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The Invisible Pain in the Visible Language: A Biopsychosocial Analysis of Men's Cancer Narratives

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Abstract:
Cancer invades the human body and disrupts its internal and external functioning (dual-level), particularly the emotional, physical, and social levels. Cancer pain is expressed in language as one of its most common modes. To begin with, this paper aims to unravel invisible cancer pain as reported by five male cancer patients through their disease narratives. Thus, it provides a linguistic investigation of pain language as an entry point to the non-linguistic (biopsychosocial) analysis. To achieve this aim, the biopsychosocial model (BPSM; Novy and Aigner, 2014) is adopted and applied to the selected data. The data is collected from a Facebook support group tailored to cancer patients, namely 'I had cancer', where they share their experiences with cancer and its related pain in narrative form. Furthermore, a qualitative-quantitative research design is adopted to examine the data under analysis. The study concludes that language serves as a vital means of expressing the multidimensionality of pain. It also reveals the great impact —physical, emotional, and social— that invisible pain has on the person in pain during the cancer journey. Finally, based on the study findings, some recommendations and implications are presented.

***Keywords*—Pain, Chronic Disease, Gender, Illness Narrative.**

I Introduction

Every person, says Gould, is subject to going through pain, yet still they are unaware of its multifaceted nature, resulting, on the part of both sufferer and health care provider, in inadequacy in terms of treatment, pain relief, and frustration (2007, p. 1).

Given that the current study is a pain-based investigation, it is necessary to provide a brief overview of the disease (chronic disease- cancer) and its related pain. It is the most prevalent and widespread type of human suffering; pain frequently leads to sharp declines in life quality. The toll that pain takes on both human suffering and financial resources is staggering. It is the most frequent cause for seeking medical attention (Henry; 1999–2000) (Hadjistavropoulos & Craig, 2004, p. 1).

Language is one mode of pain communication. The linguistic mode is justified in terms of the privacy of pain, being private to the person-in-pain. Whenever pain remains private, is not put into language-words, it would not be part of social reality. It is through language that pain is rendered to the public (Lascaratou, 2007, p. 19).

The present paper aims to unravel the invisible pain behind the language of male cancer patients. Thus, the paper investigates the conceptualization of the experience of pain in the assigned data (i.e., male cancer narratives) to get a clear understanding of their suffering.

To achieve this aim, Novy and Aigner's (2014) *Biopsychosocial* model (BPS) is adopted. It provides a helpful way to understand the multidimensionality of pain. This model focuses

on the complex interplay among the physical aspects of disease, the emotional problems related to pain, and the social dimension of pain.

To provide valid findings, the study adopts a mixed-methods research design (quantitative and qualitative). First, the data is quantitatively analyzed. Then, the results are qualitatively discussed and interpreted with representative examples. Moreover, the psychological and social aspects of pain are subject to qualitative analysis.

II Literature Review

Disease is defined as the pathological process or departure from a biological norm (Haker, 2108, p. 64). Disease means pain, both physical and psychological pain. Chronic disease results in chronic pain. Chronic pain has no biological function and is not protective. A lot of medical professionals describe chronic pain as occurring three to six months following the initial injury. As a result, chronic pain is no longer regarded as a symptom but rather as the illness itself (Sluka, 2016, p.18).

Cancer, its biological basis, is the result of aberrant cells in the body, growing and spreading out of control. Malignant neoplasms, or cancers, are characterized by their anatomical location of origin and can originate from almost any tissue. Examples include lung, colon, prostate, and breast cancers, which account for the majority of cancer-related deaths in affluent countries like the US (Harris, 2020, p. 159).

One of the most dreadful and upsetting signs of cancer is pain. A cancer patient's life is disturbed by pain, which is always a subjective experience that affects their physical, psychological, social, and spiritual well-being. (Braš & Đorđević, 2013, p. 211). Cancer pain is a complicated phenomenon that is always unique to the sufferer and has ties to their biological, social, cultural, and spiritual histories (p. 218).

Gender

The early 1970s witnessed the widespread adoption of the term gender as we know it today. It served as an analytical category to distinguish between biological sex differences and the ways in which these differences influence behaviors and skills categorized as 'feminine' or 'masculine' (Pilcher & Whelehan, 2004, p. 56). The relationship between gender and pain is not simple. LeResche (1999) observed that patterns differ from condition to condition, and gender-specific prevalence for most conditions varies across the life span. The data with respect to back pain are inconsistent with the usual gender-related prevalence (i.e., in this special case, men often show a greater prevalence than women), and studies looking at sex differences in chest pain are lacking (Hadjistavropoulos & Craig, 2004, p. 5).

Illness Narrative

Illness calls for stories. The patient who grapples with a serious disease needs to narrate self-illness, both literally and existentially. Stories of illness experienced by patients, their relatives, or healthcare providers such as doctors, nurses, and occupational therapists are known as illness narratives (Hydén, 1997; Hydén & Bülow, 2006) (Bülow, 2008, pp. 131-2). It is defined as the storytelling and accounting techniques that take place in the face of disease (Bury & Monaghan, 2013, p. 81).

III Methodology

A. *Research Questions*

The present study investigates how male patients reveal their cancer pain through language and addresses the following research questions:

1. How do male cancer patients verbalize their cancer pain?
2. What are the underpinning psycho-social dimensions of their narrated pain?

B. Data Collection and Selection

Illness narratives, as a subgenre of medical discourse, are the assigned data for this study. Specifically, five publicly shared illness narratives from the Facebook platform within a cancer support community (I had cancer*)* are selected and collected. The selection is centered on the variables of pain and gender; emotionally charged narratives and gender-based selection.

C. *The Conceptual Framework*

The adopted framework for this study is Novy and Aigner's (2014) *Biopsychosocial* model (BPS). This model offers a helpful way for conceptualizing pain in cancer patients across all stages of the disease (Novy and Aigner, 2014). The three integral factors, biological, psychological, and social, are examined under the heading *biopsychosocial*. The linguistic analysis reveals the three dimensions. That is, it serves as the starting point, providing a foundational basis for non-linguistic (i.e., biopsychosocial) analysis. Four lexical fields - *pain-based lexis*, *medical-based lexis*, *support-based lexis*, and *gender-based lexis*- are analyzed at the linguistic level.

IV Results and Discussion

1. The Linguistic Analysis

The first part of the analysis, as noted, is conducted at the lexical level. The addressed question at this stage is: what linguistic resources (i.e., lexical choices) do male patients use in reporting their cancer-related pain?

A. Male-Based Lexis

Table 1: *The Statistical Distribution of Male-Based Lexis in the Cancer Narratives.*

Lexical Item	Examples	No.	%
Male-Based Lexis	Prostate cancer +2, men, ironman+1, reluctant brotherhood, men, manly façade, doctors, brother, he+6, him, his, man, middle-aged adult (40-year-old)	**37**	**37%**

The 37 items in Table 1 provide a background on the male language in terms of lexical choices. To go through the table, such lexis marks masculinity in linguistics; that is, how word choice signifies gender identity. One particular bit of gendered language is the personal pronouns *he*, *him*, and *his*, which all appear in the table. As a linguistic marker of masculinity is the word *man* regarded as a prime example of male gender identity.

1. *"I want other **men** to know that it's scary, and it's ok to be scared every now and then. Drop your **manly facade**. **The doctors** and nurses won't judge you and they need to know how you're really feeling to treat you."* **(EM4F)**

Here, the male patient addresses other men as belonging to them as one group. Example 1 is analyzed as a male-based use of lexis marked by the lexical items in bold. The plural noun *men* signals a biological sex. The choice of the noun *doctors*, but not the woman doctor, is used as a traditional masculine role assigned to males rather than females. Further, he uses the adjective *manly* in the phrase *manly façade* as a gender marker of masculinity, referring to one gender role and traits.

2. *"Imagine hearing your doctor say that you have **prostate cancer**, on your birthday no less!"* **(EM1T)**

Here, one male patient talks about his cancer type that is exclusive to men, marked by the lexical item *prostate cancer*. As related to male biology, prostate cancer, according to the *Dictionary of Medical Terms*, is defined as "a malignant tumor of the prostate gland, found especially in men" (2005, p.327).

A secondary and complementary part of lexis examined under the heading male-based lexis is evaluative (positive and negative) adjectives. This short sub-section is dedicated to examining the evaluation of the cancer experience as a whole. That is, how do men patients evaluate their experience with cancer?

Table 2: *The Statistical Distribution of Evaluative Adjectives in the Cancer Narratives.*

Evaluative Adjectives	No.	%
Positive Evaluative Adjectives (Strong, optimistic, great, good+1, peace, real, positive, rich, full, cancer free, great, big, blessing, warm, fortunate, life-changing,	**41**	**43.2%**
Negative Evaluative Adjectives Terrible+1, afraid, disheartened, traumatic, cursed, harsh, cold, strange, embarrassed, negative, worst, alone, gut-wrenching, terribly,	**54**	**56.8%**
Total	**95**	**100%**

Table 2 presents the statistical distribution of positive and negative evaluative adjectives employed by the men patients, with a total distribution amounting to (95/100). As apparent in Table 2, negative evaluative adjectives score higher rank than positive ones, amounting to (41/43.2) and (54/56.8%), respectively. Such a proportion, however, does not necessarily give a hint that men are pessimistic. This trait is further clarified and affirmed in the psychological analytical part, particularly the analysis of the psychological nature of men. Looking back at the table, different adjectives are employed by the patients to give a sense of negativity and positivity in relation to the disease and its entire nature. However, the meaning of the evaluative words depends on the context to a certain extent; for example,

the adjective *hard* in *hard times* and *hardworking* has a negative and positive meaning in the same order.

3. *"I always have a* ***wealth of positive*** *memories to draw comfort from. I live the* ***rich, full, and complete*** *life that I do because of the burden of cancer that drives me."* **(EM3S)**

This short example contains obvious positive evaluative words used to evaluate the patient's life during his cancer experience. The adjective *positive* in the phrase *a wealth of positive memories* describes his memories as a good source through this experience. Further, he employs the positive adjectives *rich, full,* and *complete* to describe his life as being satisfactory and complete. Cancer, *the burden of cancer* in his words, is evaluated positively as a motivating force that drives him.

However, the use of negative adjectives paints a different picture of cancer through the lens of the male patients, for example;

4. *"The actual process of going through a chemo infusion is actually* ***quite boring****. One of my* ***biggest*** *worries was* ***extreme*** *nausea, but I ended up not being too affected by that. My* ***biggest*** *problem was the chest pain caused by my cancer.* **(EM5G)**

In Example 4, the patient describes the medical process as being *boring* and negatively evaluated. Depending on its contextual use, the superlative form of the adjective big, *biggest* in *biggest worries* and *biggest problem*, denotes a negative sense. He tries to conceptualize the negativity of the medical issues related to cancer.

In other cases, some male patients incorporate both positive and negative evaluative adjectives in one example to lexicalize the experience of cancer, a characterized example;

5. *"It's* ***easy*** *to look at someone who appears* ***fine*** *and assume that nothing is* ***wrong,*** *but it's* ***harder*** *to imagine the battle going on beneath the surface."* **(EM2R)**

Here, the male patient contrasts his real internal state with the apparent state as lexically marked by the negative and positive evaluation adjectives. In the first clause, he uses the positive adjectives *fine*, *easy*, and the negative adjective *wrong*, but in a negative sense. Conversely, he uses the comparative form of the negative evaluation adjective, *harder* to get across his judgment about the difficulty of cancer as a battle he goes through. What the patient tries to convey through such lexical choices is that appearances can be deceptive. Further, he conceptualizes the gap between the internal and external world in which he lives.

B. **Pain-Based Lexis**

Table 3: *The Statistical Distribution of Pain-Based Lexis in the Cancer Narratives.*

Table 3 presents 100 pain-based lexis (single words and multi-word expressions), conveying physical, emotional, and social pain through the men patients' data. As Table 3 shows, physical pain-related lexis ranks highest with a score of (50/ 50%). Conversely, the second rank is attributed to emotional pain-related lexis with an amount of (39/39%). Less frequent is social pain-related lexis amounting to (11/11%). Such counts and percentages provide clues to the psychological nature of men, for example, being more rational rather than emotional. Furthermore, it offers a preliminary indication of their social embarrassment in reporting pain or seeking help. However, are these claims affirmed in the psycho-social analysis or not? The word *pain* itself is recurrent in their narratives (15 times). However, its use is polysemous and depends on its contextual use. To examine its physical meaning, for example;

Pain-Based Lexis	Examples	No.	%
Physical Pain-related Lexis	strange pain, harsh treatment, invasive surgeries+1, localized, spread out, occasional pain, endure, burden of cancer+3, huge weight lifted off my shoulders	**50**	**50%**
Emotional Pain-related Lexis	Despair, depression, negative emotion, mindset shift, anxiety issues, suffered from depressed, suffered from post traumatic stress, the fear(s)+4, worries, anxiety+1,	**39**	**39%**
Social Pain-related Lexis	Embarrassed, isolate, aloneness, struggle in life, overtake, feel isolated, lose,	**11**	**11%**
Total	**100/100%**		

6. *"**The pain** that sent me to the doctor in the first place was starting to **travel from my face into my chest, right at the sternum**. **This sharp pain** felt like **an electric shock**. Each time it happened, I thought I was having a heart attack. The logical part of my mind knew it wasn't, but my **heightened anxiety** caused me to freeze up **in fear**."* **(EM5G)**

In the example above, a man with cancer directly reports his physical pain. He employs the noun *pain* in his introductory description of the physical pain that promoted a medical visit. First, he identifies the presence of pain in three distinct anatomical locations: *my face, my chest, and the sternum (i.e.,* breastbone*).* Then, he explains its intensity using the adjective *sharp* in *sharp pain*. Metaphorically, the expression *electric shock* also conveys the intensity of pain. Physically, this sharp pain results in another problem, namely, *heart attack*. Psychologically, pain often co-occurs with both anxiety and fear as related psychological problems. Lexically, the patient uses the multi-word expression *heightened*

anxiety and the single word *fear*. This example illustrates the relationship between physical and emotional pain, with the latter caused by the former.

The focus on physical problems related to pain is also indicated in the following example;

> *"Chemo also **caused my hair to fall out** and **caused me to lose about 30 pounds** overall. These aren't **all the side effects** I experienced, but just know that **the side effects of cancer treatment wear down a person emotionally and physically** no matter what combination of affects you experience."* **(EM5G)**

Here, the man lexically translates his physical pain and its co-occurring physical problems. The noun *chemo* (i.e., chemotherapy), along with other physical problems appear in bold. For him, these side effects come as a body response to the treatment and drugs received during the journey of chemo. However, such effects due to cancer treatment extend to affect his emotional well-being along with the physical state of the person, exhausting and weakening him.

The last case is, as noted, based on the lexicalization of social pain that extends beyond the physical pain. Through the lens of men patients, social pain is reported in different words related to the social consequences cancer pain may cause, for example;

7. *"They are **embarrassed and isolate** themselves after diagnosis."* **(EM1T)**
8. *"**The pain** of living with an invisible illness is beyond the scope of those who have never experienced it. There will also be days where you try to **hide your pain** to the point where it's clearly visible."* **(EM2R)**

C. **Medical-Based Lexis**

Table 4: *The Statistical Distribution of Medical-Based Lexis in the Cancer Narratives.*

Lexical Field	Example	No.	%
Medical-Based Lexis	Pain, panic, remission+2, Non-Hodgkins Lymphoma, tooth infection, dentist, cancer+2, cancer free+2, my doctor+2, medication(s)+3,	**182**	**182%**

Table 4 shows the statistical distribution of medical-based lexis used in the men's cancer narratives, amounting to (182/182%). Different medical terms are used in the narratives, ranging from contextually (everyday) simpler terms (e.g., *pain, side effect, treatment, cancer free, lost my hair*) to more specified medical terms (e.g., *Non-Hodgkins Lymphoma, salivary gland infection, Ear, Nose, and Throat specialist, needle biopsy*). Further, terms of disease and disorder (e.g., *cancer, illness, COVID+19, heart attack, depression*), anatomical (e.g., *chest, face, tooth*), procedural and diagnostic (e.g., *surgery, test, diagnosis, ultrasound*), and teams of staff (e.g., *doctor, nurse, oncologist*) all appear in the table above.

9. *"When I was **diagnosed with papillary thyroid cancer** in 2015, my entire world was shattered. Up until **my diagnosis**, I had led a strong, **healthy life;** the worst **injuries** I had experienced were a few **broken thumb and wrist bones** from a horseback riding fall when I was 18."* **(EM2R)**

Here, one male patient tries to conceptualize his experience with cancer in medical terms. So he relies on medical language to lexicalize his personal medical experience. Example 9 contains information about the disease, its diagnosis, body part, and other information. To go through, the word *diagnosis* in its two forms, as a verb *diagnosed* and noun *my diagnosis* is used in a medical sense as a dictionary-defined medical term highly used in clinical and health settings. According to the *NCI Dictionary of Cancer Terms,* 'diagnosis' is defined as "the process of identifying a disease, condition, or injury from its signs and symptoms." Another specified medical term is the lexical item ***papillary thyroid cancer,*** related to a specific common type of cancer. Further, the patient uses the medical language to describe his state as being physically well-being by his word choice *health life*. However, such a term and the other lexical choices: **injuries**, ***broken thumb, and wrist bones*** are medical terms in light of their contextual use. That is, due to the medical context of the narrative, and, particularly in the current example, such terms are categorized as co-text defined medical terms.

10. *"I had **a catheter** put in for **chemo treatment** and **my heart** was examined through **ultrasounds** to make sure it could handle **the chemo chemicals. The pain** that sent me to **the doctor** in the first place was starting to travel from **my face** into **my chest**, right **at the sternum**."* **(EM5G)**

Here, the patient exhibits his disease in terms of both medical language and plain language. To clarify, he blends medical terminology and co-text defined medical terms to provide a coherent and precise description of his experience. To break them down, the lexical items *catheter, chemo treatment, ultrasounds, chemo chemicals,* and *sternum* are analyzed as dictionary-defined medical terms or technical terms. Conversely, *the pain, my face, and my chest* are contextual-based term; classified as co-text or semi-technical medical terms depending on the context of the sentence. The medical term *catheter*, for example, is defined, according to the Dictionary of Medical Terms, as "a tube passed into the body along one of the passages in the body" (2005, p.64). The term *ultrasound* is defined as "the process of taking a small piece of living tissue for examination and diagnosis" (p.44). Apart from their surface meaning, such terms are fixed medical terms.

11. *"I booked in with **a doctor**. Getting the **ultrasound** and **bloods** was fine because they are just the normal things **doctors** do when you present a **lump**. But as soon as he sent me to get a "**fine needle biopsy**", I thought this could really be serious, and the **lump** hadn't stopped growing."* **(EM4F)**

To sum up, male patients employ different medical lexical items through their narratives. Such analysis, then, is of particular note. It advances evidence to explore their style of writing in relation to health literacy. That is, how male patients express their personal health literacy through their narratives.

D. **Support and Healthcare-Based Lexis**

Table 6: *The Statistical Distribution of Support-Based Lexis in the Cancer Narratives.*

Social Support-Based Lexis		Healthcare-Based Lexis
The encouragement of a friend, saved my life (his friend), seek help, support group, my backbone (my wife), her love and support, friends and colleagues, family+4, close friend, sharing the journey, isolation and aloneness,		Long-term cancer recovery, short and intermediate cancer recovery goals, isolate themselves after diagnosis, take care, my primary care at annual physicals, oncology, pain, survivor care, cancer free, anxiety issues, physicals,
Total	**33/ 41.2%**	**47/58.8%**
	80/100%	

Table 6 presents different types of lexis under the heading *support-based lexis.* It includes health staff, care providers, and family members, among others. To present some examples;

12. *"When* ***offered help*** *in this critical time in your life,* ***accept it.*** *Stifle your pride, swallow your fear, and take* ***the offered aid****.* ***Accepting help*** *in such a time can not only save you precious energy but can also increase the bond between family and friends****."***

(EM2R)

13. *"The doctors and nurses won't judge you and they need to know how your really feeling to treat you. Go to the doctor about anything worrying you. You may lose your hair but that's fine, you get to rock the bald look for a while."* **(EM4F)**

2. The Psycho-Social Analysis

This part of the analysis is concerned with the nonlinguistic issues related to the disease and its related pain in the male cancer narratives. More specifically, it examines the social and psychological dimensions of pain through their narratives. First, the psychological analysis is conducted in a dedicated section. Then, the social analysis is presented separately as the final step. These two sections, together with the preceding linguistic analysis, provide a clear and complementary analysis of the assigned data; thus, the entire picture is manifested here with reference to linguistic evidence.

A. The Psychological Analysis

This section investigates the psychological dimension through the male data. It includes two areas of investigation under the heading *the psychological analysis*. First, pain-related psychological factors (i.e., *pain-related anxiety, depression, and catastrophizing*) are investigated within the data from a linguistic lens. That is, linguistic resources (e.g., lexical choices) are considered as clues to these factors. The examination of the role of psychology is not restricted to pain but extends to explore the psychology of men (i.e., aspects of men's psychology) as revealed through their language use. Starting with pain-specific psychological factors, their frequent occurrence is set below in Table 7.

Table 7: *The Statistical Distribution of Pain-Specific Psychological Factors in the Cancer Narratives.*

Pain-Specific Psychological Factors	No.	%
Depression-Pain Dyad	12	28.6%
Pain-Anxiety and Fear of Pain	22	52.4%
Pain Catastrophizing	8	19%
Total	**(42)100%**	

Table 7 presents a quantitative breakdown of the three identified psychological factors through the male's narratives, amounting to (42)100%. As the order appears in the table above, depression is mentioned 12 times (28.6%) through the narratives. Conversely, the highest rank goes to pain-anxiety and fear, amounting to 22(52.4%). The last and the least is catastrophizing. This low-frequency of their occurrence (i.e., pain-specific psychological factors) provides a general tendency of men to hide their psychological state. Further, masculinity is proven here. This gives a glance that men don't talk about pain. In turn, this is a clue to their nature as being pessimistic rather than optimistic.

To begin with, depression-pain dyad analysis reflects the close relation between pain and depression, with the latter caused by the former. Again, the major depressive symptoms (i.e., *mood disorder, sleep problems, feeling sad, feeling depressed,* and *crying bouts*) are investigated to measure their role in the cycle of pain.

Generally, depression itself is both named and expressed through the male's narratives. More specifically, it is linguistically realized at the lexical level in terms of word choice (e.g., *depression, deep depression, depressed paralyzed*). For example, one male patient communicates his depression in *"I still suffered from* ***periods of depression*** *due to cancer"* **(EM3S).** By the use of the pronoun *I* and the verb *suffer*, he expresses his personal depression due to cancer. This, in turn, manifests the close interplay between cancer as a physical disease and depression as a psychological state of the patient. Depression is manifested both physically and psychologically in terms of certain identified symptoms. Sleep disorder (**insomnia),** as one common symptom associated with depression, is mentioned twice only. For example, one patient describes his sleep disorder due to the stress and fear he goes through in this journey: "*I couldn't sleep a wink the night before the telehealth call, dreading what the results would be"* **(EM5G).** Mood disturbance shaped by cancer is not directly named through their narrative; however, there is an implied shift in mood across the whole journey.

To proceed with analysis, **crying** as a physical depression-based symptom is not expressed through the narratives at all. This, then, psychologically justified a trait assigned to men but not women. Men are expected to be strong (Helgeson, 2017, p.31). Further, this is socially linked to social barriers and the gendered role of masculinity.

As part of depressive symptoms is **low quality of life** (in medical term **anhedonia**). It is inferred from related negative thoughts, physical problems, poor interaction, and others. A characterized example in this respect: *"They do not engage because of the personal nature of the problem. They are embarrassed and isolate themselves after diagnosis"* **(EM1T).** Here, cancer impairs their life in terms of poor interaction and social relations. Further, low

quality of life in such a health-related context is physically inferred from certain problems. Here, depression leads to certain issues, namely loss of appetite, negative body image, sleep problems, and poor relationships. These depressive symptoms, in turn, contribute to a low quality of life

To summarize, then, the depressive-pain dyad, including its symptoms, though not all, is expressed and named in the male's pain reports. Further, it manifests the reciprocal relation between pain intensity and depressive severity, with the latter increasing the former. Adding to that, depressive analysis is one marker of approval of the introductory statement that *"men don't talk about pain."* Further, depressive analysis clarifies the psychological trait and the inherent nature of men experiencing disease.

The second pain-related psychological aspect under investigation is catastrophizing. Is it named or expressed, or both, in the male cancer narratives? Generally, it exists in their narratives; yet, it is not directly named. That is, the male patients neither name the word itself, nor its related parts of speech, as *catastrophizing* (as a gerund), *catastrophize* (as a verb), and *catastrophic* (as an adjective). So they resort to expressing this negative cognitive response, including its accompanying emotional response, rather than naming it. A characterized example is "*strange pains throughout my body, some localized and some spread out, and along with that the fears of my cancer having returned and facing the same fate as my friend, or a second cancer having developed*" (EM3S). To clarify, it is identified as an example of pain catastrophizing since it contains both facial paralysis and negative future thinking. Here, the patient expresses the feeling of helplessness due to physical pain that invades his body. Then, he anticipates a negative state that he will have a similar fate to his friend who died because of cancer. Another worst-case scenario expressed by this man is to have another type of cancer along with his prostate cancer. These are emotional responses to physical pain. A sense of exaggeration is further expressed in the example. This man exposes catastrophic thinking as translated into words.

The last psychological aspect to analyze is *anxiety and fear of pain*. How do men express these types of feelings? This cognitive process is both named and expressed through their narratives. Further, such mental issues are physically manifested in terms of somatic manifestations. Anxiety about pain and fear of pain as one psychological factor is linguistically named at the lexical level, using words of negative emotions and other words that indicate negative emotional distress (i.e., *fear*, *anxiety*, *worry*, *scary*, and others). Rather than single words, this factor is expressed in full sentences. For example, *"I thought I was having a heart attack. The logical part of my mind knew it wasn't, but my* ***heightened anxiety*** *caused me to freeze up* ***in fear****"* (EM5G). Linguistically, the emotion words **anxiety** and **fear** explicitly name his psychological state. These are the outcomes of physical pain (i.e., heart attack). He illustrates a tension between reason and emotion, with the latter prevailing.

B. **The Social Dimension of Pain: Support**

This sub-section considers the concept of **support** (i.e., lack of support, or seeking support) through the male's cancer narratives. Its analysis is based on linguistic evidence.

Do men ask for support during their cancer journey? If so, how frequently do they seek it? Then, what sources of support do they primarily rely on? These questions are partially answered in the quantitative analysis presented in **Table 8.**

Table 8*: The Statistical Distribution of the Concept of Support in the Cancer Narratives*

The Concept of Support			
Support Seeking		***Source of Support***	
Lack of Support	Full Support	Familial	Non-familial
No. (%)	**No. (%)**	**No. (%)**	**No. (%)**
2 (6.1%)	14 (42.4%)	5(15.1%)	12(36.4%)
Total	**33(100%)**		

Table 8 provides a quantitative account of the concept of support in the male data, with a total distribution of 33(100%). Generally, the word *support* is mentioned 7 times throughout their narratives. Furthermore, the source of support is non-familial rather than familial, amounting to 12(36.4%) and 5(15.1%), respectively.

As one source of support, *my wife*, in the following example, conceptualizes the great role of familial support as having a profound impact on his recovery and overcoming the cancer ordeal. Metaphorically, he presents his wife as the backbone that supports him through the cancer journey.

14. *"After completing my recovery goals, including the IRONMAN World Championship in Hawaii (**my wife**, has been my backbone every step of the way in this life-changing detour. I could not have achieved my cancer recovery goals without her love and support."*

(EM1T)

In another case, one male patient expresses his gratitude to all of those who aid and support him during this ordeal. Familial (family) and non-familial (friends and colleagues) sources of support are mentioned in Example 15.

15. *"It was a great moment when my oncologist declared me still cancer free, and I sent out a big note of thanks to friends, family, and colleagues that had been there to support me."*

(EM3S)

Although the patient indirectly asks for support in the Example below, he is embarrassed to say it frankly. So he says there is no shame in the phrase "*no shame in leaning on your support system,"* revealing the masculine identity as being ashamed to ask for help.

16. *"There is no shame in leaning on your support system, especially during a time of personal crisis. Let's not forget that a support system doesn't have to be family or friends. It can be a pet or even a passion.* **(EM2R)**

The aforementioned examples characterize the positive side of support. However, patients may lack support; do not receive any source of support. This, in turn, triggers self-care

support. That is, the patients depend on themselves in managing their pain and life. Below is a representative example of this lack of support.

17. *"I didn't even technically need to be followed by an oncologist anymore, and opted to be "fired' and have what minimal annual checks* ***I ought to have done taken care of by my primary care at annual physicals."*** **(EM3S)**

To sum, the different sources of support are addressed in the men's cancer narratives: familial, non-familial, personal, spiritual, and group support. Family, as second-order patients, have a part in caring and supporting. Beyond their words, expressions, and sentences, seeking help is implied. Support takes different modes: emotional, physical, and spiritual, which aid the patients during their cancer journey.

V Conclusion

The present study arrives at conclusions that mainly match the main themes of gender and pain in the cancer narratives. The study examines how male cancer patients reveal their invisible pain through language. First, the linguistic analysis unravels gendered pain in the male patient's expressions. Men tend to be less expressive when narrating their experience, demonstrating power. Further, the linguistic analysis in terms of the lexical choice employed by the five male patients captures the patients' biological, psychological, and social nature. In other words, it exposes the biopsychosocial complexities of the patients.

Furthermore, the findings reveal the psychological nature of men, providing a general tendency for men to hide their psychological state. That is, masculinity is proven here. This gives a glance that men don't talk about pain. In turn, this is a clue to their nature as being pessimistic rather than optimistic. Socially, they show an indirect need for support regardless of its source.

In line with the conclusions arrived at, some recommendations for future research are proposed:

1. Future studies could include additional social variables such as ethnicity, religious identity, and cultural background.
2. Longitudinal investigations of the patient's case are encouraged to get general and nuanced results.
3. In-depth interviews and follow-up meetings with persons-in-pain are encouraged to engage more closely with their cases.

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