Shifting Masculinities amongst Men Diagnosed with Breast Cancer: A Multi-method Phenomenological Inquiry

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Background
Since 1997, breast cancer has been the most common cancer form in the UK, accounting for almost a sixth of all cancer cases (CRUK, 2016). Incidence of the illness in men is proportionally low, affecting around 3,243 males to females, with approximately 350 new male cases presenting annually in the UK compared to around 55,000 female cases (NHS, 2014).

As a result, breast cancer in men is frequently overlooked within both lay and expert healthcare systems (Iredale et al., 2006) despite being responsible for more male deaths annually than some male-specific cancers, e.g. penile and testicular cancers (CRUK, 2016).

Underacknowledged both clinically and socially as a threat to men’s health, breast cancer in men persists as a critical health issue, with complex ramifications physically, psycho-socially and psycho-sexually for those affected.

Research exploring men’s breast cancer experiences and life beyond the illness event remains limited. Therefore, this research asks ‘How do we understand the experiences of men diagnosed with breast cancer?’ and aims to advance knowledge regarding men’s meaning-making of breast cancer and masculinity, and to give voice to what is currently an under-researched, minority group.

Method
Semi-structured interviews together with ‘visual voice’ (see Pauwels 2015) – an adaptation of Photovoice methodology (see Wang & Burris, 1997) using photographs authored by the participants themselves.

Participants discussed a series of self-selected photographs at interview, in addition to answering questions from a pre-devised interview schedule of 20 questions.

31 men were recruited from across the UK through Breast Cancer Care, Leicestershire Partnership NHS Trust and social media platforms; 20 contributed verbal-visual accounts and 11 verbal-only, generating between them 375 photographs and 60+ hours of verbal data.

All data were analysed together using Interpretative Phenomenological Analysis (IPA, Smith et al., 2009), and findings were discussed and cross-checked by the lead researcher’s supervisory team.

Three superordinate masculinities were identified: ‘threatened and/or exposed’, ‘protected and/or asserted’ and ‘renewed and/or revitalised’ masculinity (Figure 1) along with 16 supporting subthemes (Table 1). Our findings are being disseminated to cancer charities and clinical oncology services in the UK with a hope that they will improve the treatment and support of men who experience breast cancer in the future.

Findings

Table 1: Subthemes corresponding to each of the three superordinate masculinities identified.

<table>
<thead>
<tr>
<th>Threatened and/or exposed masculinity</th>
<th>Protected and/or asserted masculinity</th>
<th>Renewed and/or revitalised masculinity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marginalised from multiple sources</td>
<td>Business as usual: Place importance on maintaining normality</td>
<td>Embracing new opportunities and life experiences</td>
</tr>
<tr>
<td>Clinically vulnerable: Mishaps, challenges and concerns</td>
<td>Downward comparisons: Breast cancer as worse for others</td>
<td>Life beyond breast cancer</td>
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<tr>
<td>Physical reminders: The embodied breast cancer experience as a man</td>
<td>Breast cancer as ‘just another illness’: Downplaying the diagnosis</td>
<td>Greater appreciation for life, the self and others</td>
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<tr>
<td>Breast cancer as a constant: Lasting impressions of the illness episode</td>
<td>‘I didn’t need it’: Rejecting support from others and agencies</td>
<td>Renewed identity: Becoming a changed/better man</td>
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<td>‘Being’ male: Stereotypically reasoning why he developed cancer</td>
<td>Engaging with breast cancer activism and advocacy</td>
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<tr>
<td>Needing to prove male credentials</td>
<td>New and improved relationships following breast cancer diagnosis</td>
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Discussion/Conclusions
Using the model (Figure 1), we show how these interconnected masculinities are performed and utilised by men from pre-diagnosis right through to the recovery stages of the illness, as they manage, make sense of, and live through breast cancer. The findings show how the breast cancer diagnosis causes men to feel threatened, particularly in terms of their masculinity, prompting them to protect and assert their male selves to uphold their gender status. However, as they progress towards recovery and begin to reconstruct their lives post-illness, paradoxically, the men relax their performance of masculinising practices as they discover benefits associated with the breast cancer experience. This, to the researchers’ knowledge, is a new finding which serves to inform breast cancer research and clinical and care practices, as we look to improve men’s illness experiences and outcomes.