using a mirror to view one's altered body image (Freysteinson, 2010b). That concern prompted a meeting with breast cancer survivors from the community to discuss the question: Is it reasonable to discuss the mirror experience with women who have had a mastectomy? Community members reported the use of mirror would help their healthcare clinicians understand their experience. The women felt it was important for clinicians to increase their sensitivity and awareness of what it is like to view one's self in the mirror after a mastectomy, particularly when viewing the drains and surgical incision (Freysteinson, 2010b).

Following Freysteinson et al.'s (2012) study, oncology nurses on the research team began to discuss the mirror with patients scheduled for a mastectomy and their loved ones pre- and postoperatively. Results of the study were shared at a breast cancer survivor group meeting. One of the group members cried during the brief presentation. She shared her experience of having a mastectomy 10 years prior and that it was a relief to finally talk about her first encounter with a mirror after surgery.

When nurses do understand the experience of viewing one's self in the mirror, potential care practices emerge. For example, when one looks into a mirror, a mental picture emerges in one's mind as to what may be seen in the mirror. In Freysteinson et al.'s (2012) study, two of the participants had a partial mastectomy in the past. Both women anticipated a similar incision and were shocked and angered when they saw what they perceived to be a radically different mastectomy incision in the mirror. Another woman viewed several images of mastectomy incisions on the Internet. Envisioning the worst possible mastectomy incision, she was both relieved and very upset that she waited so many days to see a small incision.

Nurses should be concerned that they may not be discussing the mirror experience with patients enough. For example, when preparing patients for surgery, nurses may consider including information about what the postoperative surgical area will look like to offset unrealistic anticipatory moments. Explaining that viewing the incision immediately postoperatively offers a landmark on which to monitor recovery may help patients understand the healing trajectory (Freysteinson, 2010b).

Implications for Nursing Practice

With the use of expert nursing judgment and professional practice, mirror interventions may be generated and evaluated. Nurses have the privilege of caring for and assisting patients in difficult psychological moments every day. Nurses frequently change the initial postoperative dressings following surgery and teach patients how to change those dressings. Changing the nursing context from one of saying nothing of the disfigurement to one of offering a mirror may promote patient acceptance of a new body image. Offering the mirror may be a symbolic caring act that may help patients preserve dignity. Nurse-assisted mirror-viewing and mirror talk may positively influence psychosocial well-being. Research is needed to provide evidence-based studies demonstrating how this intervention may be received and may enhance patient outcomes. Additional research clearly is needed on these possibilities and every aspect of the clinical recommendations suggested in this article.

Conclusion

Mirrors are inexpensive portable tools that are relatively easy to incorporate into any healthcare setting. Until research is conducted to support evidence-based mirror interventions for patients following disfiguring treatments, nurses may, at a minimum, begin to reflect on the possibility that offering a mirror and being willing to talk about the mirror experience may be helpful. At best, future nursing research may allow nurses to know if mirror interventions may lead to enhanced coping, improved body image, and psychosocial well-being.

References

American Cancer Society. (2012). *Cancer facts and figures, 2012*. Retrieved from http://www.cancer.org/acs/groups/content/@epidemiologysurveilance/documents/document/acspc-031941.pdf

Annunziata, M.A., Giovannini, L., & Muzzatti, B. (2012). Assessing the body image: Relevance, application and instruments for oncological settings. *Supportive Care in Cancer, 20,* 901–907. doi:10.1007/s00520-011-1339-x

Arroyo, J.M., & López, M.L. (2011). Psychological problems derived from mastectomy: A qualitative study. *International Journal of Surgical Oncology, 2011*, 132461. doi:10.1155/2011/132461

Baucom, D.H., Porter, L.S., Kirby, J.S., Gremore, T.M., & Keefe, F.J. (2005–2006). Psychosocial issues confronting young women with cancer. *Breast Disease, 23,* 103–113.

Bessell, A., & Moss, T.P. (2007). Evaluating the effectiveness of psychosocial interventions for individuals with visible differences: A systematic review of the empirical literature. *Body Image, 4,* 227–238. doi:10.1016/j.bodyim.2007.04.005

Bonanno, A., Esmaeli, B., Fingeret, M.C., Nelson, D.V., & Weber, R.S. (2010). Social challenges of cancer patients with orbitofacial disfigurement. *Ophthalmic Plastic and Reconstructive Surgery, 26*(1), 18–22. doi:10.1097/IOP.0b013e3181b8e646

Cotrim, H., & Pereira, G. (2008). Impact of colorectal cancer on patient and family: Implications for care. *European Journal of Oncology Nursing, 12,* 217–226. doi:10.1016/j.ejon.2007.11.005

DeFrank, J.T., Mehta, C.C., Stein, K.D., & Baker, F. (2007). Body image dissatisfaction in cancer survivors [Online exclusive]. *Oncology Nursing Forum, 34,* E36–E41. doi:10.1188/07.ONF.E36-E41

Delinsky, S.S., & Wilson, G.T. (2006). Mirror exposure for the treatment of body image disturbance. *International Journal of Eating Disorders, 39*(2), 108–116. doi:10.1002/eat.20207

Fingeret, M.C., Vidrine, D.J., Reece, G.P., Gillenwater, A.M., & Gritz, E.R. (2010). Multidimensional analysis of body image concerns among newly diagnosed patients with oral cavity cancer. *Head and Neck, 32,* 301–309. doi:10.1002/hed.21181

Freysteinson, W.M. (2009a). International reflections on knowledge and the use of the mirror in nursing practice. *Nursing Forum, 44*(1), 47–56. doi:10.1111/j.1744-198.2009.00126.x

Freysteinson, W.M. (2009b). Therapeutic mirror interventions: An integrated review of the literature. *Journal of Holistic Nursing, 27,* 241–252. doi:10.1177/0898010109339527

Freysteinson, W.M. (2009c). The use of mirrors in critical care nursing. *Critical Care Nursing Quarterly, 32*(2), 89–93. doi:10.1097/CNQ.0b013e3181a27b3d

Freysteinson, W.M. (2010a). Assessing the mirrors in long-term care homes: A preliminary survey. *Journal of Gerontological Nursing, 36*(1), 34–40. doi:10.3928/00989134-20091204-05

Freysteinson, W.M. (2010b). The ethical community consultation model as preparation for nursing research: A case study. *Nursing Ethics, 17,* 749–758. doi:10.1177/0969733010379176

Freysteinson, W.M., & Cesario, S.K. (2008). Have we lost sight of the mirrors? The therapeutic utility of mirrors in patient rooms. *Holistic Nursing Practice, 22,* 317–323. doi:10.1097/01.HNP.0000339343.80758.46

Freysteinson, W.M., Deutsch, A.S., Lewis, C., Sisk, A., Wuest, L., & Cesario, S.K. (2012). The experience of viewing oneself in the mirror after a mastectomy. *Oncology Nursing Forum, 39,* 361–369. doi:10.1188/12.ONF.361-369

Lemieux, J., Maunsell, E., & Provencher, L. (2008). Chemotherapy-induced alopecia and effects on quality of life among women with breast cancer: A literature review. *Psycho-Oncology, 17,* 317–328. doi:10.1002/pon.1245

Melchior-Bonnet, S. (2002). *The mirror: A history.* New York, NY: Routledge.

North American Nursing Diagnosis Association International. (2009). *Nursing diagnoses: Definitions and classification, 2009–2011.* Oxford, England: Wiley-Blackwell.

Oncology Nursing Society. (2012). Clinical practice resources. Retrieved from http://www.ons.org/ClinicalResources

Pendergrast, M. (2003). *Mirror, mirror: A history of the human love affair with reflection.* New York, NY: Basic Books.

Rochat, P., & Zahavi, D. (2011). The uncanny mirror: A re-framing of mirror self-experience. *Consciousness and Cognition, 20,* 204–213. doi:10.1016/j.concog.2010.06.007

Rumsey, N. (2008). The psychology of appearance: Why health psychologists should "do looks." *European Health Psychologist, 10*(3), 46–50.

Schnur, J.B., Ouellette, S.C., DiLorenzo, T.A., Green, S., & Montgomery, G.H. (2011). A qualitative analysis of acute skin toxicity among breast cancer radiotherapy patients. *Psycho-Oncology, 20,* 260–268. doi:10.1002/pon.1734

Sütbeyaz, S., Yavuzer, G., Sezer, N., & Koseoglu, B.F. (2007). Mirror therapy enhances lower-extremity motor recovery and motor functioning after stroke: A randomized controlled trial. *Archives of Physical Medicine and Rehabilitation, 88,* 555–559. doi:10.1016/j.apmr.2007.02.034

Vocks, S., Legenbauer, T., Wächter, A., Wucherer, M., & Kosfelder, J. (2007). What happens in the course of body exposure? Emotional, cognitive, and physiological reactions to mirror confrontation in eating disorders. *Journal of Psychosomatic Research, 62,* 231–239.

Vocks, S., Wächter, A., Wucherer, M., & Kosfelder, J. (2008). Look at yourself: Can body image therapy affect the cognitive and emotional response to seeing oneself in the mirror in eating disorders? *European Eating Disorders Review, 16,* 147–154. doi:10.1002/erv.825

Watanabe, S., & Amimoto, K. (2007). Mirror approach for the patients with unilateral spatial neglect and mirror agnosia. *Journal of Physical Therapy Science, 19,* 73–76. doi:10.1589/jpts.19.73

White, C.A., & Hood, C. (2011). Body image issues in oncology. In T.F. Cash, & L. Smolak (Eds.), *Body image: A handbook of science, practice and prevention* (pp. 333–341). New York, NY: Guilford Press.

Yavuzer, G., Selles, R., Sezer, N., Sütbeyaz, S., Bussmann, J.B., Köseoglu, F., . . . Stam, H.J. (2008). Mirror therapy improves hand function in subacute stroke: A randomized control trial. *Archives of Physical Medicine and Rehabilitation, 89,* 393–398. doi:10.1016/j.apmr.2007.08.162

Do You Have an Interesting Topic to Share?

Professional Issues provides readers with a brief summary of nonclinical issues relevant to oncology nursing. Length should be no more than 1,000–1,500 words, exclusive of tables, figures, insets, and references. If interested, contact Associate Editor Guadalupe Palos, RN, LMSW, DrPH, at gpalos@mdanderson.org.

Copyright of Clinical Journal of Oncology Nursing is the property of Oncology Nursing Society and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.