

# No Longer a Man: Using Ethnographic Fiction to Represent Life History Research

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In this paper I provide a rationale for the use of ethnographic fiction for representing research findings. Then I tell a story, based on real people and real events, about an interaction between an anonymous biologist with advanced prostate cancer and me, the social scientist that interviewed him. Techniques employed in the writing include the following: using scenes to show rather than tell; building interest through character development; using plot to create dramatic tension; and including authorial presence to heighten analytic possibilities. While the overarching theme of the paper is gender and its disruptions, a variety of topics are covered, including the following: biological versus social/psychological interpretations of behaviour; the impact of male hormones; sexual function and dysfunction; transgenderism; eunuchs today and in the past; and prostate cancer treatment. Possible criteria for judging the merits of this story, and other ethnographic fictions, are provided.

## INTRODUCTION

In this paper I tell the story of an interaction between an anonymous biologist with advanced prostate cancer and me, the social scientist that interviewed him. This project is part of an emerging trend towards 'new writing practices' in the social sciences (Richardson, 2000a). From among the possible forms for experimentation, a growing number of social scientists are selecting stories to evocatively reveal the understandings they glean from their qualitative studies (e.g., Angrosino, 1998; Diversi, 1998; Dunbar, 1999; Ellis, 2001; Frank, 2000; Gray, 2003; Sparkes, 1997; Wolf, 1992). Stories, when well written, allow the reader to be immersed into the immediacy

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and vividness of others' life situations, and to inhabit viscerally their world (Rinehart, 1998). This is consistent with what Denzin calls an 'evocative epistemology', where readers can 'imaginatively feel their way into the experiences that are described by the author' (Denzin, 1997: 12). Using stories to represent research can also resist premature closure on understanding, conveying complexity and ambiguity, and making space for alternative interpretations (Frank, 2000; Sparkes, 2002). The writing of stories can be especially useful for social scientists trying to come to grips with relatively uncharted terrain (Frank, 2000); the process allows them to think about data in new, unpredictable ways.

There are two main types of fictional stories being written by social scientists – ethnographic fiction (also referred to as creative nonfiction) and creative fiction (Sparkes, 2002). The main difference between them is that ethnographic fictions explicitly draw on research data, whereas creative fiction eschews any necessary reliance on historical interactions or documents. The story presented in this paper is an ethnographic fiction, and like others in the genre (e.g., Denison, 1996; Diversi, 1998; Frank, 2000; Nilges, 2001), is based on real events and real people. Unlike creative fictions, where narrative imagination is unbridled, the ethnographic fiction represents 'events that actually happened but the factual evidence is being shaped and dramatized using fictional techniques' (Sparkes, 2002: 5). The techniques employed in ethnographic fictions (like the story that follows) include the following: using scenes to show rather than tell; building interest through character development; using plot to create dramatic tension; and including authorial presence to heighten analytic possibilities (Sparkes, 2002).

The perspective of the biologist in the story below was derived from transcripts of a series of interviews (about 14 hours in total) that I conducted with him over several days in the summer of 2002. While most of the words, phrases and sentences are taken directly from the transcripts, their order and style of presentation have in many cases been altered to maximize clarity and readability. Priority was given for communicating his perspective articulately and evocatively versus a detailed rendering of the actual conversation. Similarly, the events that unfold in the story do not follow the actual sequence of our time together. Time is telescoped, and events are selected from our interchange to best support the unfolding story.

The biologist provided me with detailed input on multiple drafts leading up to this manuscript. He was mostly concerned with ensuring that the text reflected his perspective, and so elaborated or changed word-for-word excerpts from the interviews to better reflect what

he had intended to communicate. He also corrected my editing of transcripts that had inadvertently altered meaning. Finally, he challenged me to bring more of my own perspective, including hidden thoughts, into the text so that the reader could better understand my responses to his world view.

## THE STORY

‘The key point is that I am no longer a man. I’m something different.’ David’s lively hazel eyes scan my face, seeking my reaction. Trying not to show one, I sip from the mint julep he’s concocted. Right now I just want to listen, not make judgements. ‘Look at that yellow bird at the feeder.’ He leans forward, adjusts his glasses, and points into the back yard. ‘It’s a goldfinch. I’ve become a lot more interested in bird watching since I started the treatments. My whole relationship to colours and shapes and beauty has changed.’ David isn’t his real name. He’s been worried about how going public might affect his family, how it might bring unwanted visitors to his door.

I nod in his direction: a large, kindly body slumped in a deck chair. He’s stroking his beard, which is partly why it’s difficult to accept his evaluation of himself as not being a man. But earlier he explained that if he shaved off his facial hair, it might take forever to grow back. He showed me how he’s lost the hair on his arms and legs. Described how his breasts have grown, how his testicles have shrunk, the way his body has rounded, how his thighs now rub together when he walks. And the hot flashes, and all the ways he’s learned to deal with them.

‘If you’re nonmale but you keep on trying to think of yourself as a man, then you’ll end up wallowing in despair. You don’t have an option. The worst thing to say to someone in my position is “act like a man”. I *can’t* act like a man. It’s absurd to ask me. If somebody asked you what it means to be a man, I’m sure you would say that, first and foremost, it means having erections and copulating. That’s built into us, all the way back to our reptilian ancestors. To lose that is to lose your maleness.’

I raise my eyebrows. I’m not comfortable with his definition of maleness. I want to believe that there’s more to my masculine identity than getting laid. But I’m not going to argue the point with him right now. And he’s right that sex is a powerful piece for men, for me. I shudder to imagine losing the capacity to function sexually, sensing how it would reverberate throughout my life.

David continues. ‘I’m an evolutionary biologist – a Darwinist. From my perspective, and the evidence supports it, men are largely

driven by testosterone. Testosterone is why men are aggressive, it's why they have sex on their minds all the time.' He fixes me with a look part curiosity, part dare, wondering if I'll contradict this established fact. I smile, encouraging him to continue. I may not entirely agree with his perspective, but it intrigues me. He intrigues me. I've come a long way to hear his story and I want to get it all. At the airport, when he picked me up, we joked about our possible collaboration, about the unlikely partnership of a hard-nosed natural scientist interested in how biology shapes behaviour with a social scientist who studies social and cultural influences on men's lives.

Listening to him now, I'm struck again by David's strength as an advocate for men with prostate cancer, and especially for greater understanding about the effects of hormonal changes on men. We met when David stood up, after a presentation I'd made about psychological and social impacts of a prostate cancer diagnosis, to comment on the limitations of my research. (I work in a cancer hospital, where I research and attempt to communicate the experiences of cancer patients.) David observed that many of the points I'd made, while accurate, apply only to the experiences of men at diagnosis – men who are then treated, and who stay cancer free. The issues are different, he said, for the men who do not fare as well – men for whom the cancer spreads, and for whom anti-androgen hormones become the next treatment of choice.

David's critique was not entirely a surprise. My presentation was based on research I'd conducted with men during the first year following a diagnosis; none had advanced disease. But his comments reminded me that I needed to work more closely with that smaller group of men whose prostate cancer resists treatment, and whose concerns extend beyond erectile dysfunction, urinary incontinence and the fear of recurrence. My limited exposure to these men made me receptive to David's argument that this group was in serious trouble, many depressed and withdrawn from their former lives. Many, unlike David, cowered by their failure to enact maleness.

Over the past year, David has assailed me with emails that included references to academic papers I should read, issues I should consider, drafts of articles he has written about his experiences. With some trepidation, I agreed to meet with him during one of his periodic visits to Toronto. He talked for two hours straight. I was struck by his upbeat tone, how well he seemed to be doing with such a difficult medical situation. And his story was so unusual; such a provocative way of approaching life-threatening illness, so unlike most of the men on hormone treatment I've met. I was hooked. Most of all I was impressed by his argument that there were positive aspects

of hormone treatment, ways men could learn and benefit from the physiological changes. He raised the concept of a self-help book for men, to help them reinterpret their prostate cancer experience. When I got up to leave, he apologized for monopolizing the conversation. And we agreed to meet again.

My mind jerks back to the present, as David starts to talk again. 'When you take away the testosterone, you have castrated the man. It's no accident that urologists talk about hormone treatment for prostate cancer as chemical castration. Every year in North America some 30 to 40 thousand of us are castrated in this way, as therapy for advanced prostate cancer. The anatomically correct term for a castrated person is a eunuch. I think there is value in recognizing and acknowledging that I'm a eunuch. It's a better place to make a stand than pretending to be a man.'

I've been trying to make room inside me for these words: castration, eunuch. But I don't like them. They touch something primitive and barbaric. I am beset with anxiety, a desire to turn away and think about something else. And I know that most of the men I've met would react similarly. I notice that I have crossed my legs.

'David, the term eunuch is not exactly going to make men comfortable. I've only heard it spoken with fear and loathing, as if it were the worst possible fate for a man, except maybe death.'

'You're right, of course.' He waves a dismissive hand, letting me know he is well aware of this issue, and that it annoys him.

'People have all these negative associations with the word, and it's too bad. When they think of eunuchs in history, the word evokes images of servitude and brutality. While it's true that eunuchs were often treated badly, and many were slaves, eunuchs were not always downtrodden. Eunuchs ran entire dynasties in ancient China. By the end of the seventeenth century, 70 000 eunuchs lived in the Forbidden City and ran the palace bureaucracy. Eunuchs also held the most prominent positions in the imperial court of the Ottoman Empire, between the fifteenth and nineteenth centuries. While their main role was as guardians of the Sultan's harem, many were physicians, statesmen and military commanders. In fact, the most senior eunuchs could own their own slaves. But historical accuracy aside, people still tend to view eunuchs as victims rather than as empowered individuals.'

I scoop a handful of nuts from the container on the table beside my chair. David gestures towards the jug of cocktail. I shake my head from side to side. It's too strong to hazard drinking any more, and I want to be alert to what he has to say. His perspective seems important, both a challenge and a complement to my usual ways of thinking. My main interest has always been how men learn to be men: how

they come to enact the traditional characteristics of masculinity – competitiveness, aggression, independence, stoicism and rationalism. I think that masculinity is not fixed and permanent, not an unavoidable product of biology. I look for places, both in my own life and in the lives of the men with cancer with whom I work, where we men can make choices that make us feel better, that allow us to be less constrained by all the baggage of being a traditional man.

David is smiling at me, waiting for my attention to return. He breathes deeply, picks up the thread. ‘Unfortunately, there are people today who are choosing to be castrated – voluntarily – in order to become sex slaves to other people. Some of them are attracted to the aesthetics of it, like an elaboration of tattooing and piercing.’

‘You’re kidding!’ I can’t help myself. ‘As if it’s just customized body design!’

‘Absolutely. You can follow their discussions on the Internet. Many hook up with street cutters who do the surgery for them. It’s not my scene, but I admit that I’ve spent a fair bit of time trying to understand what they’re up to. It’s upsetting to me that these people call themselves eunuchs; they have tainted the term for use by others like myself. To get back to your point: I realize that most men with prostate cancer are not going to enjoy thinking of themselves as eunuchs. But, technically speaking, that is what they are. And for me, it’s better than trying to pretend to be a man.’

I’m reminded about what David was saying to me over dinner last night and decide we should get it on tape. ‘You were pointing out to me earlier that most people have misconceptions about castration.’

He nods vigorously, clearly pleased that I have picked up on this point. ‘Right. I think Freud is mostly to blame for this mess, his hare-brained notion of the oedipal complex and boys’ fear of castration – which is profiled in terms of loss of the penis. But castration does not mean loss of the penis. Historically, most eunuchs had only their testicles cut off, not their penises. Many did carry on some sort of sex life. In fact, some were sought after because they could use their penises to provide women with pleasure, without the risk of impregnation. In Italy, after a seventeenth-century Pope forbid women to sing on stage, directors of the opera recruited young boys to train as castrati singers with falsetto voices. The boys were castrated, and the more famous of them became the heart-throbs of Europe and were sought after as lovers. Many eunuchs in history had expansive and varied sexual lives; some were partners for men, some for women.’

A picture has come into my mind. A beautiful young woman in a long gracious gown, strolling arm in arm with a castrati down a

cobbled Parisian street, the possibilities for erotic, nontraditional sex play filling the night air around them. David seems to notice that my mind has wandered, misinterprets it as critique. 'The story I'm telling you about myself as a eunuch may be a fabrication of an overly imaginative mind, maybe all self-delusion. I don't know. My facts about eunuchs in history are accurate, and I'm clear about my personal experiences, so I think it makes sense to put them together. But maybe there are flaws in my analysis that I don't see. Even if that were so, the one thing you've got to agree with is that I'm not depressed, and I'm certainly enjoying life. It's become richer because of what's happening.'

'Yes', I concur. 'And that's not true for a lot of men in your medical situation.' This is the crux of the matter for me. I'm not entirely sure what to do with David's fascination with eunuchs. But I am sure that he provides an interesting model for dealing with the effects of hormone treatments. And his story sheds needed light on experiences that have been largely ignored in the medical literature.

'Can you turn off the tape recorder for a minute?' he asks, and I comply. He pushes himself up out of the chair. 'I have to make a call to my research lab. I won't be long. Help yourself to a beer.'

'Take your time', I say. Then I'm alone on the deck. For a few minutes I gaze without thinking at the clouds as they pass overhead. Then I start to review my notes from yesterday, when David told me his illness story. All the drama and miscues surrounding the original diagnosis. Then the surgery, followed months later by radiation when it became clear that some cancer cells were still active. Disappointingly, his prostate specific antigen (PSA) readings continued to rise after the radiation, signalling renewed tumour activity. At this point, cure was no longer an option.

The next step was hormone therapy, proven to slow the spread of prostate cancer. David's doctors gave him five or six years before the hormones would stop working. David insisted on knowing the details about how he could expect to die: questions few patients ask. His eyes filled while he told me the answers he'd been given. Although I already knew what he would tell me, it was painful to hear it spoken out loud.

David delayed starting hormone treatment. He'd been reading about possible cognitive losses and had met lethargic and depressed men with advanced disease at the local prostate cancer support group. He feared that their unhappy state was in part a consequence of their hormone therapy. He worried he wouldn't be able to work, to think, to continue his research while on the drugs. Months later, with his PSA climbing, David decided to bite the bullet: he started

treatment. Characteristically, he gathered information about all the documented side effects. But the actual experience startled him. The expected effects were more profound than he'd imagined. Some effects were not discussed by his physicians or documented in the medical literature.

David reappears, flops back down into the deck chair. 'I meant to ask you if you wanted to come to the gym with me tomorrow morning.'

I grimace. 'I try not to exercise more than absolutely necessary.'

He hesitates, then blurts, 'It wouldn't hurt you to lose a few pounds.' I can tell he means the comment as an expression of concern, but I scowl nonetheless. He's unfazed. 'I never used to exercise but now I have to, thanks to hormone therapy. I'm fighting osteoporosis, I have this bulge around my waist that I never used to have, and I'm gradually losing muscle mass. So I try and work out a few times a week. Anyway, you can join me, or not – but I need to go.'

'I'll come along for the ride.'

'So does what I'm saying make sense?' Anxiety peeks out through the cracks of David's considerable confidence and piercing intellect. It's not surprising, given how open he is being about his life. That openness was what he'd promised when we first discussed my visit and these interviews; that he would tell the truth to the best of his ability; conceal as little of his experience as possible. Still, honest self-portrayal is easy to offer and harder to deliver, especially for men. And David hasn't spoken about these matters very often. It takes courage to do so before a relative stranger who is also a potential critic.

'It makes sense. And this kind of free-floating conversation is exactly what I was hoping for. It's the best way for me to find out about your experience. So just keep talking.' I see the anxiety dissolve into the smile that now shapes David's lips. Confidence leads the way again. I take the opportunity to influence the direction of his narration.

'I was wondering if you could talk more about the positive effects of the hormone treatments.'

His eyes light up. 'Well, I should start by saying that it really helped when I discovered that the hormones I take are pretty much the same hormones that transsexuals take to help them change from men to women. I started monitoring their Internet discussion groups and found that they were often thrilled to be experiencing some of the same side effects that terrify men with prostate cancer. The most obvious example is the growth of breasts. You go to a prostate cancer discussion list and find all these men complaining about such side



effects, but go to a transsexual list and you'll find people who are really getting off on the changes. For a while, I was trying to figure out whether I might actually be a transsexual too – but in the end I decided that I wasn't. As you know, I think of myself as a eunuch, and when eunuchs have been accepted in other societies they are understood as a third gender, neither male nor female. But there's no doubt that a lot of the changes I've gone through make me much more like a woman than a man.'

'So tell me about the changes.' I want to hear more about this.

'Well, one of the big ones is that I'm a lot more emotional. A few days after I started on the hormones I got what I called waves of dread. A horrible visceral sense of dread that didn't seem to have any cause. It reminded me of fifth grade, when I knew that I was going to get beat up in the schoolyard. Anyway, I didn't want to go on living if my cancer treatment meant feeling like that all the time. And then one day I just let myself cry. And, to my surprise, the waves of dread went away. Now I cry often, sometimes more than once a day, and the feeling of dread never returns. So crying works to prevent dread, but I've also come to really enjoy a good cry. That probably sounds weird to you. Most men who aren't castrated are not going to want to indulge themselves in this kind of "emotional richness". But I've found that there's nothing quite like a good cry. I mean, it's inevitable that I would be more emotional, because it's one of the side effects of hormone therapy. But I could never have anticipated that I would feel fortunate to have a deeper emotional life than I used to have. Now I pick my friends by whether they're comfortable with being with someone who might break into tears over silly little things. And the people who I'm absolutely closest to are all willing to hold me when that happens, maybe even wipe the tears away.'

I nod. I can relate to this shift in his emotions. 'David, something similar has been happening to me over the past year. There's rarely a day that goes by when tears don't come to my eyes. It's not that I'm depressed, but I just seem to be more affected by everything. It could be an aching guitar riff or a rose about to bloom or news of yet another bombing. It's been quite a change; when I was a young man there were whole years that went by without a tear shed.'

David looks at me with sympathy. 'Have you had your testosterone level checked?'

'Ha!' I laugh out loud. It would never have occurred to me to interpret my emotional life through such a lens. For me, crying has to do with opening my heart, breaking free from a lifetime of male socialization and suppression of feeling. We men are taught early on that it's too dangerous to be seen as weak or vulnerable; we learn

to adhere to the injunction to ‘suck it up and behave like a man’. So for me it’s a cause for celebration, a type of awakening, an opening where I didn’t know I could open. But I make a note to myself; it wouldn’t hurt to check the testosterone level.

‘Would you agree that there could be other reasons for emotionality beside hormones?’ I’m not ready to yield this point.

‘Of course, of course. But you shouldn’t entirely ignore the reality of how sex hormones affect the brain.’

‘Fair enough. So besides being more emotional, what else has hormone treatment done for you?’

He leans back, clasps his hands together, assumes a professorial posture. ‘Just being off testosterone is a huge relief. I mean, I was clearly an over-the-top, high testosterone male. But I never liked it. I recall hating puberty. I had lost control. I was obsessed with sex and thought I was going crazy. When I started on Lupron, the most common hormone drug for prostate cancer treatment, I suddenly realized what a jerk I’d been all those years; always coming on to women, or at least thinking about coming on to them. Once free of testosterone, I felt I should contact all the women I’d known before – this is pathetic, I suppose – and apologize to them for the kind of man I’d been. Being off testosterone has helped me feel less driven about sex. But more importantly, it’s allowed me to be more aware of and sensitive to women’s feelings. Believe it or not, these drugs have made me finally able to understand women and their needs in a genuinely caring fashion.’

I try to imagine myself going around and apologizing to the women in my life for acting like a man. I can’t see why I would. Am I just blinded by the testosterone coursing through my body? Is it only possible to see how controlled we are by hormones when they are banished from our bodies? Or did David have especially high testosterone and none of this applies to low-testosterone guys like me? Last night I spoke on the phone with a friend of his, a woman who was at pains to tell me he hadn’t been as much of a jerk as he claims to have been before starting hormone therapy. In fact, she thinks he was a pretty nice guy. What is going on here? How could a professor, seemingly no more obnoxious than most, come to judge himself so harshly?

David is still talking. ‘I’ve always been too aggressive. If I’d had less testosterone earlier in my career, I would have gotten further. I would have been more diplomatic, less impulsive, less driven to always compete and win.’

I’m still thinking about his relationships with women. ‘David, can you talk more about how things have changed for you in relation to women?’

‘Sure. I can now spend time with women, talk with them, in ways I never could when I was a male. I can also think more like a woman, and that makes them less mystical. It’s fascinating. Once you’re free of the constant drive to reach an orgasmic state, once free of testosterone, then you can care about the person you’re with and not just their sex organs. All of a sudden you start to be able to look at women beyond being a place to ejaculate, which is how so many men have treated women throughout history. I found out that I really enjoy talking with women. I’m able to care much more deeply for them than ever before.’

I ignore the impulse to be offended at the implication that men like me might be unable to care deeply about women. ‘You mentioned to me earlier that you have a support network of women. Tell me more about that.’

He wipes his glasses with his shirt, peers at me through clean lenses. ‘Early on, when I was going through a particularly hard time with my cancer, I found myself looking around for friends to talk to or cry with. And I naturally gravitated to a half dozen women that I already knew, and they were all more than willing to listen and help. And then, at one point, I sort of stood back and jokingly said, ‘By gosh, I’ve formed a harem, emotionally speaking’. While I know that’s not the best term, it does point at something that’s true. Eunuchs in history had very strong relationships with women. As guardians of the harem they had to be intimately involved with females, had to keep them happy and well for when the master, emperor, or sultan would want to see them. The eunuchs’ involvement probably included everything from playing with their kids, hanging out together, and helping them shop and bathe. The eunuchs would provide the women with a shoulder to cry on; alternatively, the eunuchs could cry on the women’s shoulders. I now realize eunuchs have a much greater capacity for intimacy with women than do men.’

This makes me think about the relationships gay men have with women. ‘A lot of women I know have good relationships with gay men, partly because there’s freedom from the usual sexual tensions between heterosexual men and women.’

He frowns. ‘Well, the absence of sexual tension is undoubtedly part of it, but I also think I now have more of a female psychology, so it’s easier to know how to relate with women. And despite the fact that I’m impotent and don’t have any libido, there is still the possibility of relating sexually.’

This surprises me. From what I’ve heard from other men on hormone treatment, sex urges usually die quickly and completely. ‘Can you talk about that?’

‘Yes. But I don’t know how much of this we should put into print. My wife isn’t very comfortable about my going public with our sex life. She also gets jealous of my harem. She sees it as an infidelity, which in a way it is. But in another way, it isn’t.’

The air has cooled, marking the transition from late afternoon to early evening. ‘Give me a minute to get a sweater.’ I head inside the house, decide to make a preventive stop at the bathroom. When I return, David is reading a book about castration by Gary Taylor. He has already said he thinks I should read it, that it will provide more of a context for his story.

He looks up. ‘The thing you need to know about people like me is that we don’t miss copulation. I’m not chasing women, men, or anything else. I have no desire to, because I’m a eunuch. The missingness was tied up with the libido, so now that I have no libido I could care less about sex *per se*. It’s a bit like a nine-year old thinking about sex: it just isn’t on the map. It doesn’t feel like a loss, not to have sex. It’s more that my perceptions of what’s important have totally changed. And what’s important now is to be in true emotional relationships with other people. That desire is stronger now for me than it ever was in the past. Like everybody else, I want to be liked, I want to spend time with people who care for me. So, if part of what can connect me to people is sex, then I’m willing to provide that.’

I’m confused. ‘David, I thought you said you were impotent?’

He shrugs in acknowledgement. ‘Yes, being able to have an erection and penetrate and be a ‘top’ in a relationship is not possible for me any more. But in the language of a bisexual lesbian friend, I can still be a ‘bottom’. I can serve someone. I might even be penetrated if my partner desired that. And you have to understand that this is entirely shocking to me, that I could even consider my sexuality in such radically new ways. It’s interesting that all these prohibitions about nontraditional sexual behaviour that I felt as a high-testosterone male have fallen away. In the past, as a male, I would never have been comfortable being the passive one in sex. But now, basically, I’d be willing to do whatever I can to please somebody that I want to please. It’s all about having freedom of choice. It’s not that there’s any necessity for me to be a bottom, or to act in any particular sexual way. But I now have a freedom that I never had before to do whatever the situation calls for. And that kind of flexibility I believe was pretty typical of eunuchs throughout history.’ David pauses, waits for my question.

I’m not clear whether David’s ideas about the potential of new sexual practices have been implemented, or only contemplated. ‘It strikes me that it’s pretty unusual for married men to have a lot of

emotional connection with women outside of a marriage, and that what you're calling sexual flexibility could create problems for a spouse. How is your wife dealing with all of this?"

He takes a deep breath. "This is a big problem. You know, she married a man, not a eunuch. And she has certain expectations of me performing sexually as a husband, which I just can't fill any more. I can't take the initiative. I can't perform in the ways I used to, in a traditional male role. And when I try to talk with her about shifting things around, maybe using a dildo or whatever, she doesn't want anything to do with it. She thinks this is so sick, weird, depraved. So, while I love my wife, and she loves me, we have trouble giving each other the kind of support around sex that we need. I mean, she's been great in so many other ways. I can hardly complain. She takes care of me. And I'm hoping that things will get better, that we'll find each other more, sexually and emotionally. Maybe I wouldn't need my harem if things were different. I don't know. It's hard."

There are tears welling up in David's eyes. I feel for both of them. Last night, I asked his wife Deborah about David's ways of dealing with prostate cancer. She replied that men coped with illness in lots of different ways. Someone else might learn to play the flute; David got obsessed with eunuchs. She wished he would learn to play the flute. David responded that he didn't think he was any more obsessed about the changes he was undergoing with hormonal therapy than the typical teenager going through puberty. The difference being that puberty lasts over several years, with a social context that makes allowances for hormonal upheaval, while hormone treatment for prostate cancer causes changes just as profound, but over only a few months, yet without any social acknowledgement of upheaval. He argued that few urologists tell their patients what to expect. Deborah didn't try to argue back, clearly just wanted it to all go away, back to a time in her life when men were men and women were women, and sex was a straightforward sort of thing.

I decide to change the topic, and return to this later. "So your relationships with women have changed. How about with men?"

He shifts uncomfortably in his chair. "I don't know. It's a good question. I haven't talked about this so much with men. I assume they wouldn't want to know, that it will scare them, or that they will be filled with contempt for a nonmale like me. But actually, what's interesting is that the few men with whom I've talked about this have turned around and told me intimate details of their life. I have a bigger capacity to listen than I ever did before, and that probably makes

a difference. Also, it's as if it's somehow safer to speak about difficult matters to a noncompetitor. You did that a bit this morning when you were talking about your relationships.'

He's referring to my description of the complications in my love life that have followed my recent marital separation. My first reaction is annoyance at how he sees things, at evolutionary biology and its characterization of male behaviour, animal and human, as driven by competition with other males in pursuit of power. As I see it, I talked to David about the complications in my own life because I like and respect him. I'm also aware of worrying that our dialogue has been too one-sided, that he has been making himself vulnerable and that perhaps I owed him some of my own vulnerability to balance things out. But I try to entertain his point. Could my willingness to reveal my struggles have anything to do with his changed status? Would I have said the same things to friends at home? I like to think so, but he's sown a seed of doubt: something that requires further consideration.

But not now. I nod at David, who resumes. 'In general, the whole idea of men in support groups helping men on hormone treatment is pretty hopeless. I mean, if you look at males of other species you will see that their relationships are characterized by competition and aggression. They don't hang out together, they don't take care of each other. That's why I think the prostate cancer support groups are vastly overrated. Admittedly, they do provide a place to obtain information. But on that front, patients would be better off with self-help books, or the Internet. And I think men are more likely to be supportive, and less likely to find each other threatening, when they communicate through e-mail rather than face to face.'

'So you think support groups are largely a waste of time?' I'm curious about whether he sees any redeeming aspects to the groups.

'Well', David replies, 'I do think that men like me, on hormone treatment, have a greater capacity to listen and be supportive. So I actually think we *can* play a healing role with the testosterone-filled men who are newly diagnosed, or dealing with the side effects of surgery or radiation.'

I start to ask another question, but David isn't finished. 'Men mostly get help from women, not from men. You know there is this support group called "Man to Man?'" He chuckles. 'I think each man would be better off with "Man to Harem". That's my way.' I join in a laugh, enjoying how his mind works, all the little pathways of irony and delight.

But I don't share David's cynicism about 'Man to Man'. I'm a proponent of prostate cancer support groups, an advocate for the ways in which men do help men. Having said that, I have to acknowledge that's it often an uphill battle, and that it's much easier for me, and all the other men I know, to turn to women in times of trouble. Still, I resist the fullness of his interpretation. Surely my being here, my feeling of connection with David, can't be reduced to his nonmale status and my low testosterone levels. Are we males really incapable of connection undetermined by hierarchy? Is male friendship so illusory?

He's looking at me, waiting for me to surface from my reverie. He smiles, I smile back. I reach over and shut off the tape recorder. 'Why don't we take a break?'

'Good idea.' He stretches. 'How about if I start up the barbecue?'

'Sounds great.' It's my turn to stretch. I start to rise.

But David has something more to add. As he starts to speak, I sit down again. 'After dinner we can decide if we want to talk more, or go out and listen to some jazz and leave the talking for tomorrow. Whenever we do talk, I need to tell you more about the Internet discussion lists for eunuchs, to give you a better idea of the bizarre stuff I've been following. Most of the people on the lists are either eunuch wannabees trying to find a way to get castrated, or else men cruising for a submissive partner to dominate. That second group is pretty scary.'

'I should think so. Is that part of your not wanting to go public as a eunuch?'

He nods. 'What interests me most is that so few eunuchs participate on the list, that there is such absolute silence from men who've been castrated. My worry is that most of them are in big trouble, depressed and unable to deal with the situation. I know that some of them end up taking testosterone injections to deal with depression and try to recover some of their maleness. Anyway, it's a big topic, and I should leave it until later.'

'Let's talk more after dinner.' David goes inside, starts rummaging in the fridge. I sit quietly, reflecting on what he's said today, and on what he has to offer other men taking hormone treatments for prostate cancer. It's not entirely clear to me. Although I'd like to be wrong, my suspicion is that not many will be interested, or open enough to consider their lives in such a radically different fashion. But David's insights about hormones and his courage in exploring how to make the best of his situation will likely make a big difference to some men, those desperate enough to take apart their old

ways of doing and understanding. I'd like to help him reach those guys.

I'm about to stand when a final question occurs to me. I wait for David to return, then I turn on the recorder again. 'Have you met any kindred souls on the Internet or, for that matter, anywhere else?'

A shadow passes over his face. 'No, I'm the only one that I know walking this path. I mean, there's lots of men with prostate cancer, and lots of people on hormone treatment or who've been surgically castrated, but none of them are engaged with it in the way that I am.'

'It must get lonely.'

His smile is part grimace. 'Actually, I'm not sure it would be that much fun to hang out with a bunch of eunuchs.'

I start to comment, but see his attention has turned to setting the table. I turn off the recorder. And get up to help my friend.

## REFLECTIONS

Writing the above ethnographic fiction proved a useful strategy to grapple with personally and conceptually challenging issues. It provided an entry point for me into themes from the interviews with the biologist, including the following: biological versus social/psychological interpretations of behaviour; the impact of male hormones; sexual function and dysfunction; transgenderism; eunuchs today and in the past; and prostate cancer treatment. In this life history project more questions were raised than answers provided. In the process of interviewing and writing, many possibilities for future research investigation were revealed. For example, what are the broader implications of the biologist's reidentification as a eunuch for notions about masculinity and interventions with men on hormone treatment for prostate cancer? We have since decided to follow this up and interview more men with prostate cancer, using a comparison group of (male to female) transsexuals who take the same treatments for entirely different reasons.

While representing study findings in a storied way has been useful for me, the writer, more important questions are its usefulness for readers and its adequacy as representation of social science. There is a growing body of literature recommending criteria for evaluating new writing practices like ethnographic fiction (Bochner, 2000; Denzin, 2000; Ellis, 2000; Richardson, 2000b; Sparkes, 2002). These include the following: abundant detail, reflexivity and emotional credibility of the author, evocation, coherency, insightfulness, impact, aesthetic merit and verisimilitude. Readers, using these criteria or their own, must decide on the merits of the story I have provided.



It is hoped that any failures will be attributed to the writer and not to the potential of ethnographic fiction for enlivening and expanding the relevance of social science research.

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