ED and Masculinity

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“Perhaps no other disease illustrates the social construction of masculine identity more vividly than prostate cancer, an illness whose common...treatment effects (e.g. erectile dysfunction) leave men a diminished sense of agency over their bodies”

(Arrington, 2008)
Masculinity

- Masculinity, defined as a socio-cultural construct, can vary depending on several factors including time, life stage, social class, an ethnic community (Thompson 2015)

- Masculinity beliefs refer to the set of norms that individuals have internalized (Connell 1987, Thompson 2015)

  Independent, Self-reliant, Stoic, Strong/tough, Sexual Prowess, Competitive


Masculinity Continuum

Less Traditional Beliefs

More Traditional Beliefs (i.e. Hegemonic beliefs)
Strong Masculine Beliefs and Health Behavior

- *Gender is one of the most important socio-cultural factors influencing health and health behavior.* (HIMM, Evans 2011)

- Men with strong masculinity beliefs are **half as likely** as men with moderate masculinity beliefs to receive preventative care. (Springer 2011)

- **Health care utilization** - women visit their practitioners $1/3$ more than men. (CDC 2015)

- Men are **less likely to be compliant** to prescribed meds. (Hadji 2016)

- Men are **less likely to be compliant** to care plans or screening recommendations. (Kaiser Family Foundation 2015)

- Young men are **four times more likely to die from suicide** than younger women. (Public Health Agency of Canada, 2006)

It is estimated that up to 70% of men with ED do not seek treatment.
Erectile Dysfunction and Impact on Masculinity:

- Constructions of sexuality and masculinity are highly interwoven
  - Loss of sexual functioning poses a significant threat to manhood and masculinity

- Masculinity was lost (‘no longer a man’)
- Masculinity was diminished (‘not a whole man’)

“You might be on an auction block, but when somebody looked you over, they wouldn’t want you, they wouldn’t pay anything for you”

ED and Masculinity: Nature of Impact

- **Impact of ED and Masculinity on Wellbeing**
  - A source of Anxiety/Depression
  - Challenged men’s self-worth
  - Created feelings of disempowerment
  - Fear of being stigmatized
  - Concern that their partners would leave them

(Bokhour 2001, Chambers 2017)
ED impact on Masculinity: Pervasive & Distressing

- **Pervasiveness of sex in men: Beyond the Bedroom**
  - Sexual Imaginings - men enjoy thinking about sex a lot
    - Fantasy life, daydreaming, sex dreams...

- **Pervasiveness of impact of ED on Masculinity**
  - “It never goes out of your mind”
  - “…this is our manhood we’re talking about…and it can be pretty hard to deal with it”
  - “…it is so much part of the male psyche; you take his manhood away from him, you change that male…you change him entirely”

(Bokhour 2001, Chambers 2017, Matthew 2004)
ED and Masculinity: Impact on Adjustment

- *Masculinity frames how men interpret and adjust to ED*

- For men with ED, those who endorsed more traditional (hegemonic) masculine beliefs experience greater distress
  - social functioning
  - role functioning
  - mental health outcomes, including depression

(Burns 2008, Hoyt 2015)
ED and Masculinity: Impact on Adjustment

- Multi-variate analysis predicting sexual bother in PrCa patients
- Sexual bother defined as ED related distress
- Loss of masculinity was the only significant, independent predictor of sexual bother
- Analysis included sexual function (severity of ED)

(Zaider 2012)

Distress related to ED may have less to do with sexual performance and more to do with resulting changes in masculine self-esteem
ED and Masculinity - Traditional Treatment Approach

- Traditional approaches to treatment primarily focused on pro-erectile therapy.
- Assumes that a man's experience of sexuality is limited to its embodied dimensions.
- Ignoring the influence of the social construction of sexuality and gender.

- Poor adherence to pro-erectile therapy is believed to be in part related to patient masculinity associated with dependence on pro-erectile therapies.

- One clear finding from the literature – a singular focus on erections is not going to resolve distress related to ED and Masculinity.

(Gilbert 2013)
ED and Masculinity: Comprehensive Intervention

- **Qualitative Studies – Examining men who coped well in the face of ED**
  - Men rationalized their ED through active attempts to cognitively reframe their experience
  - Often to protect and/or redefine their masculinity

  - Broadened their definition of masculinity – what it is to be a man
    - Looked for evidence of masculinity elsewhere (i.e. already have kids, sowed a lot of wild oats)

  - Broadened their definition of sex as encompassing more than penetration

ED and Masculinity: Comprehensive Intervention

- **Quantitative Study** – examining factors moderating impact
  - Relationship intimacy
    - The association between diminished masculinity and sexual bother was strongest for men whose spouses perceived low marital affection
    - Marital affection defined as mutual distancing and avoidance
  - Treatment in support of open communication, affection, and support
    (Zaider 2012)

*ED may not be physically modifiable, beliefs about ED may be modifiable*
ED and Masculinity: Comprehensive Intervention

- **Build it, will they come?**
  - There is a need to establish processes for engaging men in healthcare
  - Challenged by the double stigma of health and sexual dysfunction = vulnerability
    - Sex is important to men- potential motivator to seek healthcare assistance
    - E.g. Movember – de-stigmatizing campaign

- There is also a need to understand and respond to unique needs of diverse populations, for example:
  - There is an apparent magnification of this effect in Black men compared to Caucasian men
  - Gay men report confusion regarding their sexual identity including impacts on masculinity

Thank You

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