

EXPERIENCES OF MEN WITH URINARY INCONTINENCE IN BRAZIL: A CLINICAL-QUALITATIVE STUDY

Hypothesis / aims of study

The aim of this study was to interpret the psychosocial meanings, the impact on quality of life and changes in sexual life of men with UI after prostatectomy, in treatment at a public institution.

Study design, materials and methods

We carried out a clinical and qualitative research, through the semi structured interview technical, with open questions. The clinical-qualitative method used covers two areas: the clinical-psychological knowledge of interpersonal relations and epistemological conceptions of qualitative research method developed from the humanities, that is, a comprehensive approach/interpretation. The use of clinical-qualitative method allows showing and understanding feelings and human needs, listen the speech of the subject with their wealth of emotional expressions and intonations and include observation of behaviour through its non-verbal language [1].

The interviews were subjected to the technique of thematic content analysis and elaboration of categories of analysis built on a psychodynamic frame. A convenience sample of ten men from south-eastern Brazil, which had a history of urinary incontinence after undergoing surgery for radical prostatectomy and who were undergoing treatment for urinary incontinence in a urology clinic during September 2007 to February 2009.

Results

The analysis of interviews revealed three themes that constitute the experiences of men with urinary incontinence: (1) "Impotence" (sub-categories: "Sexuality is questioned" and "A body without government"), (2) "As a punishment", and (3) "Only by a miracle".

Interpretation of results

It was observed that the men interviewed reported difficulties in dealing with impotence, physical and emotional. In the experience of the powerlessness of their body, they reported to feel shame for failing to provide pleasure and satisfaction to his wife, since they are unable to have intercourse. When we consider the psychodynamic aspects of human beings, we must consider that physical impotence, which is part of the body, is also a way of expressing the experiences of psychic impotence that arouses anxiety. It can be hypothesized that the anxieties related to real events broaden the emotional factors, expressing itself in the fear of losing control of situations and the body.

The powerlessness experienced by these men is also present in the body that "leaks", due to the impossibility of having bladder control. This experience refers to the experiences of having a body childish or even feminized by the use of diapers or pads.

For some, the consequences of treatment was perceived as a punishment due to past attitudes, which may have contributed to the rejection of their problem, and for to accredit the possibility of healing to the divine power as a way to give continence to their internal feelings mobilized from this health problem.

Although these men consider the problem as insoluble, religiosity seems to strengthen to overcome the problem, everything is placed in the hand of God. Associated faith, another way out seems to be to divide the problem with friends, in addition, do what gives them pleasure in life demonstrates to be a facilitator in addressing the problem.

While there is a growing medical advance in the diagnosis and treatment, this issue permeates much of the interview, directly or indirectly, because it is an organ that affects male sexual sensitivity and contains a strong symbolism of male. We observed that, urinary incontinence coupled with erectile dysfunction can anticipate the failure, to produce or intensify anxiety and depression in men, decreasing sexual feeling by changing the physiology of erection, leading to another failure.

Given these findings, the authors emphasize the importance of creating a space for listening to the anguish of these patients so they can better manage their health situation. It would be appropriate that in addition to physical treatment could be offered assistance with affective and emotional support.

Concluding message

Respondents revealed many aspects that pointed to a strong mobilization of emotional issues related to feelings of powerlessness, which incorporates a "narcissistic wound" in the lives of these men with urinary incontinence.

References

1. Turato ER. Tratado da Metodologia da Pesquisa Clínico-Qualitativa: construção teórico-epistemológica, discussão comparada e aplicação às áreas da saúde e humanas. Petrópolis: Vozes; 2003.

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| Was the Declaration of Helsinki followed? | Yes |

Was informed consent obtained from the patients?

Yes
