

STOMA SURGERY AND BODY IMAGE

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The idea that having a stoma involves an unwelcome change to body image has been around for many years. It is easy to see why psychologists and others have been attracted to such ideas. Surgery to form a stoma is major. The procedures are extensive.

Sometimes the operations take many hours to complete. Most significantly, when the operations are over, one of the ways the body works is transformed and the body's appearance is altered.

There are several other types of surgery where the issue of body image has been explored. Procedures like amputations, radical surgery to the head, face and neck, mastectomies, surgery of the prostate, the penis, the heart and some gynaecological operations, as well as ileostomies, colostomies and urostomies have all been thought to raise problems of body image. In this article, some of the reasons why having an ileostomy in particular, and these other types of surgery may seem to undermine body image, are discussed.

What these operations all have in common is that they deal with life threatening and long term chronic illnesses. While the patient's life may be saved, or the disease held in check for a further period of time, or indeed a total cure effected, the post operative period brings with it a new series of problems about the way the body works and the way we feel about our bodies. These problems may temporarily or permanently make the patient's quality of life appear to be worse rather than better. The surgical outcome may seem to be worse than the disease itself. Why is this?

A number of things seem to play into the powerful emotional experience and they begin before the operation, but they can be particularly powerful just after surgery.

Feelings about the human body

We all have an image of our body in our mind's eye, not only in terms of its shape and size, but also involving the whole emotional and physical experience of the human body. Some of this we derive from simply looking into the mirror. But our body image is also formed by the way other people respond to us when we meet with them and there are important underlying emotional reasons why body image is important. The emotional and physical experiences of the body are closely linked. This is because we experience pleasure and pain through our body. The delights of eating, drinking, sex, laughter, sleep and intoxication; the distress of exhaustion, anxiety, pain, and childbirth; the overwhelming feelings of being in love or in mourning, are all bodily and emotional experiences. In different ways, all these experiences and activities have both a physical dimension like churning stomach, tears, sighs, taste, smell, and they also have an emotional experience like sadness, happiness, joy and anxiety for example.

It was these kinds of ideas that the first writers on body image tried to convey, although they did tend to wrap it up in a rather complicated psychoanalytic language. Nevertheless, these early writers had a very clear sense of the importance of bodily experience and its links to the mind. Later, body image was also described as satisfaction with particular body parts.

Changes to the Human Body

It is against this background that we can begin to understand the deep sense of change and anxiety about their bodies which people who have stoma surgery, or are about to undergo such surgery, may experience. It is very important to acknowledge at the outset that when major surgery is performed which in some way fundamentally alters the human body, the emotional response may be very great. The reasons for the very strong feelings which such surgery can stir up derive from several sources which are all to do with our body and our body image.

Loss of function

The body and its functions are what mark us out as a human. To be fully human is to possess a range of faculties and skills, which derive from the body. To lose a function sometimes seems to separate us from others. Going to the toilet in the ordinary way is what nearly all humans do. People who have ileostomies do not. It immediately may create a sense of being different.

Loss of control of the body

When we are born and in the early years of our life, we have very little control over the body. We gradually acquire control as we grow up and very importantly we learn to control our bladder and to regulate when we open our bowels. To lose control of this is to lose control of something which defines us as an adult. The ability to maintain control of the bowels is expected of adults and all but very young children. Clearly there are periods in life where people cannot control themselves. These are early childhood and sometimes in old age. Generally speaking society makes certain allowances for the incontinence manifested at these times. However, a sober, conscious and mentally balanced adult or child should not lose

control. But that is precisely the situation the ileostomist is in. They cannot control their bowels without the aid of appliances. They have to learn to be toilet trained all over again. It is like being a child once more. This is a direct result of the changes in the body, and, not surprisingly, many patients become acutely aware of their limited ability to control the new way their body works. This can be very distressing.

Damage to the body

Bowel surgery is highly invasive. It goes literally into the guts of the body. The removal of the bowel or of parts of the bowel, and the subsequent need for the patient to have to wear an appliance to collect the faecal matter, is important because the natural symmetry of the human body is destroyed. And the faeces are outside of the human body in a bag. The faeces should be inside the body and expelled appropriately and privately, not carried around in public. One of the most important things which distinguishes people in the modern world from earlier times is that they open their bowels in private. These



NO ITS DEFINITELY NOT ME—
LETS TRY THAT FIRST ONE AGAIN.

surgical procedures take the patient back to an apparently more uncivilized way of doing things. That which is normally done out of sight is now in full view on their abdomen. Again this can be very alarming.

Pain and disorientation

Bowel surgery is major. It involves extensive tissue damage. The level of postoperative pain is to some extent a consequence of the amount of trauma that the body has been subjected to. Although modern methods of analgesia can help a great deal, the postoperative patient can nevertheless expect to endure considerable postoperative discomfort. The pain makes us very aware of our body and its newly acquired limitations.

Shock and surprise after surgery

As the days go by, a sense of disorientation linked to the analgesia will give way to attempts at getting involved in the normal

world. It is not uncommon at this time for the patient to begin to focus for the first time on their new stoma - what it looks like, what it feels like, and so on. In the early period its appearance will be very different to what it will be like when it settles down. It will be enlarged, it will look very red, and it will have highly irregular discharge, which is likely to be very smelly. This is a critical period for the person with the newly acquired stoma. In a very real and obvious sense their body is now different physically, and when they begin to explore their new stoma tends to be the point where this realization begins. It can be a devastating experience.

The responses of others

It is not surprising that the new patient's attention is often directed towards the responses of others to the stoma. If their own feelings are of shock and surprise, it is easy to make the leap to assuming that

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others will respond in the same way. This is a difficult time and the potential responses of others, people with newly acquired stomas frequently find very troubling. One of the crucial skills we use our bodies for is interaction with others. Interaction with others involves bodily movement and presentation, and we rely on our bodies both to give off and to receive cues from others during interaction. Body language is critical in the way we read off signals from others. Sometimes new patients become very worried about the way that others will respond to their newly changed body. They worry that others will be offended by their stoma and their appliance.

The stoma as a bodily barrier

The presence of a stoma may therefore be seen as a significant barrier to social relationships by the new patient. First, in hospital, all the medical and nursing staff have of necessity to focus on the stoma. The construction of the stoma is why the patient is there in the first place. So in the immediate postoperative period all, or nearly all, the contacts that the person has will be about the stoma. Second, in the post operative period in particular and into the longer term, there will be odour from the stoma. While this is in reality not usually a major problem, it can become a major focus of worry about what others will think. Third, new patients tend to worry about the visibility of the appliance. Although the appliance cannot be seen under ordinary clothes, at least if they are not too tight, the new appliance will feel bulky and awkward, and many new patients frequently imagine that everyone will see the bump under their clothes, and will know what it is. In fact, the slight bump under clothing is rarely noticed by others, and even if it is, it is seldom recognized for what it is. However, it is a real physical presence, and the bump

cannot be completely disguised unless very loose clothing is worn. This can be a real worry to many stoma patients.

Sex and the body

There may be worries about sex. In some operations, though not usually when an ileostomy is formed, male sexual function can be destroyed because the nerves governing erection and ejaculation are traumatized. This is usually only a likely complication in surgery for colostomy, although there is a small risk in ileostomy too. For women, certain operations can affect the positioning of the uterus, making sex either difficult or uncomfortable. For physical problems like this a variety of help is available. There is also the worry that the presence of the appliance will mean that the person with the stoma ceases to be sexually attractive. There is the related issue that even if the person is still sexually attractive to others, in potential sexual encounters with new partners, there will be a terrible problem telling prospective partners about the stoma. These fears are real and they reside in the need to be loved by others. However, sexual attractiveness is not just physical, and what makes someone attractive to others is linked to all sorts of other things like personality, conversation and sense of humour for example. Undeniably, many new stoma patients find this very hard to believe. Once again much help is available on these matters. But the root of the issue is a worry about body image linked to sexual attractiveness.

Relationships

In fact stoma patients are no different to anybody else in the field of human relationships. Many continue their relationships with others in exactly the same way that they did before they were ill. They may be in stable unions with long-

term partners, or they may enjoy more varied relationships. On the other hand there are some who will blame the failure of their relationships on the presence of the stoma, when in reality the relationships they were in were weak in the first place. Certainly body functioning and shape are important in relationships. After all, the external appearance of the human body is not infrequently one of the first cues we see in others, and from which, and about which, we make judgements. It is important to remember that relationships are not determined by body shape and size. Body structure does not determine relationships, but it does take time to work through worries and anxieties in the postoperative period. There are a number of helpful publications which deal with these concerns in detail. In other words, although the operation may make people think that their ileostomy is the most important thing about them, in fact once they are out of hospital and on the road to recovery, the stoma will not be the most important thing about them. Their body has been changed. Their body image is different. Dealing with these things is for some people traumatic. On the other hand the rest of the world has not changed and relationships can be built and rebuilt. The trick is to acknowledge the changes to the body and then move on, by recognising that we all have many qualities which others find attractive and unattractive. If we dwell too long on the negatives it is very easy to get stuck there!

It is very important to recognize of course that in the early post operative days these worries may cause a profound reaction in the person with the stoma. It is not uncommon for the person to feel weepy and sad, or even thoroughly and completely wretched. This should be viewed as a normal and appropriate response to what has happened. We are profoundly attached to our bodies in a

physical, psychological and social sense. The changes to the human body brought about by this surgery are considerable. The disruption to physical, psychological and social links to the world may be difficult to deal with. In order to help here, the best course of action is to try to express the emotion. If you feel upset, be upset. Expressing the emotion does help us move on. That is when looking to the future can begin.

Conclusion

The human body is an extraordinary thing. Our capacity to do things with hand and eye co-ordination, and the apparent incredible capacity of the brain, are truly marvellous. The ability we possess to change the physical world, to make it productive through our ingenuity sets us, the human species, apart from the rest of the animal kingdom. The ability to think about things, and to think about them when we can't actually see them, to use our imagination, and then to change these things in the way we have imagined them, seems to be a unique human characteristic. And this is the facility which our body gives us. The human body has the amazing capacity to transform the physical world. We transform the world using our bodies. We use our bodies to provide food, to make shelter and all the necessities and luxuries of life. Because of the body's close link to our very survival as humans, unsurprisingly researchers have found that humans form very strong attachments, not only to their body, but to the image they have of their body. When this seems to be threatened, as in the case of this type of surgery, we respond by being frightened and concerned.

Previously enjoyed activities can mostly be resumed again following surgery. The only real exceptions here are hard physical contact sports like rugby or boxing. Generally speaking, there is no reason

why following a period of convalescence all the activities that someone did before they were ill cannot be resumed. Social engagements and relationships can also be resumed in time. Sexual activity and eating a normal and varied diet are realities to which the person with a stoma can aspire. The body is different after surgery, and the body functions differently. Getting through the first few weeks and months following surgery can be tough. The emotional and physical responses to the surgery can be intense because of the worries about body image. But although it is difficult, it is something that can be dealt with and coped with. Life is not over. Life in an improved state of health is possible. The concerns and worries about body image are real and they arise for the reasons outlined in this article. It really does help to let these

feelings and emotions out into the open, to express them, and to acknowledge the hurt, anger and sadness. There is undoubtedly a mountain to climb, but life on the other side can be very good indeed.

Further reading:

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