

Conceptualization of Retail Therapy (RT) and Body Image Distress among Cancer Patients

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Introduction. Cancer patients experience rapid appearance changes due to hair loss, disfigurement, scars, and changes in their body weight and skin color. However, earlier studies ignored the role of fashion-oriented consumption on cancer patients as part of coping strategies to maintain a positive self-image. Moreover, existing literature regarding cancer patients' body image has primarily focused on women undergoing treatment for breast cancer (White, 2002). Cancer patients' body image-related distress is the subjective evaluation and experience of the changes caused by the illness and its treatment (Fingeret, Vidrine, Reece, Gillenwater, & Gritz, 2010; Lehmann & Tuinman, 2018). Cancer patients' body image distress significantly impacts the quality of life, treatment decisions, and outcomes (Elkin, Kim, Casper, Kissane, & Schrag, 2007; Romanek, McCaul & Sandgren, 2005). It is essential to help cancer patients overcome fears surrounding a cancer diagnosis and physical changes. This research conceptualizes how to improve cancer patients' body image by identifying the use of retail therapy (RT) among a broad range of cancer patients.

Conceptual Framework. A self-evaluative component of body investment is associated with clothing or camouflage among cancer patients (Fingeret et al., 2010, Lehmann & Tuinman, 2018). Cancer patients with higher body investment will be more concerned with their physical changes and more likely to experience negative emotions. Those cancer patients who are not satisfied with their body changes feel the need to cover up what is perceived as imperfections; therefore, they would put more effort into camouflaging their bodies. RT suggests that shopping can provide a sense of control in these situations and boost positive self-image (Aspinwall & Taylor, 1997). Strategic apparel shopping would benefit cancer patients who are conscious about their appearance and experience physical changes which differ from societally prescribed "normal" appearance. The impact of such body investment varies based on factors, including cancer types, diagnosis, body weight, other demographic characteristics, and body investment in appearance.

Physical Changes. Due to the radiation therapy, physical changes in each cancer patient present themselves differently depending on the severity and type of cancer diagnosis. Patients' perception of their disease is drastically altered by the visibility of their physical changes to others (Fingeret et al., 2012). Among the most noticeable physical changes resulting from radiation therapy is hair loss. Cancer patients consider hair loss a significant problem, which impacts patients' treatment selection due to a desire to maintain this physical appearance (Freedman, 1994). Katre, Johnson, Humphris, Lowe and Rogers (2008) found that appearance was among the top three most important concerns among cancer patients. Less observable appearance changes may also negatively impact body image and influence clothing choice because of the significant psychological importance of surgery to an internal body part (White, 2002). In addition, psychological adjustment of the physical changes is influenced by the degree to which the change in appearance is permanent and the speed with which appearance changes

occur. For example, gradual loss of hair gives patients some time to adjust, whereas the surgical loss of a body part happens suddenly. Attractiveness characteristics are categorized into two parts: innate and mutable characteristics. Innate characteristics include unchangeable traits such as height, facial bone structure, and body proportions (Franzoi & Herzog, 1987; Schulman & Hoskins, 1986). Mutable characteristics include attractiveness that individuals can control, including posture, body weight, grooming, and facial expression (Cash & Cash, 1982). The types of adornments cancer patients use to improve the attractiveness of innate characteristics differ from those used to change more volatile features. Many patients desire immediate surgical reconstruction when the changes are reversible or minimized (White, 2002).

Demographic Variables. Women allocate substantial economic resources to appearance-enhancing products (Bloch & Richins, 1992; Durante, Griskevicius, Hill, Perilloux, & Li, 2011). Young women's body image concerns and compensatory behaviors pose a significant influence on women's spending; therefore, socio-economic status has a significant impact on patients' appearance-related concerns (Lucas & Koff, 2017). For example, breast cancer patients who reported higher body image perceptions tended to be more educated and have higher household incomes than patients who reported lower body image perceptions. In particular, women who are not satisfied with their appearance tend to purchase more clothing, fashion accessories, jewelry, and body care products to alleviate body image distress (Lucas & Koff, 2017). Younger patients tend to have greater concern about their appearance, although this is not invariably the case (White, 2002). Fashion products as a form of self-regulatory behavior among cancer patients would vary based on gender, age, and income. Regardless, shopping and buying during therapeutic shopping trips would be significantly beneficial for those suffering from body image distress for cancer patients.

Synthesis and Conclusion. Body image assessment among cancer patients is significant because some cancer patients opt for medically less desirable treatment for fear of the impact on their appearance (White, 2002). While multiple changes in the body affect cancer patients' attitudes towards their bodies, RT is conceptualized to identify the ways to alleviate body image distress. There is a hopeful sign that body image-related distress is subjective and is not solely based on the severity of illness (Fingeret, 2010; Lehmann & Tuinman, 2018). Cancer patients who feel better about their bodies are more likely to have stronger beliefs in their ability to cope with appearance-related stress. Developing effective coping strategies using fashion items will enable patients to adjust to the changed appearance of cancer treatment. Healthcare professionals have a limited understanding of cancer patients' body image distress, which, in turn, limits their ability to tailor communications with patients and their families. Patients who must decide about appearance-changing cancer treatment need support when evaluating their thoughts, beliefs, and feelings about appearance changes to make an informed decision. Body image is important for cancer patients' short-term psychological benefit and long-term survival, especially for patients who experience rapid or permanent changes. The conceptualization of body image assessment of cancer patients with visible as well as permanent physical changes helps develop mitigation strategies to build a positive body image, which is particularly beneficial for patients who report

poor body image with psychosocial difficulties. Clinicians and researchers need to understand the value cancer patients put on altered appearance.

Reference

- Aspinwall, L. G., & Taylor, S. E. (1997). A stitch in time: self-regulation and proactive coping. *Psychological Bulletin*, 121(3), 417-436.
- Bloch, P. H., & Richins, M. L. (1992). You look "Mahvelous": The pursuit of beauty and the marketing concept. *Psychology & Marketing*, 9(1), 3-15.
- Cash, T. F., & Cash, D. W. (1982). Women's use of cosmetics: Psychosocial correlates and consequences. *International Journal of Cosmetic Sciences*, 4(1), 1-14.
- Durante, K. M., Griskevicius, V., Hill, S. E., Perilloux, C., & Li, N. P. (2011). Ovulation, female competition, and product choice: Hormonal influences on consumer behavior. *Journal of Consumer Research*, 37(6), 921-934.
- Elkin, E. B., Kim, S. H., Casper, E. S., Kissane, D. W., & Schrag, D. (2007). Desire for information and involvement in treatment decisions: elderly cancer patients' preferences and their physicians' perceptions. *Journal of Clinical Oncology*, 25(33), 5275-5280.
- Fingeret, M. C., Teo, I., & Epner, D. E. (2014). Managing body image difficulties of adult cancer patients: lessons from available research. *Cancer*, 120(5), 633-641.
- Fingeret, M. C., Yuan, Y., Urbauer, D., Weston, J., Nipomnick, S., & Weber, R. (2012). The nature and extent of body image concerns among surgically treated patients with head and neck cancer. *Psycho-Oncology*, 21(8), 836-844.
- Franzoi, S. L., & Herzog, M. E. (1987). Judging physical attractiveness: What body aspects do we use? *Personality and Social Psychology*, 13(1), 19-33.
- Freedman, T. G. (1994). Social and cultural dimensions of hair loss in women treated for breast cancer. *Cancer Nursing*, 17(4), 334-341.
- Katre, C., Johnson, I. A., Humphris, G. M., Lowe, D., & Rogers, S. N. (2008). Assessment of problems with appearance, following surgery for oral and oro-pharyngeal cancer using the University of Washington appearance domain and the Derriford appearance scale. *Oral Oncology*, 44(10), 927-934.
- Lehmann, V., & Tuinman, M. A. (2018). Body image across cancer types. In M. C. Fingeret & I. Teo (Eds.), *Body image care for cancer patients: Principles and practices* (pp. 81-104). New York, NY: Oxford University Press.
- Lucas, M., & Koff, E. (2017). Body image, impulse buying, and the mediating role of negative affect. *Personality and Individual Differences*, 105(15), 330-334.
- Romanek, K. M., McCaul, K. D., & Sandgren, A. K. (2005). Age differences in treatment decision making for breast cancer in a sample of healthy women: the effects of body image and risk framing. *Oncology Nursing Forum*, 32(4), 799-806.
- Schulman, G. I., & Hoskins, M. (1986). Perceiving the male versus female face. *Psychology of Women Quarterly*, 10(2), 141-154.
- White, C. (2002). Body image in oncology. In T. F. Cash & T. Pruzinsky (Eds.), *Body Image: A Handbook of Theory, Research & Clinical Practice* (pp. 379-386). New York: The Guilford Press.