

Appendix 13. Men's traditional and restrictive or free and expressive responses

	More traditional and restrictive		More free and expressive	
	Masculine norms	Emotions	Masculine norms	Emotions
<p>Psuedonym</p> <p>Age</p> <p>Cancer type</p>	<p>Emphasises strength/excellent health record ('bullet proof'), control, decisiveness, action ('get on with it'), fighting spirit, income earning, work competence, status claimed by association, deeply admiring of Dr's expert prowess (akin to reverence) and may consider it silly/insulting to resist Dr's advice, maybe also comparing it to the offense that he would take if his own work expertise was not recognized, excuses doctors'/refuses to blame them for significant errors, makes allusions to himself to be a typical man.</p>	<p>Admits little emotion, denies need for emotional support, confides in few if any friends or family (perhaps only wife), private, denies anxiety, denies distress on diagnosis, simultaneous denial and expression of vulnerability or distress, or socially acceptable rationalization, has no use for/respect for counselling, if uses metaphor for cancer experience it is no more developed than mechanical fix-it type analogy</p>	<p>Comfortable with own and others' strengths and weaknesses, therefore does not speak of work or earning prowess except to extent appropriate to answer question, comfortable admitting pain and suffering and spheres of incompetence and dependence on others (aside from admitting dependence on / deference to women in caregiving roles). Free to critique Dr's advice and make independent treatment choices based on own analytical/rational thinking/priorities</p>	<p>Secure in expressing emotional experience and needs, admits distress and does so without discomfort / duplicity, may admit self-pity, names negative feelings, has metaphor for the emotional experience of cancer, admits need for emotional support</p>
<p>Jacko ☺✚</p> <p>63</p> <p>Parotid gland</p>	<p>Completely ceded control to specialists (the 'big boffin' and the 'absolutely</p>	<p>Has explicit strategy of not worrying about things he has no control over. Shuns self-pity and</p>	<p>Grateful for the help of a friend who took over practical work on the farm while he</p>	

<p>brilliant lady') e.g. saying that he was not going to 'second guess' a man who has spent his lifetime doing this kind of work, and who should not have to put up with 'some idiot... telling him how to do his job', just as he would not appreciate a novice telling him how to do his job, and responding 'you're the expert' when asked if he wanted to try the chemotherapy offered. He also says it is unwise to take the responsibility of making decisions in such circumstances because you are 'slightly emotionally involved' and therefore your judgment is impaired. Advises not to run through your mind the worst case scenario because that will only upset you, and you need to be 'a bit ice-cold about it' to make a good decision. Declines to blame specialists for loss of crucial</p>	<p>advocates always looking at the 'glass half full', even if it is just that cancer offers an opportunity to wrap up your affairs that not everybody gets. Says this is to ensure he does not become an unpleasant burden to the people around him. Denies distress upon diagnosis or when short prognosis delivered, saying he did 'not really' suffer any distress because he 'didn't have time to be sitting around being miserable about it' since he needed to organise his affairs, and that he had the 'perk' of 'cuddles from beautiful women'. Says it would be 'stupidity' to hurt the people who are on your 'team' and who can 'actually make a difference' to your 'getting through it' by withdrawing from them or being irritable towards them. Refers to 'the girls' (wife's friends) who would often 'sit beside the bed and hold your hand...just talk with you' – creating distance with use of third person pronoun. Describes himself as always having been 'self</p>	<p>undertook intensive treatment, and often refers to his reliance upon his 'team' of supporters, including his wife and adult children, his friends who offer alternative treatments, and his doctors.</p>	
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time window while preparing for a treatment which, in the end, he could not have because of the advancement of the disease.

Persistent in avoiding specifying the seriousness of his condition, using euphemisms and choosing favourable interpretations e.g. having 15 hospital doctors surround his bed to discuss his case meant they would 'have a fair chance of coming up with a pretty reasonable scenario' rather than that his condition was seriously problematic, and referring to his cancer as 'a nasty little sod' which his 'team' was going to 'beat' because he has 'never been known to quit', despite the 'worse than 'not good' prognosis that he was given, that he had 3 – 6 months.

Had to rest when chemo made him tired because he's always held to the principle that you

sufficient' and therefore not one who goes in for talking about things (i.e. counselling), and notes that he has seen the odd person come out of counselling worse than they started, but still says if others want to do it, that's fine. But believes in and uses reflexology, saying you most potent tool is your mind, and if you can get it to relax, that helps the healing process.

Finds the support he gets from friends and family 'a bit indescribable' but appreciates them asking how he is, and his wife's girlfriends showing empathy by giving him hugs and sitting by his bed holding his hand and talking to him. Feels that women are better at showing empathy and men don't know what to do because it touches on their own potential vulnerability and so they tend to stay away.

Admits 'even for me it was difficult to take the emotion out of [treatment decision making', but only as an aside. Self-pity is unacceptable (won't 'lie down in the corner and die') and the thought of a men's group

'never give a sucker an even break' so he knew he had to in order not to give the cancer a better chance.

Gently boasts of how his family has supported him out of a tradition of 'sticking together' in hard times and to achieve things.

Emphasises that it does not matter to him if he lost one of his community roles due to his cancer, because he would 'just move onto something else', whereas he knows that for some others that would be 'a major catastrophe'.

Gives interviewer a poem called 'the peak performance creed' which encapsulates his being-positive-and-never-quitting philosophy: 'if you believe you can do something, you can do it'.

Made treatment decisions on the spot because he was a man who was experienced at making decisions in

similarly unacceptable because 'the last thing I'd want is a group of guys sitting around feeling all sorry for themselves'. Is 'one to compartmentalise' things, putting things into a box and ignoring them if he cannot do anything about them.

	<p>his work and 'didn't muck around' or want to 'give the sod a chance' by delaying.</p> <p>Admits he was not in control of treatment decisions but says it was a 'team effort' and that was essential to have any chance of success.</p> <p>Rationalises use of alternative potions saying they do work for some people and why not try them, and is affirming of his oncologist who is not too controlling and narrow to allow them.</p> <p>Emphasises his guardianship of wealth built up by the hard work of generations expressed in setting up family trusts to administer his estate for the benefit of future generations.</p> <p>Also emphasises his role in ensuring other family members can 'stand on their own two feet' and be independent of him.</p>			
Hank 🕒 66 Prostate	Although he knew symptoms of prostate cancer, he	When he learned diagnosis, he first denies it had any emotional	Feels in control of his treatment decisions because urologist fully	

put off telling his wife of swollen groin and urinary urgency until that was unavoidable, thinking he was 'too strong' to get ill, he could 'overcome anything', and cancer would not happen to him. Then towards the end of this delay he hesitated again because he knew what it probably was. Continued to think he would 'overcome' and 'handle' it while expecting bad news from the biopsy. After diagnosis, he discussed it with his wife and they decided to 'front it' and 'not change anything'. Learning his prognosis of 1-5 years, emotionally he 'was alright' and thought he'd 'just make the most of it' and told his doctor 'if you tell me five years, that'll be ten' and that he would not 'let it beat [him]'. Having survived already more than none years, he jokes that he will now 'give it another ten', despite a recent

impact on him, but then says, 'It did worry me but it didn't throw me', elaborating that it did not cause him to go off his food etc.. Was never angry, and never thought 'Why me?'. Has no metaphor for the emotional impact of diagnosis because that news 'did nothing', except make him conscious that he did not want to miss out on seeing his children and grandchildren's milestones. Also initially states that he doesn't worry when he is approaching a regular blood test, but then says he is 'a little apprehensive' knowing that the cancer will have progressed. Advises handling stress by looking to the future and being positive, even if terminal, because that is not necessarily true and modern treatment means 'you can do quite well'. Advises also to use family support and be open with them, despite having disclosed his symptoms belatedly to his wife, and refraining from telling his adult children the detail of what he is experiencing.

describes options and he chooses, in discussion with his wife. Would advise others that there is a lot of help available from various medial professionals and they should not hesitate to approach them because it will probably lengthen their lives.

grave bone scan result which made him realize he is 'not infallible' (meaning 'not invincible') and would have to 'keep battling' and it 'might beat [him] one day'. Despite this result, Hank says he would be 'really happy' if he got another ten years. Would advise others that if you are 'strong in your head' you can overcome any stresses, focussing on what you can fix. Hank has extensive bone cancer as well as serious arthritis yet only mentions pain once in passing ('...and with my leg being so sore..'). Denies that there was any stress associated with treatment. Did not feel he needed other opinions or information but 'left everything to the specialist'. Has 'only [himself] to blame' for his late diagnosis. Refrains from telling his adult children too much detail about his condition. Feels

Hank always emphasises his physical support and denies any emotional need, e.g. the nurses who visit him weekly at home are a valued support and he 'looks forward to their visits', but quickly adds 'not 'cause I need them, but we talk about the same thing...its not that I rely on them, but they understand, probably, where I'm at... not how I'm feeling because I'm feeling alright, but how I manage things I suppose and how my physical ability is...'. He also describes his urologist as a highly valued support but says that is because he describes all the treatment options and allows Hank to choose. Even with his wife, he emphasises the practical things she does for him, otherwise describing her support as 'being there' and being 'staunch' in keeping him from feeling inadequate after his loss of sexual drive. Denies that any part of the experience has been stressful but in his next breath says the biggest shock was seeing how extensively the cancer had progressed in his recent bone scan which made him realise that 'it

	<p>he should be supporting the family, not them him, so does not tell adult children much detail re his condition.</p>	<p>wasn't going to go away' and 'it might beat [him] one day'.</p> <p>Has no metaphor to describe how he feels now, with extensive untreatable bone cancer, because he is 'quite happy with [his] life' and with what he has achieved and all the time he has had with his wife, and would be 'really happy' to have another 10 years, but if not, he's still happy.</p>		
<p>Red Top 74 Melanoma, parotid gland</p>	<p>Contradicts himself regarding whether he knew any cancer risk factors before diagnosis: 'Well, not really. I didn't. Well, I knew about things because I worked [at the hospital], so obviously I did.' And when asked in what capacity he worked there, he used vague terms which implied a more grand occupational status than it seemed he really had: 'I was, ah, I did nursing for a while' and then 'decided to, um, do communications'. He did not state any nursing qualifications when</p>	<p>Denies feeling worried or feeling any other emotion while waiting two years for diagnosis of a suspicious spot, because he is 'not an emotional person' and 'just wanted it dealt with'. When it finally was diagnosed, and major and disfiguring surgery was arranged, he only felt 'pissed off at the system' - 'annoyed', not 'angry' - that it hadn't been dealt with earlier. He just wanted immediate action, and was pleased with doctors who acted quickly, thinking, 'good for you'. He was pleased also that they were 'honest' with him, telling him what the diagnosis was and what they were going to do: 'no point in messing around'. And</p>		

asked about formal education and trade certificates, and when asked again what he knew about cancer pre-diagnosis, he said, 'Not a lot, if any, really' and that he had not talked to any cancer survivors but had read material at his GP's surgery. When asked how he understood the treatment, he stated plainly, 'Well I didn't know anything about cancer....[but had experience of surgery]'. Was annoyed that all the years he spent working at hospital 'didn't mean a thing' when he needed to be seen by a dermatologist for diagnosis but suffered system delays i.e. he expected recognition and preferential treatment by important medical staff. With the benefit of hindsight, he would have talked to the doctors himself to get an earlier diagnosis - 'because I knew them, personally, because of my job' –

his friends reassured him saying, 'You'll get through it – you're that sort of person'. Denies ever feeling stressed, because the staff were always available to answer any questions. Was not stressed about the seriousness of his surgery, saying his wife was the only one who got stressed about it, and that she had prepared plans 'to a tee' for his funeral. He was quick to add that this was 'good', implying that it was important to be practical rather than consider whether this was inappropriate or hurtful in any way. Was 'more worried for [his wife] than for [himself]' because he knew she was worried, so he talked things through with her, but was never stressed himself. Had a small team of close relatives/friends who helped by driving him to treatment (35 mins away), only calling on the Cancer Society transport service once, because 'I don't like bothering people – I'm not that sort of person'. Spoke to friends about what he was going through just to allay their concerns about his

and was confident that they would have helped him.

Says the staff who treated him were 'absolutely brilliant' but when asked what they did for this accolade, he said, 'I think its really more my attitude towards them' and credited that analysis to them ('well that's what they seem to think, and they have all said so, so...'), thus constructing himself as a superior 'sort of person' (refer comments in adjacent column also). When asked whether chemotherapy was discussed with him as a treatment option, he responded, 'Well they all seemed to think I have a pretty high pain [threshold] and I don't take pills unless I have to.'

Asked whether anything in the treatment decision making process was stressful, it was 'Not for me, no'.

Presented with a written treatment proposal, Red Top

appearance - because the surgery on his face and the RT he had left him looking like 'rubbish' at times – explicitly not because he needed to talk to anyone.


Described himself as 'a loner' who 'loves his space with a vengeance', enjoying friends around him, but 'when I want my space, I want it!'


Is impatient about waiting for all his physical strength and functioning to get back to normal, but otherwise has no stress or hassle.

<p>responded in accordance with his attitude throughout the experience i.e. 'get on with it'. But when asked, 'So you just accepted what they were proposing?' he back tracked to say that he listened, and if he hadn't agreed he would have said so. Thus he juggled his needs to sound both in control and decisive/action oriented, while in fact accepting the treatment proposal without question. Later said his advice to someone else facing similar treatment would be 'Just do what they are asking you to do' and not to start questioning (except for understanding), once you have 'good staff' who you can rely on. Said he did not pause to reflect or discuss with others because, 'Well, it was my decision, you know, its got to be done, so...' Was explicit that it was him 'always' who was in control, not the</p>			
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	<p>doctors, but does not know whether the aim of treatment was cure or control because 'they haven't actually said, as such'. Would advise others approaching treatment decisions to bring an 'open mind' to it.</p> <p>Defines a good doctor as one who 'doesn't mess around' and 'knows what he is doing', and for a counsellor to be sufficiently qualified for him to want to see them, they would need to 'know what they are talking about', which is more than an academic qualification. Said he spoke up against a nurse who was supposed to be attending him during his hospital stay because she did not do so: 'Not that it worried me, but I took note'.</p> <p>Did not consider any alternative treatments/support but 'just got on with it.'</p>			
Freddie ☹️ 82 Lung	Took clear control from diagnosis and will not tolerate	[Not sure of placement for this: Cannot remember how he felt	Appropriately laudatory of GP for finding shadow on	Simply 'knew' that he had cancer as soon as he received the call

<p>digression from that: Says he listens to the professionals, 'and if it doesn't suit me, I tell 'em....and believe me, I can get pretty shirty at times!'. Discussed his illness and treatment situation with his 'whole family', including his granddaughter, and was 'proud of them' when they said, 'Do what you want to do, Dad'.</p> <p>Has no respect for the 'whingeing and whining' that he imagines might happen as people discuss their 'woes' at a men's cancer group.</p>	<p>upon learning his diagnosis, other than that he was going to be with his (deceased) wife again.] Is adamant that he has at no point felt stressed, but 'totally accepted it from the word go'. Loves the buoyant attitude of his daughters ('We're going to keep you alive, you old fart!') and his hospice nurses (approach him as if there is 'nothing wrong'). Is not going to 'lie down and die' or 'let it beat [him]' – he has no respect for that, saying it is 'stupid' - but is going to enjoy what life he has got and 'go out laughing'. Feels embarrassed and stressed for his daughters sometimes, because of the things they have to do to help him, but not for himself e.g. how they 'damn well run' to him in the middle of the night to fix his morphine pump when the alarm sounds. Says the only way he can cope with that is to tell them to 'hurry up and fix that damned thing and get back to bed'.</p>	<p>lung where others had not, of 'lovely' oncologist, and 'beautiful' hospice nurses who would 'do anything for you', and daughters, without whom he 'would be dead'.</p> <p>Is analytical and neither judges nor condones when asked wither other doctors should have picked up the shadow in earlier x-rays: 'Did I have it then? That's the point. I can't comment on that.' Is relaxed about declaring that he 'must be a coward' for taking morphine because he knows there will be lung pain as he draws near the end of life. Took charge of diagnostic procedure immediately that his GP said he had a suspicious shadow on an x-ray of his lung, by asking directly whether it was cancer, and upon being told it probably was, declining to travel a distance for a confirmatory CAT scan. Then with similar directness asked his oncologist whether it will be his</p>	<p>from the GP's surgery to come in and discuss his x-ray. Speaks frankly of his 'total trust' in his daughters, his love for them and theirs for him, his pride in his family and his 'beautiful' daughters, and that his illness has brought him closer to them. Cancer has made him 'feel very good over them'. Hopes his heart gets him before the cancer does, and that he is taking morphine for the cancer because he knows 'a certain amount of pain is on the way' and jokes that he 'must be a coward'.</p>
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			heart or the cancer that will 'get' him. However, this exercise of control is portrayed as simply a matter of practicality (e.g. 'I've got to go all the way to [city 2 hours drive away] to tell me what I already know') rather than of manly decisiveness.	
<p>Littley </p> <p>76</p> <p>Prostate</p>	<p>Lateness at bringing symptoms to the attention of the GP contributed to late diagnosis. Littley thinks 'reluctance to go to the doctors' is 'a pretty male thing', and putting up with symptoms that are 'not right' until it becomes 'stupid' not to go is 'the male way'. In his case this was compounded having a female doctor, and one who did not handle male matters well. Excuses specialists for their 'we know best' attitude in discussing treatment with him, saying they are busy people and the attitude might be necessary for patients who are bewildered.</p>	<p>It was 'a bit of a blow' losing his daughter to breast cancer. Urologist was rushed and blunt delivering the diagnosis of his advanced prostate cancer and his treatment recommendation, and although Littley is critical of this, other than reciting what occurred he says his reaction was to 'wander out' thinking, 'So we've got cancer! Mmm!' and to insist that he was alright to drive himself home: 'If I've got it, I've got it.' Without sex and the freedom to eat what he likes (due to other medical complaint) he can 'get sorry for [himself]' sometimes, but does not recognise these as elements of depression. Frank and explicit about the important loss of sexual intimacy but expresses this as getting 'rattled</p>	<p>Lists a number of businesses he ran but only as appropriate to answer question. Is frequently and justifiably critical of medical system personnel, including the diagnosing doctor and the RT booking clerk. Notes that the diagnosing doctor's nurse was quite concerned about him but 'nobody else was'. Confronts RT booking system personnel with need to make system more convenient for the patients, going so far as to recommend the type of software needed. Takes time out to consider his treatment decision, discussing it with his partner, reading the pamphlets provided, and looking up the internet. Is open with telling</p>	<p>Feels that without being able to fulfil himself physically – particularly sexually – a man has nothing to offer, and the world has nothing to offer him: this is tremendously hurtful and if he dwells on it he can feel sorry for himself and that there is 'nothing here for me'. Is vulnerable to 'mood swings' around that issue and generally according to how well things are going with his work: 'you can handle it and then suddenly...' things go wrong and he gets angry and lashes out verbally. Found incontinence very stressful and describes his disconcertion at the thought of further problems as he ages. Found the simple</p>

		<p>angry' rather than sad, and deflects some of that anger towards his partner saying 'it takes two to tango' whilst also saying that he is not sure that normal relations are physically possible at the moment, and referring to some inadequate initiatives on his part. Recognises that this causes background relational friction, as well as intolerance with the sub-optimal behaviour of workers and club acquaintances. Littley's main 'support' through and after treatment was/is his work: the challenges and the pressure to keep busy. He tends to 'operate in [his] own arena' or 'cocoon' having become accustomed to this over years of being a work boss and learning it is not safe to trust others.</p>	<p>people his various health issues, which include incontinence, and in describing them to the interviewer. Other men comment that he talks about his health more than others. He is conscious that men usually keep quiet because they want to appear 'bullet proof', strong and energetic, and sexually potent, otherwise they may be disregarded as a 'sissy'. Frankly admits he acted out of ignorance when he ignored important symptoms, and that he has been unrealistic in trying to work like a 30 year old when he is 76. Is satisfied that he has risen to the challenge that the previously terrifying 'bogey' of cancer represented, and it does not scare him now.</p>	<p>explanation he received from the RT nurse that it was just part of the treatment very reassuring. Frankly admits he feels 'inadequate, cheated, not a whole man' without sex in his life, and guesses that is how it is for men generally: 'a man's ego stands on whether he can get it up or not. Simple as that.' Does not see that his age is a reason to feel differently about this loss. Would expect to 'get down to the bare bones' if he went to counseling, and thinks a well facilitated men's group might be good because you can watch people 'unfold' and see the 'real person' behind the 'veneer'.</p>
<p>Chang  74 Prostate</p>		<p>Downplays/disguises/rationalises his feelings, saying his wife worries more about him than he does, and when he was told he had diabetes, a minor stroke, and cancer all on the same day, his reaction was, 'That weren't my best</p>	<p>Says he plays a certain sport, but is not very good at it, but does it for the company. Also he is/has been a sports and service club office holder, which he valued being, because it gave him a useful</p>	

		<p>Christmas!'</p> <p>Got 'very, very depressed' – 'I thought I was dying of something, you know' – but worked out from his own internet research that 'the pills made me depressed'.</p> <p>Notes that it was not like him, and that his resignation from a club office holder role during that time was not accepted because others recognised that. Whilst telling about this at the interview, he notes that he is 'getting emotional' and that he is 'still suffering from the hormone treatment [which ended nine months ago]. Having hot flushes occasionally...'. Told of how he burst into sobs watching a video showing racial injustice and said, 'I wouldn't have done that if I were totally male. I wondered what was going on.' Said he was surprised at this reaction, but that it was 'something that the doctor thought had to happen, so I put up with it....this was the hormone treatment was doing it – I'm pretty sure of that – because I've actually seen that video on several other occasions...it didn't</p>	<p>responsibility.</p> <p>Feels greatly indebted to people at his clubs for the care and practical support they have shown him: 'I've got that much I owe them'.</p> <p>Says he feels like a 'little boy' sometimes when the doctor and his wife talk over him [possibly due to his recent small strokes] – he feels mothered and guarded by her.</p> <p>Describes not feeling 'too embarrassed' about incontinence after radiation, because it happened at home, his wife did not express any frustration, and he was able to clean it up himself, sparing her.</p> <p>Realises that he has a number of physical weaknesses or fragilities now which he must accept as part of growing older.</p>	
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		<p>affect me.'</p> <p>Tells of how he has learned to 'flag away' his embarrassment about diagnostic tests and talk about his private parts due to the frank attitude of the female staff involved, but does so in a way that focuses on his adjustment, without actually stating the vulnerability he felt.</p> <p>Interprets having to use stirrups to have the TURP operation and catheter inserted as 'another female thing' he had to experience.</p> <p>Is much more open about his physical experience than his emotional, choosing to interpret open questions that way (e.g. 'has anything good come out of this experience for you?' elicited a response about nocturnal urinary frequency rather than about personal growth or relationships) and making the interviewer work hard to get emotional information.</p>		
<p>Radar 72</p> <p>Prostate</p>	<p>In taking his biodata, he noted that he attained School Certificate 'first pop', repeated that his Trade Certificate was 'Advanced', noted that he was</p>	<p>When told his diagnosis it did not upset him: 'I don't stress'. Emotions had not 'come into it' when he decided to go ahead and take the castration hormone treatment, because he is</p>	<p>Describes incontinence problems resulting from treatment in some detail.</p>	<p>[Radar experienced profound revelation with his experience of depression and of physical weakness for the first time, and material here seems to reflect new</p>

twelfth in the country, offered – unsolicited – that he was put in charge of staff from the time he started work, and was make workshop foreman after four years, and then was 'head-hunted' by a big city firm for a manager's position, and that 'yes, I've made decisions all my life' and that he had 'been in business since 1975, and making a dollar!' Also said he'd been a risk taker all his life. When asked to choose a category for annual household income, one of which was 'over \$70,000' he answered '200,000', and repeated it since the interviewer was still listing the categories. When seeking a handle to briefly describe the nature of his business, he gave one and then said that it was 'heaps more than that, of course – take you ten minutes to describe it'. Told his radiation oncologist, 'I want the best'

'a very practical person' and thought he would just accept it from his Creator (he has Christian faith). Emphasises that as a person of his occupation (which is based in maths and physics) 'I believe nothing. Total nothing. I don't care what you tell me, I'll believe nothing until I prove it. I look at the facts. I get a calculator... very practical.' Said his logical-[scientific occupation] brain told him his symptoms could be cancer, but he was not expecting that. When diagnosis was delivered, he 'took it on the chin... unlike one of [his] staff members, who said he nearly went out of his mind when he was diagnosed with cancer.' When he told his staff about the changes he was making at work to cover his illness, 'they couldn't believe that I was, sort of, so level headed, but hey, you've just got to meet it how it comes.' Was 'shaken up nervously' when he had a car accident after failing to see a car at an intersection, and is certain this is a result of 'being in a drugged state',

understandings that have resulted recently] Although he initially did not understand 'personal support', and denied needing it, he later said he felt supported by the knowledge that that many people were praying for him, and that it gave him a calm feeling. As a result of cancer he has more empathy for other people's weaknesses (illness, depression) than he used to have, and would tend to take more time to explain things and make more allowance for others. Feels he has become a 'more rounded person', and that he is not 'bullet proof' as previously believed, but fragile, and consequently he is all the more ready to help others in need. Radar sent the interviewer an email later saying that he was surprised at how relaxed he felt during the interview (i.e. given his lack of experience with emotional discussions) and how he consequently feels

regardless of cost or where it was in the world. Said that before diagnosis, he knew 'nothing' about cancer, except that other people died of it, but 'I didn't – I'm bullet proof'. He also said he knew no risk factors, but when asked if he knew any symptoms, he said, 'Oh definitely. I am, ah, intelligent enough to be able to read the paper and follow the news media' and went on to say that he believes children think what their grandparents thought as a matter of heredity, and that his forebears had medical occupations, so 'you think that way' and he had picked up 'a background knowledge of what was happening' from running a medical supplies business. When asked which symptoms he knew, he said he knew what to watch for for skin cancer because of a false alarm he had had regarding

despite two of his cancer specialist's opinions to the contrary – he 'blew his stack' at one of them. Then descended suddenly into a deep (but brief) depression when, as a result of the accident, he lost his forklift licence to use at work. He felt a distressing loss of control when he could not reason with the authorities to allow him to keep his licence for use at work. Found the severity of the depression 'frightening', but rationalises it as a product of drug induced predisposition triggered by the unreasonableness of the authorities, which left him feeling cornered... and 'men don't like being driven into a corner'. Says he withdrew into himself, and chided himself ('you silly old fool! Get off it!'), and retired to the piano for about 20 hours over a day and a half, which was a great distraction, and then the depression suddenly lifted after he realised that he could not fight it, but must let it run its course – so, again, the issue was control. Says 'men are afraid to speak of things (e.g.

more 'at ease with life', and asked if therapy causes certain beneficial physiological effects.

spots on his leg, and some symptoms of prostate cancer he had learned from the media. Since he was getting up three or four times a night, he said he knew he'd have to do something, 'so I went off round to the doctor', but in the next breath said that the nurse who gave all the men at work an annual check told him his PSA level was up, and he had better get it checked. Asked if he then got to the doctors fairly immediately, he replied, 'Oh, come on! The doctors! Men don't go to the doctors like that dear! Come on!' and said he made an appointment within a month or so. Pre diagnosis he was so fit, despite being over 70, that he 'could have shown many a twenty year old how to climb buildings...', and told of how he had worked long hours e.g. 24 or 36 straight. When asked if he wanted a tea break during the interview,

prostate cancer) openly' but that due to his experience, he is now not afraid or embarrassed to talk, and has spoken with an older friend about his prostate concerns, however, if it was someone much younger, he might be reserved about speaking in front of their wife, because 'I'm not sure how broad minded some people are'. Says he has an 'emotional problem' stemming from his childhood (delinquent father?), which means he is 'a bit different from other men' in that there are times when he cannot control his emotions e.g. when doing a eulogy for a friend, 'I can weep easily. I hate it!' 'Why do you hate it?' 'Not manly! Not manly!' ... so he prefers to talk about non-emotional 'facts'. Did not discuss his treatment decision with wife or other family, but just told them what he was going to do: 'That's men!' Did not understand the meaning of 'personal support' and when it was explained said he had no need of it, even from his wife. Did not even discuss treatment decisions with her, but

he said no: 'I'm used to working long hours.'

Emphasises repeatedly that he is 'broad minded' and 'widely read', but says he mainly reads business journals like Time magazine and the Economist, and 'that's about a weeks reading for most people'. He suggests ads in work magazines might be effective for health promotion 'because men don't like ah, airy fairy stuff, they like meat.' He often asserts his knowledge of medical matters (e.g. the value of Omega 3, the progress of cancer treatments). The surgeon was 'brilliant' and he would 'give him top marks' and like to 'go back and shake his hand'. The radiation oncologist was a 'brilliant woman' even though she 'left a lot to be desired' in that she did not fully satisfy his desire to know 'the facts' about the side effects of his treatment (he suffered a depression

said the experience would have been more difficult without her because she 'made the world tick around' (referring to meals etc.). Boasts of having been able to quote a lot of scripture in the past but now struggles with remembering it, and must read a letter repeatedly to get the meaning of it. Is pleased to note that memory is improving. Would not go to a counsellor because has always 'fought [his] own battles' and managed independently, but if he did go, then he might be less embarrassed to talk to a man, although a woman might be better at 'dragging' answers out of him. Also a senior RT nurse, who he has confidence in and who had the confidence and skill to do it, might be able to 'lead him down the garden path' to attend counselling, whereas otherwise he would be 'horrified' and would certainly not do it. His horror would be of losing emotional control, or of being pressured to take drugs, which he has a horror of. He says it would be fine for other people to do this if they

reaction to one of the drugs, and chemical castration was the main effect of another), and 'sort of, pulled away quietly' the control over his decision making, even though he told her 'I've made decisions since I was a five year old!'. He told her there was 'no question about [what treatment protocol they would use]: We're going to do the right job – the whole thing' but she did not tell him up front that she was planning to put him on Zoladex (hormone injection) and when she did, he initially refused, but then was persuaded to allow two doses, finally refusing a third, because 'what it does to a man is not right!'. Asked if he felt in control of his treatment in the end, he said, 'No! I basically gave up and said, Do your best boys!' (and an interesting turn of phrase given the major role of female specialists in his treatment) but he

needed it, but, for him, 'as a man, don't you know men are bullet-proof, dear?' and he finds the thought of counselling 'frightening stuff'.

<p>said he was still resisting relinquishing control somewhat because he felt disturbed by what the drugs were doing to his body. When he had trouble remembering the name of a drug, he said, 'It's never been my strong point: mathematics is strong; English not so good – I'm a typical man. Told of how, previous to cancer, he had been 'leading my staff of twelve guys [in] very, very energetic work: tearing up and down, round about, driving, doing ten, twelve hours a day'. Phoned a former 'head surgeon' at an overseas hospital to confirm that the treatment he was offered was standard, and first referred to him as 'a very close friend' and later as 'just a friend – not close'. Would not blame GPs for not spotting rise in PSA earlier, excusing them because there had been a high turnover</p>			
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<p>of GPs at the practice he was under.</p> <p>Following his internet research he suggested a heat treatment to a specialist and felt taken aback that it was not taken seriously, and complained to his wife of the waste of time in terms of how much income he had lost ('That's cost me four hundred bucks!') – thus restoring his damaged ego with an image of his financial worth.</p> <p>Frequently noted how physically weak he felt as a result of treatment, in grand terms (e.g. 'like a lump of water'; 'I feel like a wimp!')</p> <p>and was delighted with the nurse's term for hot flushes - 'power surges' – and 'kept telling the guys' that this is what he was experiencing.</p> <p>Said his early life experience made him very reactive against any perceived attempt to direct his actions, but that a woman</p>			
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<p>might be able to 'lead' him to do something: 'Most women can!'</p> <p>Asked if he used any spiritual support he turned it into another opportunity to show his importance, saying he is a 'faith-minded person' and that, 'I probably know 5000 people – I can probably name them and their kids – I knew there were people all over this country and in Australia that knew my situation and were praying for me'.</p> <p>Was concerned by the loss of 'male drive' as a consequence of hormone treatment, but is relieved that motivation is returning, saying he has plans for a new building at work (states that it is worth \$500,000) and to travel (states, to Europe) and to master a design programme on the computer.</p> <p>Hates to think he is loosing physical and memory strength possibly due to</p>			
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	ageing: 'Dammit!'			
<p>Brucie ☞ 🏠</p> <p>55</p> <p>Prostate</p>	<p>Is reluctant to blame GPs for resisting his repeated requests for a PSA test ('they're trained to say no' to younger men), and provides an excuse for his urologist's blunt and traumatising diagnosis delivery ('they're busy people').... however, this attribution may be a product of his depressive tendency to blame himself rather than a manly desire to shoulder all responsibility himself</p>		<p>Describes his difficulties keeping up with work while tired and depressed and expresses his esteem and gratitude for the support of his boss and his work mentor in helping him through, including granting him a 'mental health day' off and allowing him to just 'tag along'. Appears from his present and past occupations and educational qualifications to be very capable but makes no mention of his work prowess. Notes succession of declinations by GPs to his requests for a PSA test, and the acknowledgment of his present GP as to his error in this regard, but blames himself for not insisting earlier. Criticises urologist for his hurried and blunt diagnosis delivery, and says 'no-one in the medical profession has been super-helpful'. Takes into account advice from urologist, surgeon's team meeting, and his own research off the net in deciding on</p>	<p>Sheds tears or pauses for composure regularly during the interview recalling his father's difficult death from bowel cancer, his daughter's lack of interest in contact with him, and his wife's encouragement to live the time he has left positively. Admitted being depressed, including loosing motivation and concentration, possibly as a result of doing a lot of worrying. Is being monitored by GP although not yet using the Prozac prescribed. Says he has a 'depressive personality' and has read a lot of self-help books to try to address that. Described 'going numb' when told PSA result, shock on diagnosis, and 'spending a lot of time beating himself up' about not getting diagnosed earlier – even though he had no symptoms and was dissuaded by GPs from having a PSA test because he was 'too young'. Metaphor of having been</p>

			<p>treatment. Did a lot of his own general research also (library and net), changed his diet, and obtained independent nutrition advice. Clearly states his dependency on his wife's emotional and rational support: She encourages him to take a positive approach to making the most of the rest of the time he has, and 'jointly' decided with him what treatment he would take.</p>	<p>overwhelmed: 'buried beneath a whole bunch of stuff that I needed to fight my way out of'. Felt that he had made significant progress and had deliberately chosen to do the research interview as a part of this: a way of assisting his own emotional processing by 'getting it out there' so that he could leave it behind. Recently joined Prostate Cancer Foundation, and attended a men's cancer group meeting about sexuality after the interview at the interviewer's suggestion.</p>
<p>Reacher 59 Prostate</p>	<p>Complains that there is a lot of misunderstanding about prostate cancer - that it is still thought of as 'old man's disease', but he is not old.</p>	<p>Denies feeling any emotion upon diagnosis, saying it might be a big thing for other people but he 'tried not to make a big hoohaa about it' but tried to 'take it calmly: 'Ok, I've got it... I've got no symptoms so it can't be that bad'. And after surgery, when the diagnosis was worse, he felt 'much the same... Well, ok, it's grown, but...' and wondering if it had moved to any other organs. And it still feels</p>		

		<p>much the same after two treatments are completed: he is trying to 'listen to [his] body' but otherwise is not emotional. It is 'not a big deal... just another hiccup in life'. However, four months after the end of radiation, he is still so tired he has to cut his lawns in stages (they are not very big), and he has no motivation. On questioning, we find that the lack of motivation started when his best friend died of cancer which coincided with the time of his diagnosis. Gets irritated at himself about this lack of motivation, but does not have any other anger. Cannot identify the specific causes of his lack of motivation though.</p> <p>When asked what supportive actions or words anyone conveyed to him, he said there was 'no-one'... other than 'bits and pieces that were not very helpful. When pressed to reconsider, again with the mention of family and friends, he said he found the Cancer Society men's group good for the social contact and for seeing that some were worse off</p>		
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		<p>than him, and the Cancer Society transport to treatment transport was 'a lot of good support'. The impression conveyed is that Reacher has very little experience of talking with people about his emotions so does not know how to use the support of his wife (even though the interviewer could see she is very warm towards him) or other people. Like Radar, it seems he struggles to know what personal support actually is. Doesn't think there is anything good or anything bad that he has learned from his experience of cancer.</p>		
<p>Peter  52 Renal Cell</p>		<p>Initially was not anxious about his heart palpitations and then qualifies that saying he was anxious that he not have a heart attack. Initially was not anxious about being told a Dr would come and tell him his X-ray result even though arrangements were made for his wife to be there, not imagining anything significant, then was shocked on learning diagnosis. When oncologist said he could expect to live only a matter of months, that was 'the first time it hit</p>	<p>Describes doctors' and nurses' bumbles and extra efforts to get a diagnosis with balance and understanding but not excusing. Upon diagnosis, immediately makes a private oncologist appointment and contacts medical friend overseas for advice. Decides to fund his own drug purchase in order to use the best, according to the advice of both specialists. Goes against the advice of the NZ oncologist and</p>	<p>Metaphor for how he felt facing terminal prognosis and with fatiguing symptoms of feeling old, like an 80 year old. Expressed that his wife was his most important support because she was always there, 'understood' everything, 'represented continuity' and would remain supporting him whatever happened.</p>

		<p>me that, 'Shoot! This is quite serious.' Kind of thing.' Describes that as 'a little bit of a bomb shell'.</p> <p>Feels it must be 'boring' for his wife to hear his complaints about his aches and pains.</p>	<p>has surgery in accordance with advice from overseas. Again chooses the overseas advice over local oncologist on issue of whether to take a drug holiday. Would advise others to get a second opinion, saying he found the differing perspectives helpful, and strengthening to have an opinion to rely on when making a decision to oppose another. Successfully lobbied government drug purchasing agency to pay for drug. Felt in control of decision making. Describes feeling fatigued and generally unwell, and complaining of dryness, acid burning, and stuff from the medication.</p>	
<p>Cluck 81 Melanoma and skin carcinoma (multiple) and historic bowel</p>	<p>Didn't need pain relief, has become 'hardened' to cancer because of experience of it in the family therefore mostly not frightened by it, got 'results' at job, job requires special skills (the ability to 'break people down') sort after by others</p>	<p>Has not told church or neighbours about illness, friend support mentioned only in a general reference to the support of family and friends, but no other more specific reference. Appreciates sons phoning to enquire after his health, but they speak to his wife, not him. Describes wife's support as 'marvellous'</p>		

but which he keeps secret, public underrates his occupation and the knowledge you get from long experience, employer's recognized his excellence and did not 'interfere' with him but showed respect by leaving him alone, is a 'perfectionist', had high work standards and demanded them of colleagues who said he was 'tough'. Digresses often to relate anecdotes that demonstrate how he has taken responsibility for the wider family and considerable inconvenience, and how he has silently endured other serious illnesses. Claims 'top' Drs looking after him or his wife, admires dedication and skill of Drs who have attended him and wife, uses superlatives to describe them, impressed by their cool, calm manner and their knowledge ...and when they

but all of what he describes is practical ('waiting' on him in various ways). Describes wife's support as 'marvellous' and all of what he describes is practical ('waiting' on him). Mostly denies anxiety, and says he does not allow himself to be worried about recurrence, thus emphasizing his control. Admits being relieved after 6 monthly checks despite this denial. Admits being 'a bit scared' when deep melanoma diagnosed and Dr moved so quickly, but rationalises this as objectively necessary: 'you had to be scared I suppose'. Not 'into' things like counseling, because is a private person, so would 'ride it out' even if terminal and depressed. Not into men's group either for similar reason i.e. says not into social clubs much, but cites golf as an exception and his 'Wednesday club' as another!

	<p>show recognition of his personal competence! Also forces in an opportunity to say how a Dr said he looked 20 years younger than he is, thus emphasising strength. Would 'Never!' need a second opinion because trusted all of his Drs. Decisive and action focussed: asks why not do it now? and advised friend not to wait for Drs appointment but act immediately. Uses commanding sounding language: 'this man', 'that's not good enough', 'do it now'. Discusses his feelings re the church by emphasizing he is 'not afraid' of priests and on the level with them.</p>			
<p>Arthur 68 Prostate</p>	<p>Metaphore for treatment conveys conquest: felt he had 'conquered' Mt Everest when heard everything was 'A-OK'</p>		<p>Describes his cancer and treatment suffering in detailed and dramatic terms, emphasizing how gory, painful ('excruciating') and distressing it was, and the reliability of his account (e.g. that it is documented). Frankly admits not</p>	<p>Describes his distress freely. Admits being afraid of having RT and afraid of pain, and feeling wary of the new RT machine at first; admits being irritable and 'depressed'; admits deep shock, turning 'white', getting 'very up tight' and feeling</p>

			<p>understanding medical terms / the exact nature of his cancer; admits having been 'put under' for biopsy; speaks of managing to 'buck himself up a bit' and 'be the stronger partner' after his diagnosis when he realized that his wife health was seriously threatened; deliberately worked on being positive; discusses all decisions with wife and took her advice to take the treatment the Drs were recommending; felt he had choice re treatment but trusted Drs' advice and did not need more information;</p>	<p>'very very sick' when told of diagnosis and need to be left alone to digest it; describes panic/hyperventilation reaction to TURP surgery and life threat, his repeated requests for pain killers, and how he was 'scared' and 'absolutely frightened', felt degraded and did not want to eat, only wanted to sleep, and felt 'real snakey'/bad tempered towards the nurses, and self pity, but then worked on trying to be positive, told himself not to be 'such a baby' or 'such a fool'; strongly agrees that his wife's support was really important to him; describes both practical support and verbal encouragement from best mate and his wife as boosting his morale, and expresses gratitude for employer's support organizing sick leave and the boost to his morale from the hospital chaplain praying with him; describes degradation felt dealing with WINZ for a temporary benefit while waiting to go on</p>
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				<p>superannuation; describes his strategy for getting through depressed feelings as talking them over directly with his wife i.e. dealing with them 'head on'; describes at length the humane treatment, support and assurance provided by the RT and that he gave them a parcel to express appreciation; describes RT bowel side effects in specific terms; coped with contemporaneous illness of his wife by having a 'damn good cry' and a 'bloody good blubber' which had metaphore for treatment: climbing and conquering Mt Everest when heard everything was 'A-OK' was necessary otherwise he would 'explode mentally' and would advise others to 'have a damn good cry' if needed and to hide themselves in their room if they didn't want others to see it, as this would avoid 'mental breakdown'; found being in hospital with people worse off 'gut wrenching'; enthusiastic</p>
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				counseling: you 'feel better' if you 'get it off your system'
Plane 74 Prostate	Delays having biopsy against advice, believing himself fit - 'one of those lucky people who rarely even gets a cold' - despite evidence to the contrary; refuses to blame old GP for not pressing him harder to have biopsy despite new GP insisting and eliciting support of wife to good effect, and admitting that the cancer would have shown up if he had had biopsy at least a year earlier; in denial about seriousness of his symptoms/condition at almost all points in cancer experience: 'all along, I thought it was a minor thing' and would probably not have had treatment if not for wife's distress; speaks contradictory messages about seriousness of prognosis: caught 'in the early stages' and it being 'a life threatening thing';	Copes by denial/ minimization of difficult cancer realities – both the seriousness of his condition and the likely discomforts of treatment – and only had it treated because of wife's 'shocking' display of distress. Unconcerned either before or after diagnosis, despite wife being dreadfully upset, until wife finally convinced him that he was ill, then it was a 'whole new ball game' as he realized life threat – had previously thought treatment was like having to have an Asprin for a headache. Despite this, and despite twice experiencing hallucination of a hand rubbing his back, which he associates with thinking about dying because of cancer, he believes he understands his own emotions better than anyone else (counselor or men's group) may, and that he has no particular problems with his cancer which might indicate the use of such services; his wife said after interview	Contrary to old GP's advice, had refused to have biopsy, and eventually had it only succumbing to combined pressure from new GP and wife; felt that the proposed treatment could be worse than the disease and probably would not have agreed to it if not to placate wife's extreme distress, feeling it was a matter of weighing quality of life priorities against life threat; found hormone injections nasty (has BII phobia) but would have had another if necessary.	

	<p>experiences side effects of treatment as a definite and unmitigated hit on his masculinity; his wife said after interview that he had 'been there' in relation to depression symptoms of loss of concentration and motivation – despite his denials of distress during the interview i.e. he appears unwilling to admit weakness. Acknowledges having 'urinary problems' but has to be led to admit they comprised frequency and urgency, revealing his discomfort with a nervous laugh. Similarly, has to be led to admit incontinence problems after RT and his embarrassment about that.</p>	<p>that he had 'been there' in relation to depression symptoms of loss of concentration and motivation – despite his denials of distress during the interview; ambivalent about the prominence of his BII phobia in his delay in having biopsy, at first implying that he saw no need for it but finally saying that he would recommend anyone in doubt about diagnosis to get it done because 'it was nowhere near as bad as [he] thought it was going to be'</p>		
<p>Lewis⊕ 83 Prostate</p>	<p>Expressed annoyance at how 'they' (presumably urologist) took biopsy without warning him that it felt like an air rifle going off, and at how little notice he</p>	<p>Gives his cancer very little thought, was never distressed by it because has full confidence in his oncologist who never speaks about it 'in such a way as to engender panic'. Refuses to entertain consideration of</p>		

	<p>had (5 days) for his orchidectomy, but this criticism was directed at anonymous figures, despite being under the care of the oncologist at the time of the surgery. Lewis fully trusts his oncologist because of his 'Fatherly' warm approachable manner, his reassurances ('you're ok, there is no panic') and his 'composure' and 'restfulness' when explaining his condition ('so as not to engender any panic'). It was not necessary to consider a second opinion because his oncologist was so superb and because as an oncologist he 'should know what he is talking about'.</p>	<p>how he might feel in the the hypothetical situation of his oncologist telling him the cancer had worsened, and returns to express his optimism about his disease status. Cannot envisage any need ever for counseling as he is never a negative person. Appears to prefer blissful ignorance over understanding his disease status and purpose of his treatment protocol. He has the mistaken belief that he may have been cured by the orchidectomy, does not recognize the contradictory circumstance of his ongoing 'watchful waiting' consultations, and fails to ask questions that would clarify the situation. He assures himself that he must be well because he feels well and keeps active and fit.</p>		
<p>Roly 85 Lung</p>	<p>When asked whether the restrictions placed on him (not able to take his regular walk or do his sport, which cuts him off from all of his previous social contact) got him down at all, he replied, 'Not really. No, I accept things</p>	<p>Denies being emotional upon realising he had cancer. Says he is not afraid to die, as he is not religious and it is something one has no control over. 'It's part of life. Didn't worry me – still doesn't.' Would have preferred to have surgery and run the risk of dying during the</p>	<p>Relaxed about going to the Cancer Society's women's group – comments that he is the only man there, but conveys no sense of shame</p>	

as they are, not as they should be', betraying the falsity of this statement in a little laugh that followed it, and later saying how very lonely he is because of this restriction and how he would have preferred to have run the risk of dying on the operating table than suffering this long lonely deterioration of health.

Roly is *exceptional* in his expression of insecurity, in that he complains continuously about how 'they' – people of superior class or greater power than him e.g. doctors, his father, a man with 'the paperwork above him' –serve themselves at the expense of/while ignoring others, or don't merit the position of power/status they have, and how he is helpless to do anything about it because he is of a powerless class (e.g. he learned early in life that 'if you haven't got the

procedure because 'If you're going to go, you're going to go. That's all there is to it.'

Says he 'accepts' the social restriction imposed on him rather than it getting him down, yet elsewhere emphasises his extreme loneliness. His sense of helplessness and hopelessness also convey the impression that he is actually depressed. Says 'loneliness is the biggest problem. But I struggle, and I've never struggled – I've never had to do that – but I, I'm struggling at the moment'.... Apparently using 'struggling' as a euphemism for depression. Is totally socially isolated, having had no children and lost his wife to cancer four years ago, and wants to discuss cancer and just ordinary daily things with someone. However, he says he would have difficulty talking because 'I sometimes break down a bit. And, ah, you can't help it. They say 'think of the good times' Yeah. Makes it worse...[it's] purely because you're lonely.' Note how he distances himself by putting it in third person, and fears talking because

paperwork, you're nothing', and therefore he was not able to assert control over what treatment he would have). Is this more an expression of classism than masculine insecurity? I think it is a mixture of both, since it is against masculine hegemonic ideals that class differences show themselves most clearly, i.e. the image of the powerful 'they' is a hegemonic male, e.g. on the subject of abortion, which he brought up: '[It's] not for some bloke with his collar turned round the back, telling you what to do, who knows nothing. And, you know, he knows nothing!'

He repeatedly complains of not being provided information about his condition or given the option of surgery ('I was not allowed to know', 'he never gave me the chance', he was 'told') and how his

he might break down i.e. although he knows what his need is, he is *kept isolated by his fear of open emotionality*.

efforts to obtain information or have a say were futile. Regarding whether he had an opportunity to discuss whether he would have radiation he said, 'I don't think you've got much freedom really, I think it's all wrapped up in 'I know – I'm better than you are' sort of style.... And, ah, 'What are you asking that for?' sort of style.' However, the reader gets the sense that Roly is not as clear in communicating his needs as he suggests, from his many rationalisations for why he is not told or will not raise matters, and from his general negativity and hopelessness /helplessness, which gives the impression that some of what he is saying comes from feeling depressed. For example, he has no confidence that his peers would listen to him either (e.g. if he advised a friend to take a suspicious symptoms to the doctor). It is			
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<p>interesting to observe Roly thus wrestling with the issue of control, and trying to convey the impression that he is not ineffectual (e.g. he wants the facts), but that his lack of control is for reasons of considerable injustice beyond the control of anyone in his position – it's a matter of social class.</p> <p>He makes considerable play of perceived errors made by / incompetencies shown by doctors e.g. his surgeon's suggestion to take a second biopsy when he had said to take no notice of the negative result of the first.</p> <p>Says he wants to 'know the facts...I'm like that – other people may not be – but I'm like that. I like ot know what I got to battle for.'</p> <p>Roly is more typical about expressing insecurity in the way that he goes to lengths to assert the value of minorities.</p> <p>He is preachy about</p>			
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	<p>rights for minority groups.</p> <p>When the interviewer checks which language he normally speaks, he takes the opportunity to say that he thinks Maori should be taught compulsorily, and he later creates an opportunity to say what hard work vacuuming is, as an attempt to recognise women.</p> <p>When asked if he felt a counsellor would be approachable, he said it 'doesn't frighten me' - seems to be trying to look strong.</p>			
<p>Bazza 76 Prostate</p>	<p>Expresses his dissatisfaction with urologist for his cold and blunt diagnosis delivery, but excuses it as possibly what he judged was called for in the situation, and expresses his satisfaction with the treatment advice from both the urologist and the radiation oncologist. Felt he was 'in their hands' because 'they were the experts' and should 'know what they are talking</p>	<p>Although admits being in a state of semi-shock when diagnosed, and thought, 'Bugger!', says he was never really worried about his cancer, was 'just pretty laid back about it all' but also says this may have been because he was dealing with a serious heart diagnosis at the same time, and that he 'dealt with it by sort of shutting it out' and by focusing on putting his affairs in order, and that he was 'pretty philosophical' about the heart threat too.</p>	<p>Describes his wealth (e.g. insurance policies, high income, ability to pay for private treatment) only as appropriate to answer questions. [Self made man, working his way into considerable income after leaving school without formal qualifications at all].</p>	

about... hopefully' i.e. 'had faith in them' because of 'the way they put their message across' to him, and because he likes to make a decision and move ahead as quickly as possible. Praises all medical staff for their efficiency, effectiveness and humanity.... Despite saying urologist had a cold manner, delivered the diagnosis as a 'pretty direct hit', and told him what treatment he recommended in a black and white manner rather than inviting discussion. Emphasises that of the side effects he suffered, there was 'nothing psychological'; is clearly uncomfortable with questions about the value of counseling or men's group, implying that the latter is for weak men and says that he thinks others would regard counselors highly as people who want to help others... but avoids expressing his own

Didn't need the support of anyone, and told no-one: his wife told both their children and other people including his friends. Considered his wife was his only support, but says that he does not even 'raise issues' with her, as he does not feel he has any issues to raise since they have been married for more than 50 years... this despite having received two life threatening diagnosis (heart murmur and invasive prostate cancer) arising out of the same GP visit! Appreciated the effectiveness and efficiency of the medical professionals he dealt with but also their 'human touch'.

	view!			
Paddy 79 Prostate		Does not need emotional support from services like counsellors or men's group because he has experienced enough of life to be able to handle it himself.	Refused urologist's advice, even though he recognized his expertise and despite the urologist's apparent displeasure, because it did not accommodate his fear of medical procedures and did not give him options and control. But he accepted the radiation oncologist's advice because she gave him options and was warm, caring and assuring, not 'talking down' to him or treating him 'like, next please'. Compares radiation oncologist's people skills with his own career skills in selling, ('there's a real skill in selling, isn't there?') but does so only in response to the interviewer's pursuit, and without lauding those skills out of proportion.	Describes being shocked and panicked by diagnosis, but then putting it into perspective when told by his wife not to be 'silly' because many people have early stage prostate cancer, and quickly accepted it as just 'a bit of a bloody nuisance'. Did not want surgery because he is 'such a coward' about medical procedures and it 'frightened him to death – it put the fear of God into me'. Found his urologist to be a blunt 'cold stone fish' who 'talked down' to him, and would not take his urologist's advice to have surgery, which he was afraid of, but found his radiation oncologist 'lovely' and told her about his 'fear and trembling' and accepted her reassurance that treatment would be alright. Said that possibly she could even have talked him into surgery had she been involved earlier. Shows a little discomfort when explaining about his

				'fear and trembling' preventing him from accepting his urologist's advice, saying it with a little laugh, but make reference to his fear many times.
Bert 73 Prostate	Labeled himself a 'good Kiwi' man and listed his sporting interests to defend against any implication of weakness that might arise from then saying that he is 'not a masochist' and looks after himself physically, keeping up with Dr's checks and complying with treatment directives. Prides himself in his profession/intelligence, as shown in an exchange with RT nurses who commented on his interest in their procedure		Complains of blunt diagnosis delivery by urologist, nurse failure to deliver anti-biotic before biopsy, and unnecessarily distressing reporting of bone scan result. Has understanding for pressures on staff but does not excuse their failure. Acknowledges good points in Drs treatment and advice, e.g. provision of full information, and genuine concern in urging acceptance of active treatment protocol. Appreciated oncologist's suggestion of a second opinion, which he took up, and also did a lot of his own internet research. Felt his specialists held back from committing themselves to the positive for fear of being wrong. Took very active responsibility for his own treatment	Described 'huge shock' and 'almost shakiness' when diagnosis delivered, and 'didn't know whether to cry or...' and how he valued his wife's hug and reassurance at that moment. Expressed the sincerity he felt in urologist's treatment advice and how it moved him. Graphed the emotional ups and downs of his diagnosis and treatment experience. Admitted becoming a little irritable with his wife and losing sleep due to stress, but noted he became 'inured' to it over time. Said the research interview – reviewing all that had happened - was 'therapeutic' for him: 'Nice to get it all out'. Describes his frustration at the thought of possibly being forced to lose (through death) the

			decisions.	good life he has with his family: 'Bugger!... I don't want to leave it'. Metaphor of being thrown by a big wave at the beach, then regaining balance and being more prepared for whatever comes next.
TG 70 Lung	Mentions status symbols ('I had duty free cigarettes, finest malt scotch...') and associates himself with his 'superb' medical oncologist saying he likes his shirts and that he (TG) used to wear them and was 'a bit of a flash Harry'. Appreciated being told straight that his condition looked very bad, saying the doctors knew he wanted it straight, and as 'men of the world' they knew they didn't have to 'pussy-foot around'. GP overlooked clear signs and wife is critical of him but TG 'doesn't want to blame others' saying, he was 'not up to the task really, poor old...'. TG 'kept away from doctors' only having	The only feelings he admits to frankly are regret at smoking and the consequential losses he faces, and being irritable and demanding for a time, before becoming more accepting of his terminal prognosis. Only obliquely refers to having been angry and having 'shed a tear', but thinks he has 'coped well' by not 'going all wimpy' and 'sitting around' saying 'bloody prayers and naked in a forest' and feeling 'woe is me'. Expresses determination not to feel sorry for himself, saying he accepts it and will get the most out of life. Is trying to 'be realistic', e.g. by telling his son who lives at a great distance overseas not to waste his money and effort coming to his funeral, and expressing contempt for the 'wailing and gnashing of teeth' that family will		

a 'flu jab once a year and, at that time, briefly assuring his GP everything was alright. 'Willingly' put his faith in 'the experts' and took all the treatment they suggested without question, seeing no need for a second opinion. Explains that he would not expect a person who knows nothing to refuse his own professional advice, and so would not do this himself. Also his brother knew the specialists in his professional capacity and TG was happy to 'go with the flow' of his 'great faith' in them. However, after the interview when there was discussion about how the interviewer herself and some other participants had taken control of their treatment decisions, and the errors of doctors, TG was disturbed and asked how he might begin his own research. When interview question re impact

waste their money coming long distances to do on that occasion. He felt this was an act of selflessness, oblivious to the importance of funerals, despite his wife's challenges! Relates to the exemplar metaphor for emotional experience provided by interviewer in that it represents the shock of realizing one is ill, but has no original metaphor to describe his experience. After the interview his wife described him as 'frightened' of the future, and he replied that he preferred the term 'anxious'.

	<p>on masculinity is broached, he laughs uncomfortably, then assumes it refers to sex and laments that it is 'out the bloody window'.</p> <p>Would not want to go to a men's group because he has never been drawn to the company of men, as well as despising the thought of counseling and other practices of that ilk.</p>			
Colin 58 Breast			<p>Speaks of his surgeon with much affection for the warmth and humanity shown in his manner, his advocacy of his treatment case against opposition from oncologists, the waiver of his private fee for consultations when participant explained his difficulty affording them, availability after working hours as needed and without an appointment, keeping him well informed in plain language and inviting questions, being honest with him, and encouraging him personally that he was a fighter and would overcome this. Participant was very</p>	<p>Admits he was 'quite anxious... a little bit stressed', off his food, not sleeping well, and a bit irritable with his daughters while waiting for diagnosis test results, and results of lymph node tests after surgery. Appreciated the reassurance of his surgeon that anxiety was 'just one of those things' that went with the experience, and was clear about his relief when the lymph results were told him. Kept his daughters, sister and brother-in-law, and a number of friends well informed and enjoyed their support. Was open also with his work</p>

			<p>grateful and spoke highly of surgeon, but with much specific reason, rather than in awe of surgeon's status and the expertise to be inherently expected of his role. Noted his surgeon's slightly odd/professionally incongruous style of dress with mild amusement. Trusted surgeon like you trust the pilot of a plane, because of the good rapport he had with him, and the high recommendations given by others. After having expended the \$1000 he had borrowed to pay the surgeon's private consultation fees, he told surgeon's receptionist that he was struggling to pay, and accepted the waiver of fees then offered with gratitude. Decided to use Cancer Society transport to RT rather than driving himself because he thought, 'The time I try to be a hero...'. Although computer literate, he felt there was so much information on line</p>	<p>mates, who he found were interested. Metaphor for cancer distress was a graph of highs and lows. Not concerned about showing people his surgery scar if they are interested.</p>
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			and it was all 'goobledy gook' to him so he would trust his advisors. Would advise others to go with what medical advisors say and not question them - 'When someone's been in the trade 30 years, you don't question him' - but says he probably learned to trust them from when one of his daughters was born with a very challenging cancer and Drs went to great lengths to save her.	
Powie 56 Bowel	Unquestioningly accepts specialists' advice, and mocks listening to anyone else: 'its no use listening to me cousin or me brother or, you know, someone at the pub...'. Is decisive, positive and action oriented: 'Let's do it Doc. I'm listening to you, brother.' 'Its no use sitting there crying and f---, you know. Get up and give it a go! That's my attitude anyway'. Does not think he would ever need counseling for depression: 'If you	After his radical bowel surgery the hospital sent a psychological counsellor to see him but he said he was 'not into' suicide, 'its hard enough to stay on this earth, let alone...'. Denies ever feeling stressed, just gets fatigued from the treatment. Attitude to diagnosis was to 'roll along with it and try and get it repaired', and if that didn't work, 'well, she's all over'. At 55 he felt he'd 'had a pretty good life' anyway. Is very grateful to be alive: 'I get up every morning and look outside and I'm, Shit, I'm still here! I don't care if it's	His grandchildren's visits, hugs and kisses, and cheekiness are 'better than medicine', and he is extremely complementary and grateful for the practical and support of his family, friends, and of a voluntary live-in caregiver. Keen to listen to and encourage any other cancer patients who would 'come around and have a yack' to him ('its' no use trying to hide... under the sheets, is it?'), and would 'tell them the truth', not 'mincing' his words.	

	<p>are strong enough and you have the right attitude and you don't look about – what happened yesterday – just look at what's going to happen tomorrow... that's better than any pill, any doctor, anything.'</p> <p>Explicitly declines to blame GP for failing to identify the seriousness of his symptoms: 'everyone makes a blue'.</p> <p>Has 'too high cholesteries or something' and 'the lady from the sugar diabetes' tells him he should be eating 'lettuce and all that' but he says it was puha and pork bones that got him through the chemotherapy, and that he needed the extra weight on in case he got sick.</p>	<p>raining... or whatever. I'm here.'</p>		
<p>Moko 🍌</p> <p>71</p> <p>Prostate</p>	<p>Although had multiple serious and chronic health problems building up, he did not go to the GP earlier because as a 'typical male' he 'didn't want to know'.</p>		<p>Often mentions his concern about the possibility of pain; is pleased to have the others at men's group where he gains information about living with cancer and hears from other men what medical procedures are going</p>	<p>Is frank about his fear of 'the big C', and that he was 'scared' and 'het up' when diagnosed and considered suicide, but then told himself 'Don't be weak' and took courage from the televised stories of celebrities who had</p>

			<p>to be like (e.g. whether there will be any pain) as well as enjoying their company and support. Rings his oncologist's nurse or drops in at the Cancer Society rooms for a cuppa if he wants to know anything. Has started going to church and is grateful that older people there pray for him and give him blessings. Is grateful for the similar support of Maori elders. Has also stepped up his involvement with AA and his Marae, and enjoys these things mostly for the company. Enthusiastically grateful for information and company provided by Cancer Society office staff, men's group, and transport service drivers. Explicit that he has to wear urinary pads to be sure no dribble shows. Decided to follow specialist's treatment advice simply because the specialist knew about cancer treatment but Moko didn't, however, he felt in control of the choice .</p>	<p>come through it. Is very pleased about men like that telling their stories publically. Describes his social withdrawal and sleeplessness from worry at first, and that he calmed down when he started RT and found it was easy and there was no pain. Still finds motivation and concentration are affected, feeling bad that he is 'lazy' and tells lies to his diabetes nurse about the exercise she wants him to do, and having stopped reading. Admits he gets irritated with people and starts swearing to himself but then coaches himself to let it go. Expresses his faith that 'the good Lord' is 'looking after [him]' and therefore will not pre-empt by committing suicide because he may have many years left still.</p>
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Monty 75 Prostate			<p>Took Dr's advice despite various bumbblings by the urologist's registrar and urologist's own poor performance in delivering his prognosis, because has no respect for alternative treatment approaches, because he felt he lacked any other credible choice. However, expressed his disconcertion at their lack of professionalism.</p>	<p>Has friends and family who he can and does talk to frequently for support. Although he generally denies experiencing distress, he does not seem defensive in saying so, and attributes this perhaps to his suffering being 'nothing' compared with what he went through with his second wife's multiple site terminal cancer, and because he is not afraid to die because of the way Maori accept and handle death, and that it will mean he will go to see his Mother. Expects his sister to move in to look after him at the end.</p>
Beau 65 Prostate			<p>Expresses deep gratitude for his sister-in-law 'taking over' his affairs in relation to cancer treatment (explaining the process, advocating with medial staff, connecting him to services, 'laying down the law' on what he was allowed to do etc) saying that the whole process was so foreign to him that he 'felt like a child' in it and</p>	<p>Refers to his 'ongoing support needs' and expresses appreciation for the 'invaluable' support of the Runanga Cancer Control Coordinator , and of 'a lot of people', including his work friends, sporting friends, children and mokopuna; refers to the 'depression' that he felt during the breakdown of his marriage and</p>

			<p>would have 'bumbled' his way 'in the dark' without the 'invaluable' support of her and the Runanga Cancer Control Coordinator.</p> <p>Grateful for the advice offered by people at work who have experienced cancer themselves; Wants to help other people going through similar circumstances and distress; Accepted Drs advice, because he wanted to 'stay in the system' as opposed to using alternative treatment and did not feel competent to look up information on the net</p>	<p>attributes his cancer to that stress; says he was 'shaking like a leaf' anticipating diagnosis, and that his 'whole world fell apart' when it was delivered, believing cancer to be always fatal; explains how he then consciously employed several strategies to take control of his stress, but it affected his concentration and encroached into his thinking, resolved not to entertain self-pity</p>
<p>TBS 59 Acute Myeloid Leukemia</p>		<p>Has no metaphor to describe his feelings.</p>	<p>Was neither impressed nor unimpressed with medical professionals, except pleased that his specialist was honest with him, and found this dignifying.</p> <p>Made treatment decisions based on his spiritual values, after consideration of the views advice of friends, which he greatly valued.</p>	<p>When he was awaiting diagnosis he felt 'freaked... a little scared' wondering what the long term outcome would be. Then was elated as he saw diagnosis as an opportunity for euthanasia, because he 'wanted out'. During arduous treatment he became angry at God, wondering 'why me?' and because he did not get answers from God or feel His usual closeness, and instead felt lonely. Explains</p>

				<p>this culminated in a point of 'letting go'. He was amazed at the accurate prophetic messages he received from Christians who did not know him or his illness and how he felt loved by the Lord and peaceful because of this. Also describes a period of feeling 'emotionally down'.</p>
<p>Ricky 52 Prostate spread to bladder</p>			<p>Described the pain of taking tackles in rugby: 'it does really actually hurt'. Appreciated specialists talking to him 'on level ground' and 'straight up' as in a 'friendship' and being 'easy going' and warm, and not 'pointing the finger', but with 'genuine care' explaining the problem and the consequences of treatment options. Appreciated the Maori Cancer Control Coordinator for similar reasons. Admits turning to pot and then to his music to try to control his suicidal thoughts. Explains how he was 'not a happy fella' after his bowel was twisted</p>	<p>Seeing blood in his urine 'freaked [him] out...blew [his] head ', and the uncertainty around what it meant created anxiety before diagnosis. It also 'blew [his] head' that the treatment suggested would mean 'she's all over' for sex, and that anxiety associated with this caused him to lose sleep and sweat excessively. Discusses his contemplation of suicide, in view of the impact treatment would have on his sexual relationship. Withdrew from and shunned his partner, even though he knew she still loved and wanted him, because he felt sexually</p>

			<p>during surgery, details his suffering and the horrible remedial procedure that was necessary, and how his tremendous family support got him through it. Describes his embarrassment with his urostomy bag exploding down his leg in public; that he used to be very sporty but can no longer play/swim because of the bag, and that this has cost him his sporty friends; that he has had to change and slow the way he used to be able to do physical work (he used to 'just be the tough fella and throw everything around'); that 'socialising [in general] isn't a plan these days' because of the risk of the urostomy bag overflowing because it required close monitoring; so he has turned to his music. Refers to those of his grandchildren who are younger than adolescent as 'only babies' and that [his heart] 'buckles' to them.</p>	<p>inadequate and because he was 'scared' of infecting her (unaware that cancer is not contagious). Describes cancer 'killing the relationship between [him] and [his] partner' as the most stressful part of the experience. Felt 'freaky' when he lost his long hair as a side effect of chemotherapy because as a muso it was part of his identity, and it knocked his confidence. Felt 'invaded' by the home helper 'taking over' his house. Metaphor of not knowing which way to dig to get out from under an avalanche of stress from cancer, or even which way to spit to find out which way is up: Not knowing 'what the hell [he is] supposed to do', who to see, where to go, whether to tell his Mum etc.. Feels the most important thing he has learned from the experience is that he is 'worth being around' and how all his kids</p>
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				<p>tell him they love him and are cheeky and noisy and full of life, rather than 'seen and not heard', and that is a big improvement on how he was brought up.</p>
<p>Jake 23 Hodgkins Lymphoma</p>			<p>Accepted parents' lead in analysing treatment options, took a rounded view of what Drs were capable of and the limitations they grappled with, appreciating their efforts but not lauding them, except for expressing especial gratitude for the efforts of the American drug trial Dr who went out of his way to help him. Describes his suffering of nausea, fatigue, sleeplessness, and pain, and the relief he felt when his treatment protocol was amended to address these symptoms.</p>	<p>Was 'pretty worried' before diagnosis, and 'pretty shocked' upon diagnosis, chemo as 'pretty stressful' because of uncertainty as to its success, and he did get 'a bit discouraged' that it was not working and he found the prospect of running out of treatment options 'worrying', but says he mostly found it helpful to simply accept his condition, trust God regarding His plans for his life, and stay calm. Found it freeing when told that NZ Drs could do no more – changed his focus to valuing family time rather than worrying about missing work. Describes emotional trajectory with metaphors of going up a hill and down the other side, or through a tunnel and not always able to see the</p>

				light at the other end, explaining that you have to refuse to give up trying for a cure.
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