

Is It Time to Let Masculinity Go? Reflection on the Case of an 87-Year-Old Man

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Dear Editor,

NC is an Italian 87-year-old man. When he was young, NC worked as a soldier in the army, which gave him the opportunity to move to different countries. Back to Italy, he worked for a long time in our department as a janitor. In his free time, he was an amateur cyclist, tennis player, and hunter. He has lived in the countryside of Rome, Italy, since he was young, and alone from the death of his wife. After retirement, he has dedicated himself to rural and domestic work, including the care of some domestic animals (e.g., rabbit, chicken) and the nurture of fruits and vegetables. He frequently visits his son, who developed severe cognitive deficit in young age and has been living in a long-term care institution for the last 10 years, not far from NC’s house. NC has prostatic cancer with bone metastasis, stage 3-4 right knee osteoarthritis, and moderate-to-severe hip and low-back pain. The severity of his pain has worsened in the last years, which has impacted his capacity to perform the activities of daily living, contributing to the appearance of some symptoms of anxiety and depression. He frequently complains about loneliness and problems associated with “aging” (e.g., loss of mobility, sleep disorders).

NC visits our department at least once a week. For 3-4 hours, he moves from office to office to ask about news and offers a cup of coffee to anyone who is willing to accept it. One morning, while we were having a coffee with him at the university cafeteria, he started looking to a group of young fellows who were wearing shorts. When we walked back to the office, he started crying and mentioned that he had a body like theirs when he was younger, whereas the current state of his lower limbs was depressing. After relaxing and calming down, he took a nap and started looking at the news on his mobile phone. A group of young female medical doctors was talking in the corridor, which called his attention. He got up, went to the corridor, and invited them in a very charming, elegant, and gentlemanly way (like an old classic Italian) to have coffee and celebrate the Happy Name’s Day of one of the members of our group. He looked at two male members of the group and exclaimed: “This is how things are done!”.

Although the doctors declined his invitation, he came back to the office with a different mood. He looked apparently happy and lively. With joy and excitement, he started telling us stories

of his young times: the dancehalls where he met girls, his moments with ex-girlfriends in Italy and around the world, and his romantic times with his wife. He argued with authority with two male members of our group that they would have much to learn with him about flirting. After two hours, he went out of our office with a smile on his face.

Numerous parameters have potential to influence the abovementioned scenario, such as body image, loneliness, and feeling of group participation, to quote a few. The discussion of any of these variables could provide an interesting debate for health professionals caring for older adults. However, here we would like to emphasize the apparent importance of masculinity in the well-being of very old men.

Masculinity refers to an individual’s degree of endorsement and embodiment of social behaviors, norms, attitudes, and characteristics regarding men’s role in society (1). It involves many traits that might be possibly found, to some extent, in our narrative, including patriarchy, fathering, chauvinism, and hypersexuality (1). Indeed, certain masculinity-associated behaviors are linked to negative health consequences (1).

Addressing masculinity traits during patients’ treatment and intergenerational contact might be important to create strong bridges, mainly with very old men, who grew up in a sociocultural context in which men were expected to have specific behaviors and attitudes (2). These attitudes might be seen in the cinema of Pasolini (3). In fact, masculinity ideology affects older men’s satisfaction with social participation (4). If on the one hand punishing masculinity might promote ruptures in professional and social relationships (2), on the other hand cultural knowledge might be the door by which therapists and relatives access the worldview of old men to promote their well-being.

A major obstacle that remains is how to change this sexual focus, where pleasure is highly associated with flirting and patriarchy (teaching of sexual approach to new generations), to more productive activities. Furthermore, a deeper reflection lies in the fact that pleasure associated with flirting is necessarily associated with sexual behavior or could it be a result of maleness, or even, the need for socialization?

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