

Psychological Impact of Prostate Cancer

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Outline

- Psychological reactions to diagnosis of prostate cancer
- Impact of prostate cancer
- Psychological morbidity
- Risk and protective factors
- Masculinity
- Adjustment difficulties – ED and Incontinence
- Psychological interventions

Initial impact of a diagnosis of prostate cancer

- Shock, fear, grief, anger
- Overwhelmed by challenges (effects of treatment, financial strain, potential changes to bodily function)
- Inability to reconcile the fact that they may not be currently experiencing any obvious symptoms – why should I have treatment?
- Dilemma regarding treatment options

Initial psychological intervention

- Support/Debriefing
- Provide information
- Facilitate communication with the urologist
- Problem-solving

Psychological impact post treatment

- Coping with erectile dysfunction and incontinence
 - Feel dirty
 - Feel out of control
 - Threat to masculine identity
 - Depression
 - Anxiety and avoidance
- PSA testing
- Mortality

Psychological Morbidity

- Cancer
 - Depression and Anxiety disorders 2-3 times more common than in the general population.

- Prostate Cancer
 - Psychological morbidity after prostate cancer treatment ranges from 14% to 38%. Anxiety symptoms are more common than depressive symptoms ^{1, 2}.
 - Depressive symptoms tend to be under-reported.
 - Suicide 4 times more likely for men with advanced prostate cancer.

1.Roth, A., Kornblith, A., Batel-Copel, L. et al. (1998). Rapid screening for psychologic distress in men with prostate carcinoma: A pilot study. *Cancer*, 82, 1904.

2.Bisson, J., Chubb, H., Bennett, S. et al. (2002). The prevalence and predictors of psychological distress in patients with early localised prostate cancer. *British Journal of Urology*, 90, 56.

Men, Anxiety and Depression

- The signs and symptoms of anxiety and depression can have a unique presentation in men
 - Irritability
 - Agitation
 - Low frustration tolerance
 - Alcohol or drug use
 - Increased somatic complaints
 - Withdrawal or isolation
 - Men often turn inward when emotionally distressed

Risk factors for psychological problems

- Initial distress is a strong predictor of later mood disorder
- Younger men
- Men with limited support
- Men who experience worse physical outcomes
- Advanced disease - Hormone therapy
- Patient expectations exceed outcomes

Men and Masculinity (Pattison, 1998, Courtney, 2001)

- Societal 'shoulds' & 'musts' about being a 'real' man

- Locus of masculinity is PHYSICAL
 - Strong, able to endure bodily stress, providers, protectors, self-sufficient, in control, logical and analytical in thought
 - Sexual functioning = measure of masculinity

- Emotional expressiveness, a trait commonly associated with females, can be perceived as a threat to manhood

SO MANY MEN IN WESTERN SOCIETY
ARE TOLD WE SHOULD BE AGGRESSIVE
AND ALWAYS BEAT
THE COMPETITION

... BE
INVULNERABLE,
HARD, STRONG,
AND ALWAYS
IN CONTROL...
AND EXPRESS NO
EMOTION (EXCEPT
FOR ANGER)



Myths and stereotypes

- Men are the initiators of sex
- Men should be able to perform spontaneously
- It is the man's responsibility to satisfy their partner
- Always ready and raring to go



**MAKING LOVE?
DO IT... LONGER!**
Call or SMS "HARD" 1800 711 711

**WINNERS COME LAST
IN THE BEDROOM**
Call or SMS "HARD" 1800 711 711

Meaning of erectile dysfunction

4 main areas of life affected by ED¹

1. Quality of sexual intimacy
2. Everyday interactions with women
3. Sexual imagining & fantasy life
4. Men's perceptions of their masculinity

1. Bokhour, B., Clark, J., Inui, T. et al. (2001). Sexuality after treatment for early prostate cancer: Exploring the meanings of "erectile dysfunction". *Journal of General Internal Medicine*, **16**, 649.

Meaning of erectile dysfunction

1. Quality of sexual intimacy

- Anxiety about satisfying a partner and self
- Reluctance to initiate physical intimacy with partners
 - Fear leading to awkward performance
 - “Starting a fire you can’t put out”
- Reliance on mechanical aids associated with feeling of sex becoming ‘unnatural’

Meaning of erectile dysfunction

2. Everyday interactions with women

- Awareness of loss of potential for sexual intimacy
- Perception of self and interactions as nonsexual
- Shift in interactions with women

Meaning of erectile dysfunction

3. Sexual imaginings and fantasy life

- Distressing lack of physical or emotional response to attractive women
- Loss of a pleasant past-time
- *“I think it’s more psychological than anything else. It’s the knowledge that you cannot perform, and it’s that knowledge that’s more disturbing than maybe the actual fact.”*

Meaning of erectile dysfunction

4. Perception of masculinity

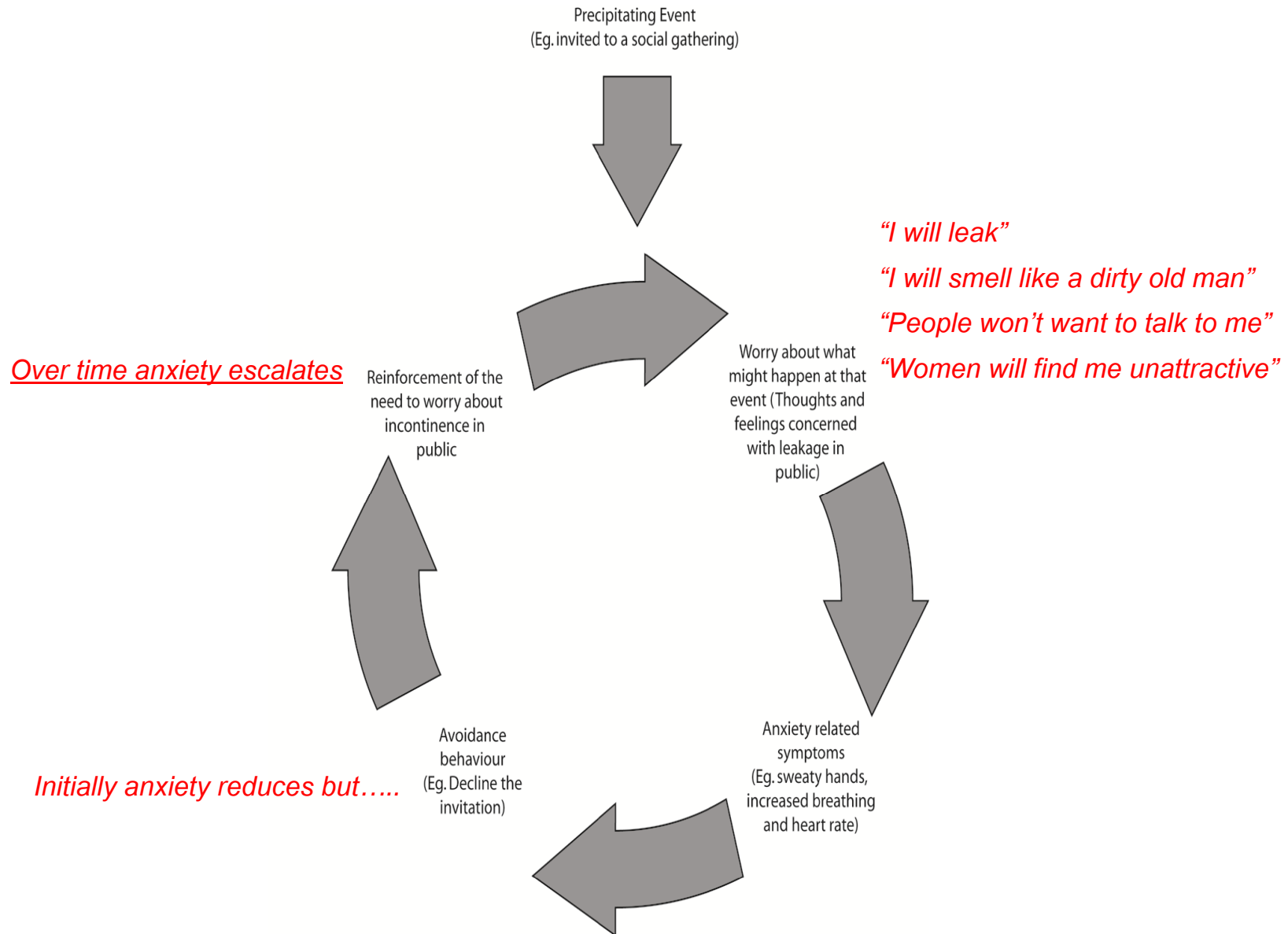
- Feelings of worthlessness as a man & partner
 - *“I’m not a whole man”*
 - *“What would she want with me, I can’t even get it up”*
 - *“I’m no longer a man”*
 - *“I’m useless now”*

- Feelings of helplessness
 - *“I’m dead down there”*
 - *“If I can’t have an erection anymore it’s all over”*

Incontinence

- Psychological impact of incontinence can range from slight to severe
- Degrees of annoyance, frustration, embarrassment and anxiety
- Feel out of control
- Feel dirty
- Limited activities and social isolation
- Withdrawal from work
- Change in 'status' in family home
- Threatened masculinity
- Depression
- Anxiety and avoidance

Incontinence: Anxiety and Avoidance Cycle



Impact on partners

- Partners are distressed not solely by the changes in sexual functioning but (*often more importantly*) by the distress experienced by their partner and the impact on intimacy
- Fear for their partners wellbeing
- Difficulty with changed roles within the family
- Desire to help but feeling of being unable to do so
- The role of sex in the relationship and communication skills are integral in quality of adjustment
- Important to work with both members of the couple if possible

Engaging men in psychological intervention

- Normalise
 - Seeing a psychologist
 - Presenting difficulties (diffuse guilt/shame)
- Avoid emphasis on *feelings* in the initial stages of therapy
- Use the 'male model' of communication
- Acknowledge that seeking help may be difficult, but that it is a sign of strength and courage
- Be empathic

Psychological intervention post-treatment

- Incontinence
 - Break the anxiety-avoidance cycle

- Assist with the grief process around loss of potency

- Re-define masculinity
 - Explore beliefs, attitudes, thoughts and feelings of the individual in response to their prostate cancer experience

- Sexual rehabilitation

Break the incontinence anxiety avoidance cycle

- Relaxation
- Automatic thought assessment
- Risk assessment
 - "If I wet my pants it's probably over and I'll just straight away go to the bathroom and wash myself."*
- Worry exposure
 - Imaginal
 - "If I wet my pants my friends might be concerned about me, or I probably would just go to the bathroom without anyone noticing or making a fuss"*
 - In-vivo

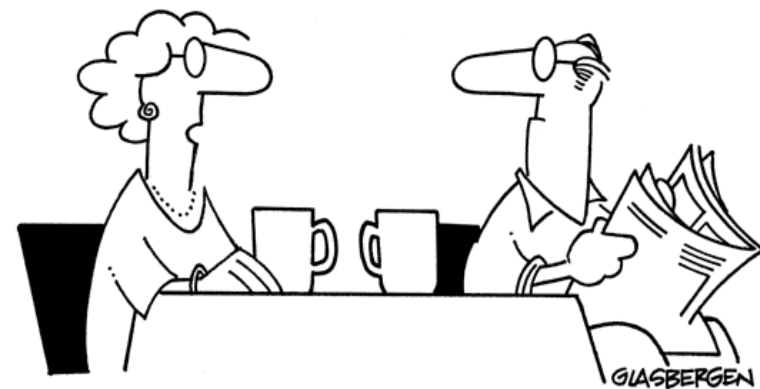
Myth busting

- An erection should occur on demand
 - If a man can't get an erection it's unfair of him to start sexual activity if he can't 'follow through'
 - Only men who can get a full erection are good lovers and 'real men'
- Re-define masculinity
 - Identify belief system about what it 'means to be a man'
 - Challenge and broaden beliefs that emphasise erectile function, potency, control

Myth busting

- An erection is essential for satisfying sex
- Sex must be spontaneous, planned sex is boring
 - Working with both members of the couple to facilitate communication
 - Re-define ‘what sex is’
 - Changing the end point
 - ‘Re-learn’ what works sexually
 - Sensate focus work

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**“Same-sex marriage is nothing new.
We’ve been having the same sex for 25 years.”**

Sensate focus sex ¹

- Pre-arousal relaxation
- Good enough conditions for sex
- Tune out the everyday, address performance anxiety and mental clutter
- Develop a Positive Erotic Focus
 - Senses – sight, smell, taste, touch, sound
 - Giving or receiving sexual stimulation
 - Sexual imagery (fantasies, thoughts, memories, ideas)
 - Own and/or partners arousal and responsibility
 - Feelings for partner
 - Perception of pleasure and eroticism
 - Etc...

1. King, R. (2004). Management of Erectile Dysfunction in Primary Care Practice: Medical and Psychological Approaches. The Written Word Pty Ltd, NSW.

Thankyou

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