The Need to Be Superman: The Psychosocial Support Challenges of Young Men Affected by Cancer

Brad Love, PhD, Charee M. Thompson, MA, and Jessica Knapp, MA

or many cancers, young adult survival outcomes have not improved in decades (Bleyer, 2011), and general consensus is that this lack of improvement stems from a combination of biologic, medical, and social influences (Bleyer, 2011; Fernandez et al., 2011). As a result, the psychosocial aspects of the young adult cancer experience are receiving increased focus (Morgan, Davies, Palmer, & Plaster, 2010; Zebrack, 2008), including consequences for quality-of-life indicators (e.g., relationships with partners and family, [in]ability to engage in daily activities, fertility issues) (Clinton-McHarg, Carey, Sanson-Fisher, Shakeshaft, & Rainbird, 2010).

Through several mechanisms, psychosocial support can affect health and well-being (Fernandez et al., 2011). Clinician-patient communication has been linked to health and well-being through proximal outcomes of agreement, trust, and understanding, as well as increased adherence and enhanced self-care (Street, Makoul, Arora, & Epstein, 2009). Considering the importance of psychosocial support, young adults reporting age group-appropriate support as a consistent unmet need in various facets of their lives, including mental health and relationships, is troubling (Zebrack, 2008).

Adding to the challenge is that men are less likely to seek support and information than women, more reluctant than women to consult their doctors, less knowledgeable about health, and show poorer psychosocial adaptation to cancer than women (Chapple & Ziebland, 2002; Galdas, Cheater, & Marshall, 2005; Nicholas, 2000). Disparities in men's and women's health outcomes are, in large part, attributed to men's beliefs that they should be independent and not seek help (Chapple & Ziebland, 2002; Nicholas, 2000). These beliefs are a ubiquitous feature of social life created by and through individual interactions with others (Courtenay, 2000; Moynihan, 1998; Oliffe, 2007). In the context of health, these displays of masculinity put men at greater risk and create challenges to identity reconstruction (Courtenay, 2000; Gurevich, Bishop, Bower, Malka, & Nyhof-Young, 2004).

Purpose/Objectives: To investigate how gender-specific issues shape the experiences of young adult men with cancer and what they report to be problematic.

Research Approach: A qualitative, descriptive approach.

Setting: Website, focus group in the southwestern United States, and phone interviews throughout the United States.

Participants: Text from an online forum (N = 3,000 posts), focus group of six men, and separate interviews with four men.

Methodologic Approach: Data analysis took place over two months through constant comparison of online text as well as a focus group and interview transcripts.

Findings: Men face challenges being both a receiver and provider of support in relationships with their peers, romantic partners, and children. Cultural expectations to "be strong" drive their support-seeking beliefs and behaviors.

Conclusions: Men report conflict between desires to show strength and to be honest that present a barrier to support, as well as contribute to inadequate relationships with male peers and greater difficulty in exchanging support with romantic partners.

Interpretation: The authors identified attitudes about and barriers to men's experiences with social support, which healthcare providers, such as nurses, should be sensitive to when developing and providing support.

Key Words: young adult cancer, men, masculinity, social support

How men with cancer view their own masculinity is not only influenced by cultural ideals about what a man is and should be (i.e., stoic and independent) (Moynihan, 1998), but also is constrained by the inherently chaotic and emotional experience of cancer (Becker, 1997). Research on men with testicular and prostate cancers is focused mostly on older men and illustrates the tension between appearing strong and feeling ill, being independent and needing help (Gurevich et al., 2004; Oliffe & Thorne, 2007; Oliffe, Ogrodniczuk, Bottorff, Hislop, & Halpin, 2009). Importantly, this research