

MENTAL HEALTH, RESILIENCE AND SEXUAL RECOVERY AMONG GAY MEN WITH PROSTATE CANCER

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Prostate Cancer and Gay Men

Background

In Australia, ~20,000 men are diagnosed with, and 3,000+ men die annually from Prostate Cancer (PCa). Gay Men (GM) with PCa and their partners are under-researched, under-supported and often invisible. While much is known about PCa treatment side-effects, little is known about GM's recovery of a healthy mental and sexual life in daily practice.

Recent studies (see Kamen, Mustian & Johnson, 2015) note the lack of detailed accounts of how GM recover their mental and sexual health after PCa treatment, how sexual practice changes, and how a sense of self, personal relationships and social lives in the gay community are affected. A recent Australian audit noted the limited health information available for GM specifically, as almost all the resources and training on depression, sexuality and PCa assume universal heterosexuality (Wong et al., 2012). This, combined with the poor evidence on GM with PCa noted above, suggests that new research on this population is urgently needed.

Method

The study used a purposive approach to sampling, comprising 35 gay men with prostate cancer, and 6 male partners (despite numerous ad campaigns and extended calls for participation partner numbers were very low). The sample size is typical for in-depth qualitative studies with reasonably homogeneous participant populations. The sample was spread across Australia. The primary data-gathering method was face-to-face, audio-recorded, in-depth interviews, lasting between 60 and 90 minutes.

The key question domains in the individual interviews were focussed on mental health, body practices and embodiment, relationships, sexual practice changes, mental health, experiences of medical and health professionals on sexuality issues, and gay community responses to their predicament.

Findings

Our study found that PCa is a different experience for GM. Our findings indicate sexual side effects are a leading contributor to depressive symptoms. Relationship complications arise for GM, while their path to adaptation and recovery might be different. The pathways GM and their partners pursue toward acceptance or recovery of a sex life have implications for improving the mental health and quality of life for other men with PCa in Australia.



Mental Health

Depression is an issue for LGBTI people generally, with higher rates than the general population. Evidence is varied for sampling reasons and use of different measures (Kamen et al., 2015).

Prostate Cancer (PCa) diagnosis and treatment also lead to higher rates of depression and anxiety. There is evidence that the pre-existing experience of depression and anxiety are predictors of depression and anxiety post PCa diagnosis and treatment (Sharpley & Christie, 2007).

There are three main areas where quality of life is affected, or perceived to be affected: (1) sex; (2) perception of themselves; and (3) ongoing nature of living with PCa.

1. Where there is serious pre-existing, clinically diagnosed depression, we find that the experience of PCa is secondary to the depression. The older the men become the more they might accept the negative sexual consequences, whereas the younger men fight to get back to 'normal'. What is also important is the men's expectation of losing sexual activity anyway as they grow older.

The literature positions sexual difficulties post-PCa as a loss of/damage to masculinity, as if erectile dysfunction and penetrative capacity comprise masculinity – but they do not – and it is difficult to move the field of PCa out of that reduction of masculinity to erections and penetration. For GM, this loss/damage hits at a sense of core identity, not simply as male or masculine so defined. Gay identity is hard won; it is an identity with sexuality as the primary focus. Moreover, a gay identity involves a social struggle, not simply a personal one. The participants revealed that the challenge PCa poses to the gay self is existential; it threatens the core meaning of the self in relation to sex, to relationships, and to community.

2. For gay men, that sense of self is provided by an alignment between sexual activity and a functioning body that has never or infrequently faltered, situated in wider social networks and the gay community and its support structures, and a legacy of political and cultural ideas about the coherence of a gay self.

The challenge to the sense of self also becomes pronounced as PCa treatments challenge the body, particularly a younger and/or sexually active body.

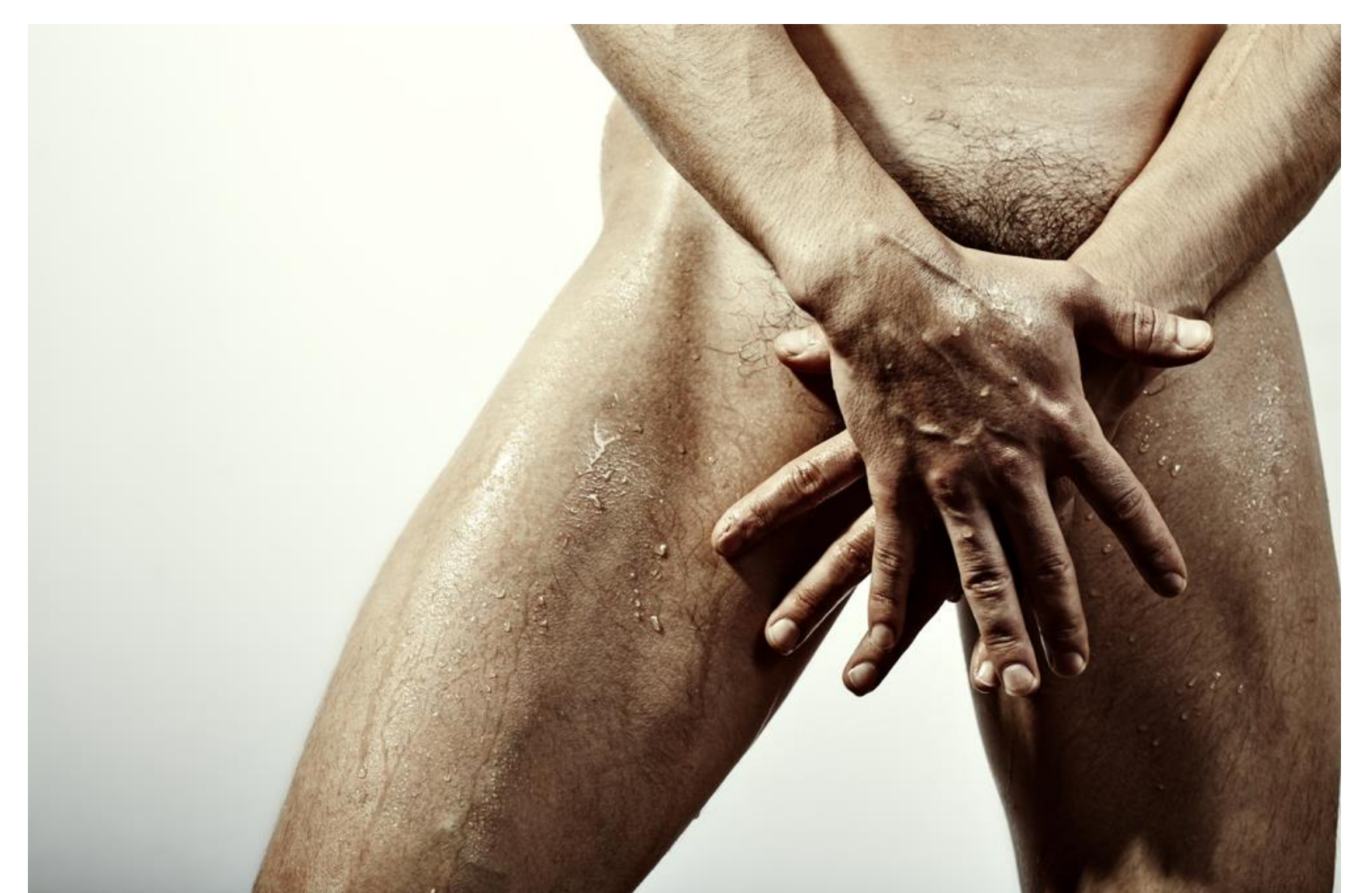
The framing of PCa as an individual and mostly heterosexual condition excludes gay men's social relations and the material contexts of their illness, and this has specific effects on gay men who often inhabit a largely marginal social world.

3. The issues about gayness for gay men start right at the moment of PCa diagnosis, both in health professionals' assumptions about men's sexuality and then about heterosexuality itself if a gay man has not 'come out'.

We observed not just systematic heterosexism and discrimination (if only by omission), but also the active work gay men must perform in managing the doctor-patient relationship, such as stepping back to ease someone else's embarrassment.

Summary

- PCa is a 'discursive practice' in which GM are progressively excluded from the central discourse and successive practices of PCa treatment, care and management over time.
- The experience of GM diagnosed with and treated for PCa is different from straight men.
- Pre-existing circumstances for GM help set the scene – hard-won identity, experiences of stigma and discrimination, and living with marginalisation.
- Mental health is a key area for GM and PCa.
- There is a problem in recruiting men, especially male partners of men, as they do not see themselves as part of the PCa discourse.



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