

Young Men's Understandings of Male Breast Cancer: "pink ribbons" and "war wounds"

Zaynab Rabbee and Sarah Grogan

Manchester Metropolitan University, Manchester, UK

RUNNING HEAD: Young Men's Understandings of Male Breast Cancer

Address for correspondence:

Professor Sarah Grogan

Psychology

Manchester Metropolitan University

Birley Building

53 Bonsall Street

Manchester

United Kingdom

M15 6GX

s.grogan@mmu.ac.uk

+44 161 247 2504

Abstract

The aim of this small-scale exploratory study was to investigate young men's understandings of male breast cancer. In-depth semi-structured interviews ranging between one to two hours were conducted with six English-speaking men aged 18-35, recruited through opportunity sampling. Inductive thematic analysis revealed four key themes: association of breast cancer with femininity, reluctance to disclose breast cancer/visit the GP, body image concerns associated with breast cancer and treatment, and gendered identity and disclosure of a breast cancer diagnosis. Men were reluctant to wear a pink ribbon but would be proud to sport a mastectomy scar perceived as a "war wound". Findings are discussed in relation to the possible psychological and social hurdles facing men diagnosed with breast cancer, and implications for encouraging men to refer to general practice when appropriate.

Key words: Male breast cancer; interviews; thematic analysis; body image; identity; health education

Young Men's Understandings of Male Breast Cancer: "pink ribbons" and "war wounds"

Despite being extremely rare in men, breast cancer is the third most common cause of cancer deaths in the UK (Cancer Research UK, 2016), and prognosis in men is equal to that of stage-matched women (Giordano et al., 2004). However, men tend to fare worse because of delayed presentation, possibly linked to gendered perceptions of appropriate referral behaviour (Jeffries & Grogan, 2012) leading to a relatively higher proportion of male patients presenting with stage III or IV disease (Fentiman et al., 2009).

Despite poor prognosis and often more advanced diagnosis in men (ONS, 2013), healthy men's understandings of this condition have been under-researched, though research (DIPEX, 2015) has shown that men who have had breast cancer report that treatment pathways are often female-centric and inappropriate for addressing men's concerns. This has led to a scarcity of evidence upon which to ground action to increase rates of detection. The medical literature regarding male breast cancer encompasses mainly case-control and retrospective studies, and impacts on men's masculinity have yet to be understood fully (Moynihan, 2002). The bulk of qualitative research on breast cancer is focused around women's experiences, and data derived from research on women has been used as a benchmark for treating men (DIPEX, 2015). This gap in the research must be addressed through exploratory work that investigates healthy men's understandings of breast cancer from their own perspectives.

Norms of masculinity are actively constructed by men (Wiersma & Chesser, 2011), and many men subscribe to a hegemonic masculinity (Connell, 1995). Hegemonic masculinity refers to dominant constructions of masculinity which influence men's identities and behaviours, and in a health context constructs men as stoical and reluctant to seek help from healthcare services (Jeffries & Grogan, 2012). Breasts are culturally tied to femininity

Young Men's Understandings of Male Breast Cancer

(Haines et al., 2010) and men may also see breast cancer as essentially a feminine issue (DIPEX, 2015). All these factors may act as disincentives to refer with symptoms of breast cancer. Qualitative work exploring how men talk about male breast cancer may help improve clinicians' knowledge of how the disease may affect men, and may assist in developing strategies for facilitating referral in men with symptoms of breast cancer.

Study Aims

The primary aim of this small-scale study was to explore men's understandings of breast cancer; from initially noticing a change in breast tissue to disclosing, treating, and dealing with the diagnosis. This study was designed to help us to explore in depth how healthy men might understand breast cancer, how they perceive other men with breast cancer compared with women with breast cancer, and what consequences they thought breast cancer might have on their masculinity and identity.

Method

Participants

Six English-speaking men (ages 18-35) without a personal history of male breast cancer were recruited through opportunity and snowball sampling. Prospective participants were screened by the first author with the questions "What is your age?" and "Have you ever been told that you have breast cancer?". If the participant met the inclusion criteria, a time and place was agreed for completing the informed consent procedure and conducting the interview. Once participants had read the information sheet and consent was obtained, they were asked to select a pseudonym for identification purposes. See Table 1 for more information on the men who took part in our interviews.

Data Collection

We used a qualitative approach in this study, enabling in-depth exploration of men's understandings of male breast cancer through one-to-one interviews (Willig, 2008). We

Young Men's Understandings of Male Breast Cancer

produced a semi-structured interview schedule using previous literature on breast cancer as a guide. We kept topics broad to allow men to share their thoughts and experiences, rather than using a list of specific questions, to enable the interviews to be guided by the men themselves as far as possible. Topics explored how men might deal with hypothetical diagnosis and treatment, disclosure of diagnosis to family and wider contacts, reaction of others to the diagnosis, and impact of diagnosis on identity and masculinity. Although specific questions were not planned ahead of interviews, examples of questions used (taken from the transcripts) are “Erm, can you tell me what comes into your mind when you think of breast cancer in men?”, “Were you aware that men could get breast cancer?”, “How would you feel as a man with breast cancer? For example, if you were told today you had breast cancer, what thoughts would go through your mind?”

Interviews ranged between one to two hours were conducted by the first author, who is a young woman aged twenty-five who was an MSc student at the time of the interviews. Interviews were guided by the interview topic list, but left space for men to discuss related topics of importance to them. At the end of the interviews, men were given a thorough debrief and contact details for both authors should they want to ask additional questions or withdraw their data. A list of useful contacts for more information on male breast cancer was provided. Initially we decided to run between six and twelve interviews, stopping when data saturation was reached (Turner et al., 2002). No new themes arose in interviews five and six, so data collection stopped at that point. The study was approved through Manchester Metropolitan University Ethics Committee and British Psychological Society (2009) ethical guidelines were followed throughout.

Data Analysis

The interviews were transcribed directly following the interviews by the first author meaning that the discussion was still vivid in her mind and that non-verbal communication

could also be recalled and noted on the transcripts where relevant. Braun and Clarke's (2006) bottom-up approach was employed in data analysis. The first author familiarised herself with the data, produced a set of codes, created a thematic map to generate themes and sub-themes, named themes ensured the breadth and depth of the data had been captured thoroughly and a clear story was being told, following Patton (1990). The second author then cross-checked the set of themes, and the final themes and quotes were agreed by both authors as suggested by Willig (2008). This process of comparing coding is common in thematic analysis studies (Braun & Clarke, 2006; Yardley, 2008) and assured us that our analysis was coherent, sensitive to context, and consistent. A detailed paper trail was kept, as suggested by Yardley (2008), based on a complete set of coded transcripts with records of the codes and analytic decisions made at each point.

Results & Discussion

Thematic analysis revealed four main themes; association of breast cancer with femininity, body image concerns associated with breast cancer and treatment, reluctance to disclose hypothetical breast cancer/visit the GP, and gendered identity and disclosure of a breast cancer diagnosis.

Theme 1: Association of breast cancer with femininity

The colour pink is associated with traditional ideas of what it means to be feminine (Koller, 2008). The pink ribbon has become a global symbol of breast cancer awareness, and was seen by interviewees as identifying the wearer as expressing support for women (rather than men) with breast cancer, and representing cultural feminisation of breast cancer. For instance, Amit questions the association of the pink ribbon with women and traditional stereotypical femininity:

I think that's quite telling with the fact that their corporate colours are, they're normally pink. Pink or yellow. So I think that's quite telling that they're aiming for a female market with that. Amit [Lines 223-225]

The unsuitable content of hospital leaflets is highlighted by Harry who describes the "feel good" advice columns directly targeting women, "put some make up on to feel good and lift your day" which he muses are "things not relevant to a man" [Lines 759-760]. These concerns echoed findings from research that has highlighted the lack of male-specific information available to male breast cancer patients with reports of irrelevant content and not enough information regarding the disease and its treatment (Donovan & Flynn, 2007; DIPEX, 2015). Breasts are strongly associated with femininity in westernised cultures (Grogan, 2016; Haines et al., 2010), and discussing health fears runs contrary to hegemonic masculinity (Connell & Messerschmidt, 2005). Other authors have argued that men engage in constructing and policing appropriate masculine behaviours and identities and in regulating normative masculinity (e.g. Gill, Henwood & McClean, 2005) and there was certainly evidence of this in our data. These factors may deter men from discussing breast cancer and its implications. For instance, one man was very concerned about how people would react:

"He's a man, he's got breast cancer, how does that work? Harry [Lines 134-136].

Theme 2: Body image concerns associated with breast cancer and treatment

Breast cancer treatment most frequently necessitates mastectomy; the surgical removal of all or part of a breast, which may result in breast asymmetry and considerable scarring (Vadivelu et al., 2008). Most men agreed that the altered body image that comes along with a breast cancer diagnosis would hit women harder than men. For many men, a hypothetical surgery scar told a story of their fight with the condition. For example, George would use it to show that he was "tough enough to live through this massive ordeal" [Line 582]. Adam referred to likely scarring as his "warrior wound" [Line 228], and Carl

exclaimed: "it's the sign of a battle I'm fighting" [Line 509]. George said he would see a scar as "a badge of honour" [Line 586] explaining that he might even celebrate his masculinity and success through his cancer journey by tattooing "the word 'Survivor' or 'Cured' on top" of it [Lines 587-588]. Feelings of fear did emerge however as he later says "surgery scar is change and a constant reminder of cancer" [Line 576] which highlights anxiety and unease in dealing with an altered body image. Although some of these men reported stoical attitudes towards loss of a breast and scarring, which might be expected given cultural associations of braveness and stoicism with masculinity (Connell & Messerschmidt, 2005), the thought of the loss of a breast was understandably upsetting.

Theme 3: Reluctance to disclose breast cancer/ visit the GP

Men presented as stoical, and reluctant to disclose symptoms for fear of being seen as engaging in feminine-related support-seeking. Harry said he would self-monitor symptoms such as a lump by for many months until he would mention it to the GP:

If it wasn't causing me pain, I wouldn't bother. Doctors' surgeries are full of sick people. You don't want to end up having nothing and someone else could need that time slot. Harry [Line 847-849].

Men drew upon accounts based on dominant hegemonic masculinity (Connell & Messerschmidt, 2005) that constructed them as strong, in control and hesitant to attend GP's clinics. This concurs with previous literature that men use a range of culturally-dependent strategies in relation to masculinity (Noone & Stephens, 2008; Wetherell & Edley, 1999). For instance, Amit did not want to waste the doctor's time for something that might be trivial. Carl reported no need to see his GP as he was not in pain. He would initially be reluctant to seek medical help and would allow the symptoms to reach a stage where they were painful and uncomfortable before referring:

If it was a lump, until it became obvious or it bothered me then I would go and (.) but until then I wouldn't bother going to the doctors, (.) until it bothered me. Carl [Line 152-153].

Men constructed themselves as postponing help-seeking, being self-reliant and capable of solving problems supporting suggestions from other authors such as Jeffries and Grogan (2012). Parallel with previous research (e.g. Mason & Strauss, 2004), illness was portrayed as failing, and visiting a doctor was to admit vulnerability and weakness. Situating themselves in hegemonic masculine discourses of autonomy served to normalise and justify men's lack of use of these services, as suggested by other authors (Courtenay, 2000; Mason & Strauss, 2004).

Theme 4: Gendered Identity and Disclosure of a Breast Cancer Diagnosis

Men were concerned that they should be the one to let others know if they had been diagnosed with breast cancer and that they would want to publicise the news before “rumours” circulated:

Sometimes you're left with no choice but to tell. Rumours would spread about your 'cancer look'. I think when you lose your facial hair, beard, eyebrows and our [removed to preserve anonymity] community is pretty small (.) and when rumours spread they spread quick. George [Lines 896-898]

Pituskin et al. (2007) found that men disclosed their diagnosis almost instantly to immediate family, but took longer to inform extended family and friends. Iredale et al. (2006) found that 80% (n = 161) of men revealed a diagnosis of breast cancer to their partners and proximate family whilst 37% (n = 60) decided against telling extended family and peers. Fears of sympathy, and feeling stigmatised due to lack of awareness of the condition in men, were reported. Embarrassment about the condition and its association with femininity may be another reason why men withheld revealing the diagnosis (France et al., 2000).

Young Men's Understandings of Male Breast Cancer

Some of the language employed by the men, for example “not conceal,” “not embarrassed,” “whispers” implied that their hypothetical diagnosis might be considered to be a source of humiliation and embarrassment or something they might feel ashamed about. Robertson (2007) proposes that men often strive hard to balance what he refers to as the ‘don’t care/ must care’ dichotomy (real men are not concerned about health, but in an ideal world people ought to worry about their health). The men we interviewed appeared uneasy at the mere thought of being treated with pity by other men who may perceive them as a “charity case.” Harry says: “It would make me feel weak” [Line 596]. An act of sympathy would be interpreted as a “blow to masculinity”, and men expected that other men would be reluctant to disclose breast cancer to avoid eliciting sympathy.

This is the way men are. They wouldn't want everyone to know. They wouldn't want people's sympathy for that reason. George [Lines 473-474].

Limitations and ideas for future research

We are mindful that this was an exploratory study, based on a very small group of men, and findings from this small-scale study need to be generalised with caution to other men. However, some of our findings may be useful for those planning larger-scale studies. Some men were clearly uncomfortable discussing breasts with a woman (for instance, when discussing mastectomy scars, one man referred to his "nipple" in a hushed tone and appeared uneasy saying the word "breast"), and future work could involve investigating what men say to male researchers investigating this topic area. Future researchers might also consider delving deeper into some of the issues addressed here through running focus groups and interviews with men of a variety of ages and experiences, including interviews with those men who have experienced breast cancer themselves.

Conclusions

In this study, numerous possible psychological and social hurdles facing men diagnosed with breast cancer were highlighted. In general, men constructed themselves as postponing help-seeking, being self-reliant and capable of solving problems themselves. Participants situated themselves in hegemonic masculine discourses of autonomy and stoicism, seeking to distance themselves from an illness that they identified with femininity. These factors need to be taken into account when planning health services aimed at younger men with breast cancer at referral and treatment stages. Men may need to be targeted with tailored information and encouraged to refer to health services if they have relevant symptoms. Also, if diagnosed with breast cancer, men need access to male-appropriate treatment pathways which need to be designed in ways that recognise that diagnosis may have different socio-cultural meanings and practical implications for men and women. Our initial results also have useful implications for our understandings of how men police their embodied experiences in relation to their breasts, and further work could investigate this in more depth using discursive approaches such as used by Gill et al. (2005) to understand more fully some of these exploratory findings.

References

- British Psychological Society (2009). Ethics and standards. Retrieved 9 February 2014 from <http://www.bps.org.uk/what-we-do/ethics-standards/ethics-standards>.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77 - 101.
- Cancer Research UK. (2016). Breast cancer mortality statistics. Retrieved 26 June 2016 from <http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/mortality#heading-Zero>
- Connell, R. (1995). *Masculinities*. Cambridge: Polity Press.
- Connell, R & Messerschmidt, J. (2005) Hegemonic Masculinity. Rethinking the Concept. *Gender & Society*, 19, 829-859.
- Courtenay, W. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science and Medicine*, 50, 1385-1401.
- DIPEX (2015). Breast cancer in men. Retrieved 20 November 2015 from: <http://www.healthtalk.org/peoples-experiences/cancer/breast-cancer-men/topics>.
- Donovan, T. & Flynn, M. (2007). What makes a man a man? The lived experience of male breast cancer. *Cancer Nursing*, 30, 464-470.
- Fentiman, I., Fourquet A., Hortobagyi, G. (2009). Male breast cancer. *Lancet*, 367, 595–604.
- France, L., Michie, S., Barrett-Lee, P., Brain, K., Harper, P. & Gray, J. (2000). Male cancer: a qualitative study of male breast cancer. *The Breast*, 9, 343-348.
- Gill, R., Henwood, K.& McLean, C. (2005). *Body projects and the regulation of normative masculinity*. *Body and Society*, 11 (1). 37-62.
- Giordano, S., Cohen, D., Buzdar, A., Perkins, G. & Hortobagyi, G. (2004). Breast carcinoma in men: a population-based study. *Cancer*, 101, 51–57

Young Men's Understandings of Male Breast Cancer

- Grogan, S. (2016). *Body Image: Understanding body dissatisfaction in men, women and children* (3rd edition). New York: Routledge.
- Haines, R.J., Bottorff, J.K., McKeown, S.B., Ptolemy, E., Carey, J. & Sullivan, K. (2010). Breast cancer messaging for younger women: Gender, femininity and risk. *Qualitative Health Research*, 20: 731-642.
- Iredale, R., Brain, K., Williams, B., France, E & Gray, J. (2006). The experiences of men with breast cancer in the UK. *European Journal of Cancer*, 42, 334-341.
- Jeffries, M. & Grogan, S. (2012). "Oh, I'm just, you know, a little bit weak because I'm going to the doctor's": Young men's talk of self-referral to primary healthcare services. *Psychology and Health*, 27, 898-915.
- Koller, V. (2008). Not just a colour': pink as a gender and sexuality marker in visual communication. *Visual Communication*, 7, 395-423
- Mason, J. & Strauss, K. (2004) Testicular cancer: Passage through the help-seeking process for a cohort of UK men (part 1). *International Journal of Men's Health*, 3, 93-110.
- Moynihan, C. (2002). Men, women, gender and cancer. *European Journal of Cancer Care* 11, 166-172.
- Noone, J., & Stephens, C., (2008). Men, masculine identities, and health care utilization. *Sociology of Health and Illness*, 30, 711–725.
- ONS (2013). Cancer Survival in England, patients diagnosed 2007–11, followed up to 2013. Retrieved 8 March 2014 from <http://www.ons.gov.uk/ons/rel/cancer-unit/cancer-survival/cancer-survival-in-england--patients-diagnosed-2007-2011-and-followed-up-to-2012/stb-cancer-survival-in-england--patients-diagnosed-2007-2011-and-followed-up-to-2012.html>
- Patton, M. (1990). *Qualitative evaluation and research methods* (2nd edition). Newbury Park,CA: Sage.

Young Men's Understandings of Male Breast Cancer

- Pituskin, E., Williams, B., Au, H.J., & Martin-Mcdonald, K. (2007). Experiences of men with breast cancer: a qualitative study. *Journal of Men's Health and Gender*, 4, 44-51.
- Robertson, S. (2007). *Understanding Men and Health. Masculinities, Identity and Well-being*, Maidenhead, Open University Press.
- Turner, A., Barlow, J., & Ilbery, B. (2002). Play hurt, live hurt: Living with and managing osteoarthritis from the perspective of ex-professional footballers. *Journal of Health Psychology*, 7, 285–301.
- Vadivelu, N., Schreck, M., Lopez, M., Kodumudi, G., & Deepak, N. (2008). Pain after mastectomy and breast reconstruction. *The American Surgeon*; 74, 285-296.
- Wetherell, M., & Edley, N. (1999). Negotiating hegemonic masculinity: Imaginary positions and psycho discursive practices. *Feminism and Psychology*, 9, 335-356.
- Williams, B., Iredale, R., Brain, K., France, E., Barrett-Lee, P. & Gray, J. (2003). Experiences of men with breast cancer: an exploratory focus group study. *British Journal of Cancer*, 89, 1834-1836.
- Willig, C. (2008) *Introducing Qualitative Research in Psychology: adventures in theory and method (2nd edition)*. Buckingham: Open University Press.
- Wiersma, E., & Chesser, S. (2011). Masculinity, ageing bodies, and leisure. *Annals of Leisure Research*, 14(2-3), 242–259.
- Yardley, L. (2008). Demonstrating validity in qualitative research. In J. Smith (ed.). *Qualitative Psychology: A Practical Guide to Research Method*, 2nd Edition (235-252). London: Sage.

Table 1: Profiles of Men Interviewed

Pseudonym	Age (Years)	Occupation	Ethnicity	Additional Information
Adam	21	Undergraduate Biomedical Student (1st year)	White-UK	Family friend diagnosed with breast cancer
Amit	25	Undergraduate Pharmacy Student (4th year)	Asian-Indian	Previous volunteer at cancer organisation
Bass	31	Technical Analyst	White-USA	No one known with breast cancer
Carl	35	Cardboard Box Factory Worker	White-UK	No one known with breast cancer
George	23	Architecture Graduate	White-UK	Mother diagnosed with breast cancer twice and recovered
Harry	21	Undergraduate Pharmacy Student (3rd Year)	Asian-Pakistani	Mother diagnosed with breast cancer and undergoing treatment