

PROSTATE CANCER AND WHAT CONSTITUTES BEING A “MAN”
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Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient’s viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

In opening: The capability to have an erection does not define what constitutes being a “man.”

I’ve become exasperated reading of men claiming they are less a man because they are unable to get an erection or have lost libido/potency. “I’m less a man,” “I’m a eunuch,” “I’m a girly-man.” Where in God’s name have such ridiculous thoughts come from? This, in my mind, is the perfect example of some men’s brains being enclosed within their penis rather than in their head.

I can agree that loss of capability for erection plus loss of libido are blows that strike at key capabilities associated with being a male.

But I am absolutely no less a man than I was through all the decades of my life before discovery of the prostate cancer that made it necessary for me to take medical treatments that resulted in my loss of libido/erection capability. And this brings up a remark in a paper from the Prostate Cancer Society way back in 1996: “The first step in ending male sexual incapability is to stop thinking of it as “impotence.” “Impotence” means a lack of power and strength, and power and strength have nothing to do with making love. Any man who thinks of himself as “impotent” is not just wrong; he is putting himself down. The more accurate term is “Erectile Dysfunction;” what the condition really is: an inability to attain and maintain an erection sufficient to complete sexual intercourse more than half the

time sex is desired. This means rigidity as well as duration. If this is your situation, you are certainly not alone, and more so, are one of likely several million men just here in the United States that are experiencing this problem. .

Many men define “masculinity” in terms of strength and power. If that were truly the case, I am a Black Belt former martial arts competitor and Sensei/instructor in Kodokan Judo. I still know as much about self defense (and offense) as I did prior to the onset of my cancer. Despite my loss of libido/erection capability, I am still just as much a man.

The true stature of a man is measured by his accomplishments, his attention to family, and his concern for others. Fulfillment of the duties of husband and father is part of the male role. Loss of libido or erection capability does not circumvent that role nor make the person in that role any less a man.

As for concern for others, I've chosen to research and study prostate cancer and its treatment in order to help other men and their caregivers wade their way through the complexities of our insidious men's disease. I've done so to ease their burden of anxiety that so often accompanies diagnosis. Loss of the capability for erection and loss of libido has had absolutely no effect in my ability in this regard.

I don't waste my life lamenting over losses that followed, unavoidably, in my fight to stay alive. I do not accept that my acceptance of medical necessity makes me any less a man.

The foregoing remarks are intended to help men recognize that despite losses of erectile function because of medical necessity, they are no less a man.

This does not mean I would want anyone to quit the good fight. As long as there is the possibility of return of libido and/or erectile function, men should strive for that opportunity.

But if and when circumstances dictate that restoration of libido and erections is unlikely, quit agonizing. Accept and move on. One is no less the man than he ever was; medically restricted, yes, less a man, no.

In closing, as in the opening: The capability to have an erection does not define what constitutes being a “man.”

My opinion.