

SOCIAL REPRESENTATIONS OF THE BODY AFTER THE ILLNESS BY PROSTATE CANCER

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ABSTRACT. This study aims to identify and analyze the social representations of body for men after the illness from prostate cancer. Narrative interviews were conducted with 08 men with ages ranging from 50 and 70 years, diagnosed with this disease and who had undergone oncological treatment, for at least one year. The interviews were recorded, transcribed and analyzed using the Interpretative Phenomenological Approach. The results show that before the illness, the participants represented their bodies as strong, resistant and healthy taking in the hegemonic masculinity model an important anchorage point for these representations. The absence of symptoms that cause bodily discomforts contributed to the feeling of healthy body. The search for health services only occurred after the manifestation of the first symptoms and its exacerbations, which limited their daily actions and change their daily lives. Participants mentioned the illness by prostate cancer and oncological treatment proposals, in particular the prostatectomy, as a remarkable experience that producer of great physical and psychological discomfort. After the illness, the men began to represent their bodies as fragile, sick and weak. Those interviewed point to the impact of body changes, especially those related to sexual and urological dysfunctions in ways of thinking, feeling and acting in relation to his masculinity. Accordingly, the limitations imposed by illness and oncological treatments are opposed to the hegemonic masculinity model, favoring the feeling of being less a man than before the illness.

Keywords: Prostate cancer; masculinity; social representation.

REPRESENTAÇÕES SOCIAIS DE CORPO APÓS O ADOECIMENTO POR CÂNCER NA PRÓSTATA

RESUMO. O estudo tem como objetivo identificar e analisar as Representações Sociais de corpo para homens após o adoecimento por câncer na próstata. Foram realizadas entrevistas narrativas com oito homens com idade entre 50 e 70 anos, diagnosticados com câncer na próstata e que realizaram tratamento oncológico há pelo menos um ano. As entrevistas foram gravadas, transcritas e analisadas por meio da Abordagem Fenomenológica Interpretativa. Os resultados apontam que antes do adoecimento, os participantes representavam seus corpos como fortes, resistentes e saudáveis, tendo no modelo de masculinidade hegemônica um importante ponto de ancoragem para estas representações. A ausência de sintomas que provocassem desconfortos corporais contribuiu para a percepção de corpo saudável. A busca por serviços de saúde somente ocorreu após a manifestação e agravamentos dos primeiros sintomas, que limitaram suas ações diárias e alteraram o seu cotidiano. O adoecimento por câncer na próstata e as propostas de tratamento oncológico, em especial, a prostatectomia, foram destacados pelos participantes como uma experiência marcante e produtora de grande desconforto físico e psicológico. Após o adoecimento, os homens passaram a representar os seus corpos como frágeis, doentes e debilitados. Os entrevistados chamam a atenção para o impacto das transformações corporais, especialmente aquelas relacionadas às disfunções sexuais e urológicas, nos modos de pensar, sentir e agir, em relação à própria masculinidade. Nesse sentido, as limitações impostas pelo adoecimento e tratamento oncológico se contrapõem ao modelo de masculinidade hegemônica, favorecendo o sentimento de ser menos homem do que antes do adoecimento.

Palavras-chave: Câncer na próstata; masculinidade; representação social.

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REPRESENTACIONES SOCIALES DEL CUERPO DESPUÉS DE LA ENFERMEDAD POR CÁNCER PROSTÁTICO

RESUMEN. Este estudio tiene como objetivo identificar y analizar las representaciones sociales del cuerpo para hombres después de la enfermedad de cáncer prostático. Se realizaron entrevistas narrativas con 08 hombres con edad entre 50 y 70 años, diagnosticados con cáncer prostático y que se sometieron al tratamiento del cáncer hace un año. Las entrevistas fueron grabadas, transcritas y analizadas usando el Enfoque Fenomenológico Interpretativo. Los resultados muestran que, antes de la enfermedad, los participantes representaban sus cuerpos como fuertes, robustos y saludables, teniendo en el modelo de masculinidad hegemónica un punto de anclaje importante para estas representaciones. La inexistencia de síntomas que provocasen malestares corporales contribuyó a la percepción de cuerpo sano. La procura por servicios de salud solo ocurrió después de la manifestación y empeoramiento de los primeros síntomas, que limitaron las acciones diarias y cambiaron su cotidiano. La enfermedad por cáncer prostático y las propuestas de tratamiento oncológico, en especial, la prostatectomía, fueron percibidas por los participantes como una experiencia fuerte y que produce grande malestar físico y psicológico. Después de la enfermedad, los hombres pasaron a representar sus cuerpos como frágiles, enfermos y débiles, produciendo la sensación de ser "menos hombre." Los entrevistados enfatizan el impacto de los cambios corporales, sobretudo, aquellos relacionados a las discapacidades sexuales y urológicas, en los modos de pensar, sentir y actuar, sobre su propia masculinidad. Las limitaciones impuestas por la enfermedad y el tratamiento del cáncer se oponen al modelo de masculinidad hegemónica, favoreciendo la sensación de ser menos hombre que antes de la enfermedad.

Palabras-clave: Cáncer de la próstata; masculinidad; representaciones sociales.

Introduction

In the past decades, the cancer, in its many forms, has been considered an important problem of Collective Health. (White, Thomson, Forman, & Meryn, 2010). In Brazilian men, the most common types of cancer are the tumors of prostate, lungs, colon and rectus, stomach, oral cavity, leukemia and esophagi (Inca, 2016). For the biannual 2016-2017, are expected approximately 61 thousand new cases of prostate cancer between Brazilian men (Inca, 2016).

Increasingly, there is a need to consider the gender implications in the process of prevention and early diagnosis of neoplasia, in the way that men experience illness by cancer and in the ways they adhere to cancer treatment (Xavier, Ataíde, Pereira, & Nascimento, 2010; Bergerot, Araújo, & Tróccoli, 2014; Campbell, Keefe, & McKee, 2014; Modena, Martins, Gazzinelli, Almeida, & Schall, 2014; Novak & Sabino, 2015).

The national and international literature have been indicating that, when compared to women, men present less adhesion to actions of preventing and earlier diagnosis and a later search for services and health professionals, resulting in attendances in advanced stages of illness and lower possibilities of treatment, cure and rehabilitation (Cayless, Forbat, Illingworth, Hubbard, & Kearney, 2010; Bergerot et al., 2014; Martins & Modena, 2016a; Chambers, Chung, Wittert, & Hyde, 2017). The same occurs after the cancer confirmation, once men also present difficulties to join the proposal treatments and to adapt to their new care routine (Gomes, Nascimento, Rebello, & Araújo, 2008; Kelly, 2009; Gannon, Guerro-Blanco, Patel, & Abel, 2010; Mesquita, Moreira, & Maliski, 2011; Paiva, Motta & Griep, 2011; Burille, Schwartz, & Zillmer, 2013; Curtis, Groarke, & Sullivan, 2013; Martins & Modena, 2016a).

The specificities of psychological assistance to men with cancer also have been highlighted by professionals that act in the context of hospital psychology and Psycho-Oncology (Cayless et al., 2010; Xavier et al., 2010; Martins, Gazzinelli, Almeida, & Modena, 2013; Krumwiede & Krumwiede, 2012; Martins et al., 2013; Martins & Modena, 2016b). In general, we verify singularities in the way that men link to health actions, reflecting in the lower adherence to psychological interventions and in the difficulty of this public to express feelings and emotions, especially the ones that can refer to a supposed fragility (Cayless et al., 2010; White et al., 2010; Martins et al., 2013; Martins & Modena, 2016b).

Studies point that the ways in which men conceive and experience their masculinities can directly interfere in their wellbeing, in their practices of self-care and in their health conditions, thus favoring the manifestation and grievance of diseases such as cancer (Amorin et al., 2011; Paiva et al., 2011;

Krumwiede & Krumwiede, 2012; Belinelo et al., 2014; Martins & Modena, 2016a, Chambers et al., 2017).

Within today, the characterization of men as strong, self-sufficient and invulnerable persists, contributing to a greater distance of these individuals of the health services and self-care practices (Cayless et al., 2010; White et al., 2010; Nascimento, Trindade, & Gianordoli-Nascimento, 2011; Connell & Messerschmidt, 2013; Martins & Modena, 2016a).

Unlike women, men, since childhood, are encouraged to support the physical and emotional suffering, to occult their limitations and neglect their fragilities, opening little space to manifestation of limitations and fragilities, as the ones imposed by situations of illness (Connell, 2005; Nascimento et al., 2011; Connell & Messerschmidt, 2013). Such behavior and beliefs reflect the hegemonic masculinity model, that refers to a specific way of be a man spread daily by different social institutions, as example, family, school, work, and others, and that demand men, since young age, pursuit and practice behaviors and attitudes that proves, in front of other members of group, his virility and manhood (Connell, 2005; Connell & Messerschmidt, 2013).

Connell and Messerschmidt (2013) highlight that masculinity is intimately associated to social relationships and also is linked to corporeality. In this perspective, out conceptions of "real men" also refer to ideas of configurations and delineation of male body. Thereby, it is in the body and through the body that the symbolical dimension of masculinities can be materialized, contributing to the constant seek for (re)production of corporeality that contribute to the concretization and maintenance of ideals imposed by the hegemonic model of masculinity (Connell, 2005).

Despite the development of new therapeutic technologies and the recent advances in the context of oncology, the treatment is still marked by use of invasive procedures that require constant manipulation of the patients' bodies and their intense exposure to the health team (Cayless et al. 2010; Xavier et al. 2010; Krumwiede & Krumwiede, 2012; Martins & Modena, 2016a).

Studies point that, during the process of illness by cancer and during all oncology treatment, patients experience a series of bodily transformations, generally manifested in decrease of physical strength, weight gain or loss, swelling, alopecia, nausea and vomit, inapetence, and, in case of men, difficulties in having or maintaining an erection, premature ejaculation, among other symptoms which affect the body image and self-esteem of these subjects (Kelly, 2009; Gannon et al., 2010; Mesquita et al., 2011; Burille et al., 2013; Modena et al., 2014; Martins & Modena, 2016b).

Among the possibilities of treatment of this disease, the prostatectomy, a surgery that consists in partial or total removal of prostate, has been the most indicate. However, a big part of patients submitted to this procedure presents late complications, mostly, impotence and urinary incontinence that reaches 77% and 62% of these men, respectively (Brilhante et al., 2007). Mata, Silva, Pereira and Carvalho (2014) highlight that, both urinary incontinence and impotence prejudice marital relations of sick men and negatively affect their life quality, can also reflect in the engagement of these individuals in oncology treatment.

In this perspective, this study has as objective to identify and analyze the Social Representations (SR) of body to men after sickness by prostate cancer.

Method

The theoretical reference that guided this investigation was the Theory of Social Representations (TSR) (Jodelet, 2001; Moscovici, 2011), here comprehended as "a form of knowledge, socially elaborated and shared, with a practical objective, and that contributes to the construction of a reality common to a social set" (Jodelet, 2001, p.22). It is about common sense theories, elaborated from everyday problems, imposed by phenomena seen as strange and non-familiar, that challenges the individuals to issue a position and change their way of thinking, feeling and acting in relation to a particular object (Moscovici, 2011).

To Moscovici (2011), the SRs are constituted in two processes. The first is the anchorage, which refers to the effort of subjects in turning a strange object to something familiar. To do so, they will seek support for new representations in others previously existing, modifying them. The second process is denominated objectification. By this process, concepts and ideas are configured as concrete

schemes/images, almost tangible, transforming the abstract in concrete, the ideal in something empiric (Moscovici, 2011).

Among different research perspectives in SR, it was decided by the use of Procedural Approach, which studies and investigate of the process of genesis and (re)construction of SRs, emphasizing the comprehension and problematization of points of anchorage and objectification (Jodelet, 2001; Moscovici, 2011).

For the investigation here reported, it were performed episodic narrative interviews with 08 men that attended to the following criteria of intentionality: between 50 and 70 years old, has been diagnosed with prostate cancer, declare that you have completed cancer treatment for at least six months and accept the invitation. Among the participants, 06 were selected from the researcher's contact with two philanthropic and beneficent institutions, located in the city of Belo Horizonte, and 02 were selected from the personal contacts of one of the researchers.

In general, men interviewed are mostly elderly, with ages that vary from 58 to 68 years. All of them are married, and attended only elementary school. Before sickening, the interviewed worked in activities such as construction, guard and doorman, and attendants on bars and cafes. Nowadays, most of them are retired or awaiting the conclusion of the retirement process.

The interviews were guided by a semi structured script, which searched to explore the men's narratives about the process of illness by cancer and the treatment, the SRs of body and, also, the way these subjects construct their representations. The interviews occurred in days and places suggest by the interviewee; were recorded and lasted 90 minutes on average.

For the data analysis, we decided for the Interpretive Phenomenological Approach (IPA), which conceives subjects as self-interpreting beings that, every moment, are mobilized to interpret the phenomena, events, objects and people that integrate their daily life, pursuing to give meaning to their experiences (Smith & Eatough, 2010). More specifically, we used the proposal systematized by Trindade, Menandro and Gianordoli-Nascimento (2007) that suggests the possibility of using the IPA on the study of SRs phenomena. Thus, in the first moment, it was performed a literal transcription of interviews, by the researches themselves, without suppressing any speech. Following, it was performed an exhausting reading of the integral transcriptions, keeping an attitude of phenomenological reduction, seeking to build meaning units.

After, parts of the interviews were reorganized, starting from themes and units identified and respecting the literal transcription. In a fourth moment, the reports relevant for the theme of study were converted in a language partially standardized, and, in the fifth and last stage, the themes and meaning units were transformed in an structure that considered the meanings and experiences of the participants regarding the study phenomenon, making possible the interpretation of data (Trindade et al., 2007).

The participants had knowledge of the objectives of research and signed the Form of Consent Free and Informed. The research Project was approved by the Committee on Ethics in Research of the Federal University of Minas Gerais, through the protocol 451.027.

Results and discussion

Considering the structure of the manuscript, and searching for a better comprehension of readers, the results will be presented in a structure that already integrates the reports, themes and meaning units, emphasizing the meanings and experiences of participants related to the process of illness by prostate cancer.

SR of body and men's health care

In the period that precedes illness by prostatic cancer, the interviewed perceived their bodies as strong and resistant and, therefore, abdicated constant self-care strategies, especially the ones related to practices of health promotion and prevention of injuries. They affirm that, in this period, they did not

care for this things of prevention (Pedro²) and did not care a lot about health (Patrício), recognizing themselves as sloppy, untidy, that did not like to go to the doctor at all (Pierre).

The way in which the participants represented their bodies, in this period, seems to be anchored in conceptions about masculinities, present and widespread in Brazilian society and according to the hegemonic model of masculinity, also strongly widespread in our social context, that points to masculine body as strong and invulnerable to illness (Connel & Messerschmidt, 2013).

It is necessary to consider that, although the work assume, according to them, an important place in their lives, it is also pointed by the subjects as an element that complicates the using of health services and the maintenance of practices of self-care. In this direction, Plínio highlights that, despite comprehending the need of health care, he deepened within the work and end up forgetting his health, moving away from actions of preventing and precocious diagnosis.

This data corroborate with other studies that point the fact that work and the fear to discover if something goes wrong configure as important factors that makes difficult and, in some cases, prevents that subjects get engaged in practices of health preventing and promotion (Gomes et al., 2008; Cayless et al., 2010; White et al., 2010; Krumwiede &

Krumwiede, 2012; Martins & Modena, 2016a). In the case of a capitalist society, such as the Brazilian one, work and income generation occupy an important place, both in constitution of masculine and feminine identities, as well as in the maintenance of life. In a context that values production of goods and profit generation, the loss or distance of work can result in a social devaluation, making men and women occupy marginalized place in society and, therefore, strive to keep their jobs. The discovery of illness can demand the distance from work activities, which could generate, besides the psychosocial discomfort, financial prejudice (Connel, 2005; Connel & Messerschmidt, 2013; Oliveira, Santos, Rocha, Braga, & Souza, 2014; Novak & Sabino, 2015; Martins & Modena, 2016b).

Among the interviewed men, the search for health services and professionals, that resulted in cancer diagnosis, it was only motivated from the manifestation of other symptoms, related to other illness, or because of accidents, falls, between other external offenses that required the search for immediate health care. The same case has been observed in other studies that point for the majority search for health services, by the male population, in cases of symptoms or diseases already manifested and, also, at an advanced stage of illness (Gomes et al., 2008; Cayless et al., 2010; White et al., 2010; Martins & Modena, 2016a). Although the efforts to mobilize men for actions of health promotion, prevention and precocious diagnosis, it's still recurrent there is still a recurrence of the greater use by urgency and emergency services, such as emergency room visits, when they can no longer manage their symptoms in a solitary way, thus reducing the possibilities of cure, treatment and rehabilitation (Burille et al., 2013; Belinelo et al., 2014; Martins & Modena, 2016a).

The non-perception of physical symptoms, especially the ones that don't interfere in daily life and work of participants, also configures as an element that contributes for the distance of men from health services. The feeling of not feeling anything, especially any pain or physical unwell, favored the idea that the search for actions of preventing and precocious diagnosis was unnecessary. The perception of maintenance of body's functionality in relation to daily demand reinforced the idea that the search for health service was both unnecessary and irrelevant.

This data seem to reflect the SRs of those men about health and illness, guiding them about the moments and circumstances in which it is necessary or not seek for professional help and health institutions. Similar results have been identified in scientific literature (Almeida & Santos, 2011; Nascimento et al., 2011). Analyzing the SRs of men about health and illness, Almeida e Santos (2011) identified that, for that group of subjects, life quality and the sensation of balance and physical and psychological well-being constitutes the central core of their representations about health.

In the same direction, Nascimento et al. (2011) also searched to identify the SRs of men about health and illness. The authors also verified a composition of central core, in terms of health representations, marked by the idea of physical and psychological well-being and the representation of the disease associated with suffering and a bad thing. Thereby, for this group, only when the symptoms

² In this work, the names of the participants were substituted by pseudonyms. The parts of the text highlighted in italic are referent to the speech of the interviewee.

approach their representations of illness, is that the search for professionals and health services gains meaning and is concretized.

The performing of prostate cancer preventive exams

Despite knowing the prostate cancer preventive exams and the importance of performing it in their age, the participants did not accomplish it. In general, the search for preventive exams happened late, starting from the manifestation and aggravation of symptoms, or yet, from some other health injury, such as accidents and lesion, acute diseases, among others, that demanded de immediate search for a health service. In this sense, Pablo affirms that *when he went do [the exam] it was already late*, because, at this moment, his PSA *was high*, revealing that *everything was ruined*.

It is noteworthy that men opted, first, for the PSA exam, considered by them as less effective than the rectal examination, but, at the same time, less invasive. Thus, the rectal examination it was only performed in last case, upon medical prescription, pursuing to confirm the information already verified or placed in suspicion by means of PSA preventive exams. Therefore, we note that the meanings assigned to preventive exams, especially the rectal examination, also revealed as factors that made difficult to carry out actions of prevention and precocious diagnosis.

As Pablo remembers, unlike women, men have little adherence to cancer preventive exams, especially for wanting to maintain the status of *virile*, and, because of that, they end up neglecting their health: *We want to be tuff, right: oh, I don't have anything! I'm fine!* (Pablo). In this direction, Pierre highlights that men have a *male chauvinism*, some *silliness*, an *ignorance* that makes them *think they are the one, the best, that they don't need* to do exams or, as Pablo highlights, some *sloppiness* because *thinking that you are healthy and don't need to do exams*.

The difficulties of adherence of male population to the rectal exam has been verified in different studies, in different contexts (Paiva et al., 2011; Krumwiede & Krumwiede, 2012; Curtis et al., 2013; Oliveira et al., 2014; King et al., 2015; Martins & Modena, 2016b). The moment of performing the rectal exam, also denominated by the interviewed as *fingered*, was marked by feelings of fear, shame and embarrassment and was experienced as a very invasive and uncomfortable procedure. Pierre reports that, in the moment of this exam, he felt *shamed*, once the doctor *told him to take off his clothes and turn aside*, for, next, *stick the finger* in his anus. Pacheco affirms that the rectal examination is *something embarrassing*.

More than neglecting or absence of information, the low adhesion of the male population to this procedure must be comprehended considering the social context in which men are insert and taking into account the meanings attributed to being-man, crossed by the model of hegemonic masculinity (Campbell et al., 2014; Martins & Modena, 2016a; Chambers et al., 2017). Therefore, because of the touching in a socially restricted region of male body, the anus is recurring that men, when submitted to rectal examination, realize it as sexual violation, similar to an anal penetration, focusing directly in their masculinity (Gomes et al., 2008, Martins & Modena, 2016a).

In the same direction, studies point to a hegemonic masculinity model as a difficult factor, and, in many cases, impediment for the performing of rectal examination (Amorin et al. 2011; Martins, Gazzinelli, Almeida, & Modena, 2013; Martins et al., 2013; Belinelo et al., 2014). Besides the physical discomfort, the procedure triggers a psychological discomfort, in which the fear of discover a serious illness is associated to fear of an erection during the procedure, generating the fear of be seen by the doctor and the health team as homosexual. So, the performing of the rectal examination produces in men the sensation of reduction of their virility (Curtis et al., 2013; Martins et al., 2014; Modena et al., 2014; King et al., 2015; Martins & Modena, 2016b).

Therefore, besides perceive the male body as strong, resistant and not needing constant care; it is possible to verify that the interviewed also conceived it as an untouchable and inviolable body. Unlike female body, socially considerate as a passive space and open to invasive interventions and constant manipulations, the male body would be configured as an active element and self-sufficient, being inviolable, especially in socially interdicted regions, as the anus (Cayless et al., 2010; Mata et al., 2014; Modena et al., 2014; Oliveira et al., 2014).

The SRs of body after illness by cancer

It is necessary to consider that, in the moment before the illness; the subjects were in a state of low pressure to inference (Moscovici, 2011) with regards to the problematization of their bodies. In other words, their bodies were seen as familiar objects, over which they had control and autonomy, not generating any kind of worries related to health. However, such state of familiarity seems to fall in front of the first manifestations of cancer, especially the ones related to physical symptoms. Therefore, the prostatic cancer rises as an illness that transforms the subject's bodies, once so familiar, in unknown objects and unfamiliar, imposing a new condition over which they have little control and resilience.

So, daily and against their will, their bodies started to change, both in esthetical and functional terms, opening space to a new corporeality that was far from the ideals of masculinity shared by this group of subjects. For Paulo, these changes were evident when he realized his feces started to *look like goat's feces* and his urine *started to burn*. Pierre, by his turn, was diagnosed with cancer when he was already feeling *pain in the urine* and already perceived changes in its color. Besides, he started to realize that *the sexual potency was already weak*.

This situation put the interviewed group in a great cognitive conflict (Moscovici, 2011), of which they can hardly scape, once the strange object, the body, called them to produce a new knowledge that allows a comprehension of the experience and that guide their ways of thinking, feeling and acting over it.

The same goes in the oncological treatment, especially after the prostatectomy, which also produced series of bodily changes with psychosocial impact and, at the same time, interfered in the performing of activities, and in the self and identity of these subjects.

Among the main changes seen by the participants, we highlight the weight loss, changes in emotional state, social isolation and, mostly, the functional disability, mood swings, urinary incontinence and sexual dysfunction. Plínio and Péricles affirm to *lose a lot of weight* after noticing the illness, even more after the surgery of prostate removal. Paulo reports that, after the illness and oncological treatment, he began to experience an intense sadness and cry constantly.

The participants also started to realize that their bodies could not attend their daily needs in the same way that it would happen in the period before the oncological treatment. So, Paulo, Péricles and Pacheco affirm that they can no longer make more physical efforts, nor can they carry weight and, also, their legs *can't handle* walk like before, restricting their routines. Therefore, activities that were easy before can no longer be performed or if it is necessary, should be assisted by other person, generating a feeling of sadness and loss of autonomy. Now, as Pablo says, *the body won't help, does not ask to do it anymore*.

Bodily changes also become a great impediment for the participants to perform their daily activities, thus requiring them to leave work, which also as experienced with a lot of sadness. As Paulo highlights:... *I can't work anymore, so (crying a lot)... I see other people working, I want to but I can't handle it*.

In a similar study, performed with north American men, also diagnosed with prostate cancer, Krumwiede and Krumwiede (2012) also found that, after the bodily changes imposed by the cancer treatment require that these men coexist with the feeling of loss of control of their bodies, producing feelings of shame and humiliation and the feeling of being disconnected from the masculine universe.

All participants reported that, at some point of the illness and/or oncological treatment, they began to live with symptoms of urinary incontinence. Most of them, in many situations, could not control the urge to urinate and ended up urinating in their clothes. Some of the participants lived with these symptoms for a short time. However, others lived with these symptoms at the moment of the interview. *If I make effort, like, to carry one and a half pounds, the urine goes out continuously; so I use diapers* (Paulo).

Faced with the inability to control urine, the interviewees found themselves in front of the need of using diapers and disposable absorbents, which was experienced for all of them as a very unpleasant event. For Plínio, the use of diapers referred to something terrible: *The diaper is terrible! You see, the warm sun gives that gasp in the back, in front, you understand? Gives a terrible girth*.

It is worth to say that, in our social context, diapers are perceived as elements from the child universe, while, in other hand, the disposable absorbents are intimately related to women. Therefore, by inserting these elements in their daily life, men approach themselves to elements that evidence a possibility of losing characteristics that constitutes their masculinity.

Besides the discomfort of using diapers and absorbents, the interviewee also called attention to the feeling of shame and fear that someone could discover their using. Péricles says that, in his house, *he has all freedom to change diapers, including when his sons are around*. However, take and change diapers in other people's house makes him embarrassed and uncomfortable, which is why he avoids getting out.

Among the bodily changes experienced by interviewee, the changes in sexual performance appear as the more significant and the ones who brought psychosocial impact for them, and being highlighted for all participants. After the illness and, above all, after the prostatectomy, the interviewee began to live with changes in penis color, drop in sexual performance, difficulties to have and maintain an erection, and the absence of sperm during ejaculation, between other changes. *The only thing you can't, that you don't do anymore after this surgery is having sex. It ends! ... there is no way for your penis to penetrate*. (Péricles). *The person in treatment can be 30 years that won't be able to have sex never again ... sex ends for the rest of life*. (Pablo) *The complete erection ... doesn't exist and, in the moment of sexual act, it's not like before* (Pedro).

These changes produced in the interviewee a feeling that they are not as manly as they were before the manifestation of the symptoms, favoring feelings of sadness, low self-esteem and decrease on their masculinity. Paulo and Pacheco, for example, affirm that after the surgeries *was worth nothing and is not a man anymore*. For Paulo, his current situation is similar to *a child*, once he has no longer sexual desire. *So I'm like a child! I don't have desire anymore (cries). You think you're not a man anymore, that you are being humiliated, that others rule you!* (Pablo).

Pacheco and Pablo highlight that, besides the decline of sexual performance and the symptoms of erectile dysfunction, also began to live with the absence of sperm, during ejaculation. Pablo tells that, when he can have sexual intercourse, *nothing comes out*. Pacheco says that, after the sessions of radiotherapy, his sperm *dried*, making his orgasm is not *that perfect orgasm* anymore, which makes him *uncomfortable and worried*.

We observe that, for the interviewee, it is hard to conceive themselves as men in the same way as before, so that, for many, they're not men anymore, or even consider themselves as *castrated*. Péricles even says that a man who has a prostatectomy *is worthless*, once the surgery *castrates the person: you took off the prostate, it's over*. Pacheco, in the same direction, affirms that, after the surgery, he *was just like when you castrate a pig ... when you castrate an animal so he won't do it [sex]*.

The changes in sexual performance reflected in the marital relations of the participants and their partners. In a first moment, what prevailed was a feeling of suspicion and the idea that the partner could come for another man, younger and healthy, who could satisfy her sexually. So, both Pablo and Paulo experienced feelings of mistrust, which were suppressed after talking to their wives.

Thus, the new condition imposed by cancer illness and oncological treatment and the need to live with the new body for an indeterminate period required that these subjects produced new knowledge that guided them in ways of thinking, feeling and acting in relation to their bodies. After illness and oncological treatment, the participants began to perceive their bodies as fragile, vulnerable and weakened, over which they had little control and autonomy.

All those bodily changes produced in these subjects the feeling of not being a man anymore, like before illness, revealing the process of objectification. Considering that the power exercise is one of the more evident male prerogatives, its exercise became compromised when trying to exercise it using diapers and disposable absorbents, and also in face of sexual and urinary dysfunctions that emerged after illness.

Therefore, we note that before illness, the body representations of the participants were anchored in the ideas of a "man body", "strong and resistant body" and "health body", in accordance with the hegemonic masculinity model. However, we also note that after illness and oncological treatment, it was necessary that the participants built new representations. In this sense, we observe that the ways

of conceiving their bodies became to be anchored in the ideas of “sick body”, generating the feeling of being “less man” than before.

These findings corroborate with the results of other similar studies. Analyzing bodily transformations of men living in United Kingdom, Kelly (2009) highlights that, after the illness by prostate cancer, men face the need of living with a new body that seems strange and unfamiliar to them. The author notes that, after the process of illness and oncological treatment, men began to live with the feeling that their bodies failed to sustain the patterns of hegemonic masculinity model, impacting the self and identity of these subjects.

Gannon et al. (2010) investigated the impact of bodily changes between men who underwent radical prostatectomy. The authors found that the performing of this surgery produces bodily changes difficult for men to bear, also producing changes in their feelings of masculinity. The sexual dysfunctions that emerged after prostatectomy demanded to these subjects to rebuild the meanings attributed to being a man and to seek new ways to exercise their masculinity.

In Brazilian context, Mesquita et al. (2011) identified, in group of men with different types of cancer, the feeling of not being the same as before. The bodily changes and the losses associated to them produced in these subjects the feeling of not being as manly as before illness, leading them to reflect about their lives and modify their beliefs about their own masculinity. In the same direction, Burille et al. (2013), as well as Modena et al. (2014) also identified a significant impact of the bodily changes resulting from cancer illness and oncological treatment in the masculine identity of Brazilian men.

In the same direction that these studies, the reports of the men participating of the present investigation shows that, during illness and oncological treatment, the subjects maintained themselves in an intense and dynamic process of producing feelings that searched for building possibilities of comprehension about what was happening to them, especially about the bodily changes. In this sense, it was necessary the (re)built of their Social Representations about their bodies, pursuing to produce new knowledge that would guide them about how to act in face of challenges imposed by the condition of illness and the new routine of treatment. We also note that this effort contributed to the producing of new meanings about “being a man” and for the construction of new ways of exercising masculinity.

Final considerations

In the present study, it was possible to analyze the singularities that compose the experience of male illness by cancer, considering the way in which these subjects experience and produce meanings to this experience. We note that the cancer illness and oncological treatment are complex phenomena and closely related to the ways of life of men, permeated by social built meanings and assigned to masculinities, therefore being a socio-cultural experience.

Also, it is possible to perceive the centrality of the body, both on which refers to daily exercise of masculinities – before and after illness – and the influence of bodily changes in the tensioning over these subjects to produce new ways of conceive and exercise their masculinities after prostatic cancer.

We hope that this study can offer subsidies to the construction of psychosocial interventions turned to men with cancer, in particular with regard to Psychology professional who work in the context of Psycho-Oncology. As we highlighted, the assistance to men with cancer still consists in a great challenge to health teams. In this direction, the study of the experiences of illness can offer important subsidies for the implementation of psychological interventions that considers the importance of social construction of masculinities.

Expand the understanding about the experience of these subjects can be one of the first steps to the construction of interdisciplinary practices in health that considers these men beyond their biological dimension. Ergo, it is necessary to recognize as historical active subjects, interconnected to a sociocultural and political context. As cognitive beings, these men, at every moment, seek to construct meanings for their lives and those of their fellows.

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