



RESEARCH

THE SOCIAL REPRESENTATIONS OF MEN ABOUT PROSTATE CANCER

AS REPRESENTAÇÕES SOCIAIS DE HOMENS SOBRE O CÂNCER DE PRÓSTATA

LAS REPRESENTACIONES SOCIALES DE LOS HOMBRES SOBRE EL CÁNCER DE PRÓSTATA

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ABSTRACT

Objective: The study aimed to identify the social representations of men about prostate cancer and their masculinity against the disease, and analyze its implications for health. **Method:** This is an exploratory qualitative approach of case study which takes as input a conceptual Theory of Representations, performed with 10 subjects diagnosed with prostate cancer. **Results:** Through content analysis yielded the following thematic units: (Re) knowing the prostate; this problem called prostate and prostate cancer as a symbol of man's masculinity. **Conclusion:** The study provided evidence that prostate cancer is a disease that is directly related to how they perceive their consequences in the social context, which are responsible for providing moments of pain, sorrow, and to exchange experiences, especially health risks. **Descriptors:** Prostatic neoplasms, Oncologic nursing, Men's health.

RESUMO

Objetivo: O estudo objetivou identificar as representações sociais de homens sobre o câncer de próstata e suas masculinidades frente à doença, e analisar suas implicações para a saúde. **Método:** Trata-se de uma pesquisa exploratória com abordagem qualitativa do tipo estudo de caso o qual utiliza como aporte conceitual a Teoria das Representações Sociais, realizada com 10 sujeitos diagnosticados com câncer de próstata. **Resultados:** Através da análise de conteúdo emergiram as seguintes unidades temáticas: (Re) conhecendo a próstata; Esse problema chamado próstata e a próstata como símbolo da masculinidade do homem. **Conclusão:** O estudo permitiu evidenciar que o câncer de próstata é uma doença que esta diretamente relacionada com a forma como se percebe as suas consequências no contexto social, sendo estas responsáveis por proporcionar momentos de dor, tristeza, de trocas de experiências e, sobretudo de riscos à saúde. **Descritores:** Neoplasias da próstata, Enfermagem oncológica, Saúde do homem.

RESUMEN

Objetivo: El objetivo del estudio fue identificar las representaciones sociales de los hombres sobre el cáncer de próstata y de su masculinidad frente a la enfermedad, y analizar sus consecuencias para la salud. **Método:** Se trata de una aproximación exploratoria cualitativa de estudio de caso que toma como entrada una teoría conceptual de las representaciones, realizado con 10 sujetos con diagnóstico de cáncer de próstata. **Resultados:** A través de análisis de contenido producido las siguientes unidades temáticas: (re) conociendo la próstata; Este problema se llama cáncer de próstata y la próstata como un símbolo de la masculinidad del hombre. **Conclusión:** El estudio proporcionó evidencia de que el cáncer de próstata es una enfermedad que se relaciona directamente con la forma en que perciben sus consecuencias en el contexto social, que son responsables de proporcionar momentos de dolor, la tristeza y el intercambio de experiencias, sobre todo riesgos para la salud. **Descritores:** Neoplasias de la próstata, Enfermería oncológica, Salud del hombre.

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INTRODUCTION

Prostate cancer is a serious public health problem, with high rates of incidence and mortality, and the second most common type of cancer among men, exceeded only by the skin and is a major cause of disability and death, affecting mainly the male population aged above 40 years old.¹

This type of cancer is characterized mainly by the presence of tumors with a high degree of invasion, and in most cases already in metastases, which carries a worse prognosis, because in these cases about 80% of patients have 5-year survival and only 20% a perspective of nearly 10 years, after completion of aggressive surgery with radiotherapy and chemotherapy sessions.^{1,2,3}

Primarily, every man is born already "programmed" to have prostate cancer, because all carry in their genetic code are called oncogenes natural that give order for a cell to grow and multiply. The action of these oncogenes is controlled by a group of suppressor genes, of which the best known are the p53 and p21, these genes promote apoptosis (death) of the cell when there are irreversible changes in the genetic material of the same. Some risk behaviors may also be present, such high feeding of beef that favor the growth of prostatic tumors.³

Most prostate cancers are detected in men without symptoms, which are found in nodules, or hardened areas in the prostate, when done the digital rectal examination. Rarely patients present with signs of urinary retention, or neurologic symptoms due to metastases in the spine, with spinal cord compression. Vague symptoms of urinary obstruction are by benign prostatic hyperplasia that occurs in the same age group.

However, preventive screenings for prostate cancer present themselves as the most efficient and effective ways to treat it, because R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3884-93

providing early diagnosis of tumors, both malignant as benign, but are not as widespread in the media of mass and those that prevent the breast and uterus, making it difficult to understand its importance to the male population of the country. Another point is the great prejudice that exists on the implementation of digital rectal examination, which, besides its low cost, has a higher degree of accuracy the specific tests such as pelvic ultrasound.

The choice of treatment the patient will be submitted must be careful and individualized, taking into account the patient's age, disease staging, and the volume of the gland, prognosis and above all the longing of it.²

The risks of this disease worldwide, are left in the background because many layers of society have also an extremely "macho", which creates a reality that prohibits practices that threaten their masculinity. As an example, the method of digital rectal examination, which contributes to strong resistance of the male population in demand for health services for the exam, thus, causing an increase of the numbers of cases of death by disease.

Masculinity is a subjective construction, defense and painful, but it is also intensely desired by men by incorporating sociocultural values and stereotypes that suggest what is to be a man, and therefore reject the attitudes traditionally considered feminine, such as caring for their health.⁴

Social representations, it is a theory of social psychology that studies how people treat, distribute and represent their knowledge in a group on a given object or event, and thereby constitute actions on their everyday realities.⁵

Social representations are a particular kind of knowledge whose function is the production of behaviors between individuals. This theory works with the individual's cognitive and interaction in the social transformation acting in the same

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recognizes as a group re-presents and constructs a reality.⁶

Applying this idea to the study in question is believed that up to access the knowledge of the reality of the client group on prostate cancer from his own speech, we come into the social representations that these subjects design for the phenomenon, which can thus understand their everyday health practices against the cancer.^{5,6}

Objectives: To identify the social representations of men about prostate cancer and their masculinity to the disease, and analyze its implications for health.

METHODOLOGY

This is an exploratory qualitative approach, the case study which takes as input a conceptual social representations theory, which is developed on the premises of clinical urological Ophir Loyola Hospital (HOL) references in cancer treatment in the county of Belém do Pará state, with a sample of 20 subjects diagnosed over a year with prostate cancer who perform sporadically treatment in the institution and who have expressed interest and availability to participate spontaneously, after knowing the objectives and signing the of informed consent.

The choice of subjects was carried out through random sampling and non-probabilistic. The study excluded subjects who after knowing the goals and the term informed consent, not agreed to participate and those who received the diagnosis of the disease less than a year. To preserve the anonymity of the respondents, they were identified by the letter "P".

Data were collected through two techniques of data collection, the free association of words and semistructured interview guided by a script. In the implementation of the free association of words provided to the interviewees words that encouraged a free association with

prostate cancer and their masculinity against disease such as prostate cancer, treatment of prostate cancer, life with prostate cancer and be and man have prostate cancer. Such words favored the emergence of ideas spontaneously by being guided by semi-structured interviews. The interview consisted of employee questions about prostate cancer and their experiences with the disease.

To proceed with the analysis of the collected material we used the technique of content analysis, which can be understood as the expression most commonly used to represent the processing of qualitative research, which unfolds in the following steps: 1 - Preview Analysis: Is the first contact with the contents to be analyzed, favors the organization of the material and reading the interviews so that there is impregnation of the ideas that emerge. At this stage, follows on the initial objectives, reformulating them or operationalizing them against the collected material. 2 - Exploration of material: Consists mainly in the encoding operation. This is realized in the transformation of raw data in order to reach the core of understanding the text. Subsequently, choosing the counting rules that allow quantification of the material qualified. And lastly, ranks and aggregates data choosing empirical or theoretical categories that commanded the specification of subjects. Then we started to translate each story in a speech prepared which, in short, is believed to express the social representations of affected patients with prostate cancer about the disease and about their health.⁸

When working the material collected during interviews it was noticed the prominence of some information that provided subsidies for the creation of the following thematic units, so called: (re) knowing the prostate; this problem called prostate and prostate as a symbol of man's masculinity.

We emphasize the study followed the guidelines and standards of the National Health Council, Resolution no. 196, was approved by the Ethics Committee and research at the State University of Pará, under Protocol 0044.0.21.000-38.

RESULTS AND DISCUSSION

In its entirety the study subjects were males, aged between 50 and 71 years of age, and 12 had more than 60 years and eight (8) were between 50 to 60 years, 14 of the participants had schooling degree and six (6) had incomplete primary education level, all with incomes of up to two minimum wages, eight (8) residents in the city of Bethlehem and 12 from municipalities in the state of Pará All have a stable , 9 (nine) of devout Catholic, 7 (seven) evangelicals and four (4) no specific religion, prostatectomy and 12 are 8 (eight) receiving chemotherapy treatments for disease control.

(Re) knowing the prostate

For the social representations, there are two types of universes which the individual establishes relations with the world, and the reified consensual.⁶ The first is scientific knowledge which has a small plot field, understood as the knowledge of the holders of the sciences, and in the following common sense, everyday knowledge, which is a form of knowledge generated by a large portion of the social environment. The latter is, favored men interviewed to understand some facts about his illness to which to be socialized among their group membership allowed them to recognize what was the prostate, its target organ pathology. It was noticed in the speeches of 12 respondent's conversion of common sense knowledge in objective knowledge, especially regarding the anatomy of the organ.

I did not, but then I got this disease I started to iterate the subject, and

found that the prostate is a part that comes from the rectum, through which the urine, it sits below the bladder and the rectum close, then started to be very careful with this area not to disturb my treatment [...] (P1).

It is that part that sits between the bladder and urethra, and we all have it, so I know how to handle myself straight, I learned from my friends in the hospital, because this region is very fragile with the medicines I take [...] (P7).

It has the shape of an orange, I think! The nurses said to me once that is built well above that region of the perineum and serves for the production of liquid and give strength at the time of ejaculation in men, so take good care of it so that after the treatment I get back to normal (P16) .

The subjects demonstrated through their discourses, knowledge about the location, anatomy and function of the prostate. This knowledge emerged through the sharing of information among group members sickened provided a more detailed location of abnormalities and more precise dispersion of care to this region, thus avoiding possible complications of the disease during treatment dispersed the disease. Social representations in this context help group members become familiar with the diseased prostate organ in their daily lives, scattering from this knowledge more attention to their health status linked to this region.

Anatomically, the prostate is a gland located at the base of the bladder, is shaped like a chestnut and is traversed by the urethra very near the rectum, its main function is to store and secrete the seminal fluid that along with the sperm is the semen; it also contains some smooth muscles that help expel semen during ejaculação⁹. The cancer present in this region can cause pain, difficulty in urinating, erectile dysfunction and other symptoms. However, the vast majority of cases progress silently without causing symptoms until there is spread of the disease.³

Thus, it is extremely important that nurses understand the appropriation of this knowledge sickened consensual, because many of the symptoms of the disease are drifting subjective and dependent on the mutual collaboration between the subject and the caregiver to better identify them and thus enable the promotion of strategies effective coping that meet the recovery of ill.

For this it is necessary to emphasize that the consensual knowledge, advocated by social representation is not only the assimilation of scientific knowledge by the individual, but its conversion into a new kind of knowledge to encourage their membership of a particular group, and Due to this modification, the reified universe is not full, but the understanding of this by someone who prints your personal touch and share with their social group, ie, it is knowledge generated among individuals and taken by them as true, that enable them to guide their actions, in this case, their coping strategies of prostate cancer and their quest for promotion of their health which begins with the location of your problem.¹⁰

Social representations are created to understand the new, ie turn a new reality that creates anxiety in a common reality, familiar. In this study, subjects were confronted with a new acquaintance, referring to the prostate organ converging this knowledge into knowledge legitimately true that enabled them to identify latent characteristics in diseased organ. This new form of social knowledge was assimilated by the deponents, i.e. became knowledge of common sense in social representation, which began to direct their communications, attitudes and opinions about the disease.⁶

This problem called prostate

The reports obtained from the diseased men were identified by social representations attributed to prostate cancer, and this condition

many times recognized as a problem that prevents them from having a normal life development because their everyday clinical manifestations such as lack of some of their physiological functions, which at times leads them to isolate themselves from society. Such characteristics were elucidated in the statements of 16 of the respondents drifting through the symptoms of the condition exemplified below:

I already follow this with the clinical staff of more than a year, I know and talk to everybody, and they all tell me the same thing, what I've been feeling will pass after treatment, that guy ever had and it was good, only hurts when I go pee, do not feel well, I stopped everything he did because now I cannot even walk right over, imagine and work out how I did. This drug prostate makes me crazy, I think that neither the probe over the way, to the mild here on staff who also has the disease then they calm me and help me understand things better, because before I was desperate and even wanted to kill me thinking that it was not healing, I now have more hope. (P5)

Before I knew what I felt for sure, but now after all this remedy already know that the disease progresses and then passes the problem of urine, but in the meantime we get thin and painful urinating [...] is a point that we get almost peeing hot water on the fire, then proceeds to cut the urine every time we go urinate, urine slightly, then she cuts, here comes again, but my friends here at the hospital told me that this prostate problem is anyway, prevents us from being normal, so I'm ashamed to go places pros as I was, because every time I have to go to the bathroom. It took me to look for the doctor and when searched was already advanced, I was embarrassed to show the doctor. (P13)

Look, I was not too worried when I started feeling this problem, it does not harmed me in any way, I could work, I could do my business quiet. I just felt when I was going to pee because it hurts too much, there was what hurt me most, I was all wet and had no control of my body, isolated myself from everyone and really depressed me because it seemed that I was a dirty trash. I see a doctor a hard

time because I thought it was stupid and would soon pass and when I looked it was already quite late, because every time it hurt a lot and could no longer hide, just got better understand what I felt after the nurses explained to me the I had, so I think this business is a problem in the prostate [...]. (P19)

Urinary retention and dysuria were the most common clinical manifestations evidenced in the writings of the deponents, being this early on symptoms of neglected disease, and there was only valued when compression of the urethra, from this moment came the decision to seek medical care, if necessary elucidate the advanced stage at which the disease is, which compared with the literature, it becomes one of the main factors responsible for the increasing number of deaths in the male population that has prostate cancer.⁹

Studies have shown that most men find it difficult to seek medical assistance, neglecting many signs and symptoms that could assist in finding an early diagnosis of a disease, thus adopting behaviors that apart from the pursuit of promotion and prevention of health. It is known that the symptom relates only to the patient, and the invisible part of the disease, because only can be felt as expressed by the individual. Since the sign refers to the objective aspect, being the visible part of the disease, being grounded due to medical knowledge requires its observation through the history and physical examination for your diagnosis.¹¹

Thus, the description of the symptoms was first felt by respondents as knowledge generated by feelings of distress and was subsequently reified in their cognitive, as something normal, expected by the characteristics of the disease, because when they started their treatment had access to clinical information that were related to what they were feeling, what led to their assimilation, and allowed a better understanding of the contextual situation in which they found

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themselves, thus revealing the forces that exert on the social representations of the social individuals, guiding them in the pursuit of knowledge in overcoming blockages and transform the unfamiliar into familiar.^{5,6,10}

It was observed that after the reports through the information received by the group studied and socialized during their treatment phase; subjects start to recognize the prostate as the source of their problems. This kind of knowledge has become part of their communications, having an important role in building their knowledge about their health status, as allowed through exchanges and interactions, creating a universe consensus favoring social belonging to this respective group, key to socialization and movement of social representations which based their strategies for coping with everyday illness.^{5,6,10}

The communication implied elucidated reports from witnesses as a mediator of the talks between the diseased and the doctors, nurses and even among the remaining patients belonging to the field of study, favored the creation of a common knowledge to the research group, which contributes to a better acceptance of reality of having cancer, to represent the prostate as the basis of their disease, and therefore, need to treat it. It is understood that communication is key in men's lives by providing the establishment and consolidation of knowledge that contributes to the maintenance and acceptance of a certain reality, in this case, urinary dysfunction deriving disease that previously generated anxiety for his ignorance, and that after its inclusion in individuals' cognitive became known and associated with prostate cancer.¹⁰

The communication to the social representations is the source of circulation of knowledge, the anagram that connects individuals to the social world, as they enter the world in which ordinary, everyday living and how their

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produce, and take the experiences and learning of the group they belong. Thus the representations supported by the influences of social communication are the realities of the daily lives of men and serve as the primary means to establish associations with which the individuals bind to each other and health.⁶

for not being able to enjoy more [...].
(P18)

The prostate as a representation of man's masculinity

Social representations of male respondents favored to know the same disease with which they are dealing, as this popular knowledge become knowable social impact of a disease so striking as prostate cancer. It is noteworthy that a social representation always exists because we need information about the world around us, so we can thus adjust to it. In this quest for constant adjustment in the world, ie, in search of men by adjusting the disease in its entirety respondents evidenced by their common sense as the prostate responsible for sexual desire and pleasure, the reproduction and the male erection. As noted in the accounts of 14 witnesses exemplified below:

Regarding the relationship between the prostate and playback, this was correlated by witnesses as responsible for the release of a prostatic secretion, the responsibility of providing sexual pleasure and vitality of the male universe, conceiving man the symbolic power to be strong, virile, dominant sexual pleasure and socially capable. However, its removal causes the absence of prostatic secretion, resulting in lower sperm vitality, reducing them in the seminal fluid, which in the minds of respondents would cause a decrease in all penile erection and sexual development, strength and joy. The pleasure in this testimony, is defined as "a pleasant feeling of satisfaction, enjoyment," and this kind of feeling represented symbolically by the male orgasm.^{12,13}

The prostate is an organ of the body of the man responsible for reproduction, helps sperm in liquid [...], however after I was operated prostate that was removed, I had no more desire and do not even think about owning a woman, because I only have love, but the desire and force anything, it makes me less of a man and do not even know what I am now. (P4)

It is understood that pleasure can be found in various ways and is not restricted solely to that experienced during intercourse. But with regard to the physiological aspect of the genesis of the deponent pleasure of men, the prostate has an active participation in the generation of orgasm, but a man's sex life is independent of this gland.¹⁴

It is the organ responsible for sexual pleasure, the desire to make love, and the proof is that when we go to surgery the doctor explains that the man probably lose its power, and after surgery was exactly what happened to me, I cannot be a man, not more enjoyment and sometimes it can no longer be with the normal penis [...]. (P5)

So contrary to what is in the imagination of some groups, men who are undergoing prostate surgery, mostly, are not impotent, impotency can even occur after surgery, but the incidence is very low, being in around 4% of cases.⁹

[...] It is an organ in the body that only man has, and he is responsible for all erection and sexual pleasure of men, it is with the person who has orgasm, as I had a day today I feel diminished by therefore unable to have a wife, and above all to be a man to be accepted by my friends without criticizing me

Masculinities, male attitudes and acts on internalized representations of men studied, socialized and are recognized as common, and as indispensable to their construction of their identities as men, they were the speeches analyzed metaphorically represented as belonging to that subject during intercourse penetrates, which seizes the body of the other, which fulfills the law and social consensus that dominating a woman sexually and does not violate this premise, since "all men behave like that." Thus, the

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symbolism related to prostate for men and asked evidenced through social representations as indispensable to its characterization as a man facing the company and its dysfunction as this transgressive characteristics.

As to sexual desire in discourses present, this can be understood as the act of "feeling on the sex attraction." This reality was present at the search; when six (6) interviewees were frustrated due to the fact no longer feel the desire to have sex with their wives, as evidenced in the following excerpts:

[...] I had more desire and do not even think about owning a woman, because I only have love, but the desire, the will, nothing, I cannot satisfy her. (P6)
[...] Today I just try to talk to my wife, because I no longer wanted to make love to her, I cannot stay on point for her [...]. (P20)

This reality is due to the fact that ten (10) subjects were under treatment of hormone-therapy and 2 (two) were orchidectomized. The first kind of treatment is the administration of female hormones (diethylstilbestrol) thus causing a decrease in male hormone (testosterone), while the second favors the same result by removal of the testes. Both involved in prostate growth and prostatic tumors, resulting in disease control.

The reduced levels of testosterone in boys causes erectile dysfunction (impotence) and loss of sexual appetite, which contributes to a better acceptance of the first problem. However as evidenced in the above units records, loss of sexual desire does not contribute to a better acceptance of powerlessness, on the contrary, the loss functions as an agent of threatening male virility.

It acts as an agent of psychological distress shown when subjects refer to the act of no longer feel like having sex. These are the men feel less by this fact, because going against male virility that is cultivated by the social environment they

inhabit, which define man as a holder of both social control of your own body.

Social representations currently guide the way the subject name and define their masculinity together the different aspects of everyday reality, in order to interpret these aspects in your sex life, make decisions and eventually position itself against others¹⁶. Thus, the social representations of masculinities group regarding their prostate favored the understanding and adaptation to his new daily life, being ill with cancer.

The study also favored the emergence of consensual knowledge of the group as a way to understand and explain the type of treatment which was being submitted. This form of knowledge was present in the communications group as evidenced in reports of twelve (12) of the interviewees:

[...] I take these injections of 90 in 90 days, it is because men and women have a cell acting in their heads there, al remedy this fixes us, makes us man once in a while [...]. (P9)
[...] This injection guess is to keep that cell, cause it does not transfer the sperm to the prostate not be fed, then goes a decreasing power to kill until I was what I was [...]. (P14)

The cell cited by the subject is the symbolic form as they relate to the pituitary gland, which together with the testes and adrenal glands are responsible for producing testosterone in the body which when articulated can perform blocking the production of the hormone that working in these sectors.¹⁴

The loss of the ability of reproduction, desire and pleasure linked to the fact of the helplessness that contributes to the subjects no longer see themselves as bearers of culturally stereotypical male role. The loss of these adjectives favored, for the group studied, the most prestigious quality loss by men, their masculinity.

The various treatments currently used to cure or control the disease involve deponents to living with the side effects of this coming workup. Effects present in their dialogues as predisposing to the loss of his manhood, ie, the prostate is understood symbolically as the seat of man's virility, and its withdrawal a sequel of great gravity felt and interpreted by the group as the loss of model of man as the current concepts in the social environment.

Dealing with prostate cancer brings many thoughts about being a man "masculine", facing this disease, rectal examination for the detection of the disease and prostatectomy to remove the tumor, and other types of treatment. These are situations that reflect changes and require the individual to confront themselves with the "law of genre", determined by culture of a social group over which indicate which functions and behaviors must be exercised by the individual.

Right now, besides presenting themselves fragile and vulnerable man has been unable to exercise their social role, because permeates feelings of helplessness and inferiority, and thus can trigger emotional conflicts associated with beliefs and behavioral patterns characteristic of their culture, which ultimately inhibit their active participation in seeking treatment.¹⁷

The shared social representations and discourses present in the group belong the power to reinvent the behavior of individuals, providing understanding on what the meaning assigned to be the front man for prostate cancer. She throws on the subject a social order that allows to guide their actions, their knowledge and practices, making the unfamiliar familiar and in reorganizing the social dynamics of the individual so as to better understand the context in which it entered, confronting their knowledge, their beliefs and their fears with other members of the group so as to overcome their social difficulties coping with the disease.⁶

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CONCLUSION

The study provided evidence that prostate cancer is a disease that is directly related to how they perceive their consequences in the social context, which are responsible for providing moments of social inclusion, pain, sadness, exchange of experiences and particular health risk, when subjects are deprived of the completion of digital rectal examination on account of sociocultural behaviors intrinsic to the medium in which they exist, describing the man as strong and unbreakable.

Social representations made are justified in the group experiences, and socialized through language between them, a fact that allowed the emergence of concepts that guided the form their ideas and opinions about what is to be their disease and its modes of live with it in their daily lives.

Thus, it is believed that social representations unveiled by subjects outside the prostate cancer are of fundamental importance for nurses to have access to a vast field of research to understand the various relationships established between cancer and social life their involvement, such as those that build the individual and collective experiences of patients within and outside the hospital. In this context it is concluded that nurses need to promote strategies that facilitate the involvement of patients, family and community in preparation for preventing and coping with prostate cancer.

In this perspective, it is recommended to conduct further studies that address the development of preventive interventions as the disease among different populations, especially among men over 40 and their groups in order to serve as subsidies for the care team nursing actions to promote their welfare.

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Received on: 13/08/2012

Required for review: No

Approved on: 27/02/2013

Published on: 01/04/2013