The Lived Experience of Osteoporosis in the Male Body

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Abstract

Introduction: Osteoporosis has been medicalised as primarily a women's disease, despite the fact that men are also at risk. Although more attention has been paid to men's health in recent years, we know little about men's experiences regarding being diagnosed with, and living with, osteoporosis. This study was undertaken to address this gap in knowledge and attempted to explore what osteoporosis might mean for masculine identity and ageing. The male body was theorised as the phenomenological body, embodied masculinity integrated with Simone de Beauvoir's critique of gender and framed in her theory of old age.

Methods: In-depth individual interviews were undertaken with four voluntary male participants aged between 42 and 86 years old (mean age = 62), diagnosed with osteoporosis 2-6 years previously. Interviews explored their perspectives regarding their body after diagnosis, and how that relates to other aspects of embodied life, including body image, past views, relationships with others and everyday living. Data were analysed using an existential-phenomenological approach, drawing upon Beauvoir's philosophy. Three main themes emerged: body image, body sensation, and body action, all of which together represent embodiment.

Results: The medical diagnosis and bone density scan image served for the male participants to reconstruct their body images as fragile (how easy it is to break bones). The men attributed their chronic back pain to osteoporosis after the diagnosis. This led to the restriction of physical activities that they thought of as risky for fractures, which in turn encouraged them to engage in regular exercise. Meanings ascribed to osteoporosis (femininity, fragility, ageing) challenged their masculine identities. Although the participants recognised their bodies as ageing, they worked to retain their unchanging age-less self identities which were linked to masculinity.

Conclusions: Men, like women, reconstructed their body images as fragile after the diagnosis of osteoporosis. However, men endeavoured to sustain dominant versions of masculinity by actively engaging in regular exercise and gendered roles. Findings have implications for health practitioners. Younger men may experience stigma with the construction of a feminised and aged disease. Gender sensitive health promotion and health services can be achieved by understanding the psychological consequences men experience following the diagnosis of osteoporosis.

Preface

My encounter with health psychology in 2008 has led my psychology course to a new path. A journal article of Reventlow, Hvas, and Malterud (2006) in Antonia's (supervisor) health psychology paper raised my critical thinking. Among 60-year-old women with osteoporosis, the 10-year incidence of a hip fracture is 7.8% (Reventlow et al., 2006). This means "8 out of 100 women with osteoporosis will have a hip fracture within a time frame of 10 years, while 92 will not" (Reventlow et al., 2006, p. 2721). Osteoporosis does not necessarily mean a person will have a fracture, and people without osteoporosis still break bones. So what is osteoporosis? Medical technology of bone scans makes women frightened or discouraged (See Reventlow et al., 2008). What about men? This is how my inquiry in men's lived experience of osteoporosis came to the thesis topic.

We all experience our embodiment as both biological and social. Until I was 12 years old, I could run, ice-skate, and ski faster and play baseball better than many boys of my age. Soon I was confronted with my biological limitations and destiny. I could no longer compete with many boys in sports. I experienced what Beauvoir calls an 'identification crisis' (See Chapter III). When I immigrated from Japan to South Canterbury in 2003, I was employed at a local furniture company and worked on the production line with 40 local Kiwi men for two and a half years until the factory closed down. When I started, I was the only female craftsperson among them. I wished I had had a strong masculine body instead of my own so lifting heavy timber and furniture could have been much easier and less tiring.

Back in 1997, in the year after I had my daughter, I stopped at a local health exhibition in Tokyo and measured my bone density for free. I put my foot in a small square machine. A lady immediately told me my bone density was 3% lower than the average of women at my age. I did not expect or like it being below average! and tried to make sense of the '3% below average'. I concluded that the loss in density was due to my diet at the time. I had not been drinking milk over a year because my baby daughter was allergic to cow's milk while I was breastfeeding her. But this kind of thing is often 'imagining the unimaginable' in anxiety. From critical health psychology study, I am now very aware that many health-related phenomena are not easily explained in a simple causal relation but a complex network of so many factors interacting.

My thin and frail grandmother kept going until 96 years old without a fracture. On the contrary, my father, who has been a builder for 5 decades, experienced a complex fractures in his shoulder and ribs 5 years ago. He went out to feed stray cats around his house one dark cold December night. He slipped and was squashed underneath a fuel tank he grabbed as he fell, which six neighbour men eventually lifted up to save him. And again he had another vertebrae fracture this year! This time he fell off a plum tree while trimming but managed to drive back home with his fractured thoracic vertebrae. He did not even tell my mother what had happened for some hours. Eventually my mother sought medical help for him. He was hospitalised for two months. I attribute these accidents of my father's to his maleness. I must report that he has not been diagnosed with osteoporosis. My father still now proudly tells me on the international line how strong he is against physical pain. Today, more than 40,000 people are aged over 100 years old in Japan. New Zealand is another ageing nation. We would like to avoid unnecessary anxiety caused by health promotion but live old age with respect.

Acknowledgments

I would like to acknowledge the people without who my study could not have been completed.

To my study participants, a very special thanks for sharing their experiences with me for this study. Their honesty helped me for fuller understanding of the difficulties posed for men with the diagnosis of osteoporosis. Each man's life deeply touched my heart.

To Dr Antonia Lyons, my appreciation and respect go to her warm support, patience, and guidance throughout this project. Her high academic standard and expectations helped my academic achievement. She also supported me throughout a difficult time in my personal life as a teenage girl's mother.

To Simone de Beauvoir, I have always admired and deeply respected her since my teenage years. I knew her philosophy or her 1970 publication *Old age* was very significant when I previously attempted an undergraduate thesis on her existential philosophy in 1992. Health psychology helped me to appreciate her contributions to the study of phenomenological body. My lived experience is getting long enough to understand more fully what her philosophy is truly about.

To kaimahi of Te Rūnanga o Ngāi Te Rangi Iwi Trust, my special appreciation and friendship go to those awesome Māori people. Although this study is not a Māori study, they have supported this study and my degree while I was doing the health psychology practicum (part of Master's degree) at their Iwi organisation in May and June, 2010.

To Massey University Human Ethics Southern B Committee, without their careful considerations, approval and support, this study would not have been possible.

To a long list of organisations and individuals, who agreed to put my recruitment advertisement and to introduce the study to their members for me. It meant so much to me.

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Overview

This health psychology study explores men's embodiment or embodied masculinity from an existential-phenomenological approach. Osteoporosis was chosen as the health condition of interest to help us to understand socially formed gender via male bodies as lived experiences of socially and historically situated men. This study also helps us to appreciate Simone de Beauvoir's contributions to the study of the phenomenological body or embodied subjectivity that is both sexed (biological, objective) and gendered (social, subjective).

Although Beauvoir identified herself as a feminist (Schwarzer, 1984) and much argument presented in this thesis is an extension of her feminist work, this is not explicitly a feminist study. Rather, I demonstrate how Beauvoir's existential-phenomenological approach can be applied to a study of men's health as well as women's health. The balance between the biological (sex) and the social (gender) can be restored using Beauvoir's notion of embodied subjectivity. In this study I identify my position as "gender radial", holding a belief that "despite the obvious difficulties, the pursuit of greater gender equity in health is still a worthwhile goal" for the interests of both women and men (Doyal, 2000, p. 932). This position is also concerned with inequalities and social justice for a wider range of different groups (Doyal, 2000) such as Māori and non-Māori for example, which aligns with critical health psychologists' interests (Lyons & Chamberlain, 2006).

What some feminists claim to be harmful to women, like the medicalisation of menopause, can have negative implications for men as well. Osteoporosis has been medicalised as a means to diagnose menopausal status (Vondracek & Hansen, 2004). The meanings ascribed to osteoporosis are femininity, fragility and ageing. This study investigates the challenges that osteoporosis may pose to men's sense of masculinity and self identity and the psychological difficulties men may suffer.

In Chapter I, discussions open on the topic of gender and sex drawing upon Beauvoir and other feminist scholars' work. Understandings of the distinctive key concepts and the inevitable interaction of gender (social) and sex (biological) are highlighted as important for health research. The binary division between male/female, mind/body, and social/biological is reviewed from a historical and philosophical perspective. Beauvoir's notion of embodied subjectivity offers an alternative way of doing health

research to balance the biological and the social. Introducing a new type of gender gap in health, the focus shifts to men's health with its emphasis on the similarities and differences between the sexes.

In Chapter II, the topic turns to osteoporosis, the health condition chosen for this study, to explore gender in men's lived experiences. Bones naturally lose density and weaken as men and women age. Bone degeneration is a natural part of ageing, yet it is identified as a disease named osteoporosis and is medicalised for treatment in Western medicine. This chapter reviews osteoporosis from a biomedical point of view and also from a gender critical perspective. Osteoporosis has been constructed and maintained as a women's disease in the medical industry, thus men are largely neglected. Analogous gender bias found in heart disease research is also reviewed. There have been a small number of insightful qualitative studies of osteoporosis in women, which are reviewed in this chapter.

Chapter III theorises the male body or embodied masculinity for this study. Literature on men's concepts of health and the relationship between the body, image, masculinity and self identity is reviewed. These concepts are also examined in studies of different illness experiences. Useful templates from the research were adapted in this study, coupled with Beauvoir's existential-phenomenology. Beauvoir's central philosophical themes are introduced in relation to this study. Beauvoir's phenomenological body enables us to reflect her feminist critique of gender, which is differentiated from the phenomenology of Merleau-Ponty and others. The aims of this study and research questions are presented at the end of this chapter.

Chapter IV specifies the research method. My study was approved by the Massey University Human Ethics Committee. Four men (mean age = 62) previously diagnosed with osteoporosis took part in the study. In-depth individual interviews were transcribed verbatim and analysed from Beauvoir's existential-phenomenological approach. Details in research design, ethical aspects, recruitment and procedure (data collection, and data analysis) are described in this chapter.

The data were analysed and the results are presented in Chapter V. This study examines each man's "relationship with his body and his image" after the medical diagnosis of osteoporosis, "to his relationship with time, history and his own praxis, and to his relationship with others and the outside world" (Beauvoir, 1972, p. 279). Results are

presented under the three main themes: body image, body sensation, and body action, all of which represent embodiment. Eight sub-themes emerged under the main themes.

The final Chapter VI concludes the study from gender perspectives. While Chapter V sees each individual's life or experience as unique, this chapter summarises the findings from the gender perspectives outlined earlier, the ways in which each man's expression tends towards the typical and the phenomenological (Eckartsberg, 1997, See Chapter IV). Findings from the interview analysis including differences and similarities between women and men are summarised. Implications that arise from the study's findings are stated. This chapter also considers aspects of the research process, including Beauvoir's theoretical frameworks, recruitment issues, limitations, and future research suggestions. The findings from the study are presented as a means to pass on an insight: fuller understandings of embodied masculinity within the context of osteoporosis for health practitioners to achieve gender equity and improve support for men with osteoporosis.