Study 2: Interview Transcript

Interviewer: “A” Participant: “P”

Participant ID: 05 Transcriber: Amy Finlay

A: Um, so I’d like to kind of start with a little bit of a background, um, about yourself. Can you sort of tell me a little about– a little bit about your history with being diagnosed with prostate cancer and sort of the treatments that you’ve gone through so far. *Pause.* It’s alright, take your time, I’m eating too.

P: Late in 1999, I got a phone call from my cousin who lives in Canberra. I was living in Sydney at the time.

A: Mmm

P: And he told me he’d just been diagnosed with prostate cancer

A: Wow.

P: And because he’d done a bit of reading, he was aware of how it followed through the male line. His father, my father were brothers. SO he said “It would be prudent for you to get an examination-- a test.” So I duly went to my GP and, uh, told her about this, and uh, asked whether she could check. And she explained to me the check was in two parts. One was a blood test at that time, a {BSA}

A: Mmm

P: And the other was a digital examination.

A: Oooh

P: At that point, my eyes popped up.

A: *Small laugh*

*P:* And she was already putting on the gloves. I said “Um, hang on—hold on. How about we take a blood sample and give me a week—I don’t have a great stomach for these things. Give me a week to get used to the idea. SO that’s what we did. And when I came in a week later, again on the gloves and Vaseline. And I guess by the vigour with which she was searching—

A: Blimey

P: That the blood test suggested

A: Oohhh

P: that I may have had a tumour. Because it wasn’t just a sort of like a gentle

A: [laugh]

P: intrusion.

A: [laugh] Rather invasive

P: Was like her arm had gone up to the elbow and, she was just feeling all round

A: [laugh] Ohhhh

P: I’m exaggerating of course

A: How uncomfortable

P: And I need to say after that she did say she found a tumour, and she did believe that I had prostate cancer. SO she referred me to a urologist. And this urologist, I have to say, was a real solid, um—he did the test and I can recall when I um was interviewed by him at the end, uhhh, he had a piece of paper and I was sitting at the table opposite you

A: Mmm

P: And if you’re the urologist, you put your head down, read the paper, so the top of his head said “you’ve got cancer”

A: Oh dear

P: And I was about to ask a question and he got out of his chair and opened the door. Oh. Now the thing is, I always thought that I was forceful, and that I would, uh, insist. So even though I had these questions—

A: Mmmmm

P: I was so angry at myself; still now

A: Awwww

P: I demurred, um, got up and walked out

A: Mmmmm

P: And uh, so I’m still enraged to this day by that one single event. It probably coloured my reaction later on. Uhhhhh… he actually said that uh, it was uh, now I can’t recall, uhhh, he suggested surgery was, uhhh, not likely to

A: Mmmm

P: be any of any use to, to me and my case because they-- it appeared to have, uh, progressed

A: Mmmmm

P: So I went to um, Westmead, a hospital and I met uhhhh with s-- a lady, Sandra Turner, who happened to be head of the oncology department there

A: Mmm

P: And uh she looked like she was 18, and I—

A: [laugh]

P: I—C—I met her in later life when I was involved on committees. And I told her that when I first met her I, I thought “what’s this 18 year old kid—”

A: [laughs]

P: It’s, oh, here I was, I was 60 plus at that time I think, and I wonder what this kid was going to do [small chuckle]. And I didn’t know this kid was actually married with children

A: Oh wow

P: So she was flattered when I told her she looked so young. But she was very, very good in that uh, she carried out uh, uhhh, she’d discuss with me and my wife uhhh the prognosis, and uh, how I could be treated. I also went into several other urologists

A: mmm

P: That um, uhhhh, did surgery

A: Mmm

P: And uh one guy confidently predicted uh he would operate and I would be cancer free

A: Wow

P: And another one said that he operated he’d give me 8 years and he believed it would return. And Sandra… when she described the prices I gave for there pointed out that uh, I, that, uh, they had one of the few um 3D conformal, um

A: Mmm

P: X-ray machines. Uh, other hospitals just irradiated you, put lumps of lead round you.

A: mmm

P: But 3D conform, they did an imaging test

A: Mmmm

P: And they were able to shape the beam and direct it at the prostate. Also at the end- it was a 5 week process- at the end of the last week they’d open the beam out a little bit

A: mmm

P: to irradiate the surrounding area.

A: mmm

P: And to my mind that sounded like a failsafe because if the—there was no guarantee prostate—the cancer hadn’t escaped, so open out the beam,

A: mmm

P: Panning the area around struck me as a good idea. Concurrent with all that, I spent my life then on the internet, uh,

A: [laugh]

P: Uh, very slow in those days—and I came across {Parton Tables}

A: Mmmm

P: Which were predicted based on uh, your {Gleeson} score and the grading of the {DRE}

A: Mmm

P: And when I put that information in, he suggested there was a 60% probability the cancer had escaped from the capsule, as opposed to 40% retained.

A: Mmmmm

P: The dilemma is you don’t know if you’re in the 40 or 60

A: No, you don’t

P: So I had to, I acted in the belief I was in the 60. Hence I went the radiation way

A: Mmmm

P: And not the surgery way.

A: Mmmm

P: I was also mindful because I had read and Sandra had told me about it, that if there was a reoccurrence, they would use uh, I think I was called {ablation therapy}. I just call it, uh, hormone therapy.

A: Mmm

P: I think it’s so technically ablation—

A: Antigen ablation therapy

P: That’s it

A: Yeah

P: And--

A: I just say h—hormone—it’s just [laugh] yeah

P: yeah, and so that would have been available as well

A: Mmm

P: And so uh, I, uh, uh, went with uh, radiation. I think it was 7 weeks, 5 times a week something like, not all weekends.

A: Mmmm

P: And uh, as I’ve said later, uhhh, and following that, uh, again I connected with my cousin from Canberra, who told me about an emerging body

A: mmm

P: The Prostate Cancer Foundation of Australia. And he was attending a meeting so I went with him

A: Mmm

P: So I joined what was called the… Consulting Committee or something of that kind

A: Mmmm

P: So they had a professional committee at the top and they had um, uhhm, cancer patients

A: Yeah

P: Prostate cancer patients formed a group

A: Mmmm

P: And then I, that lead into the Cancer Voices New South Wales. So I became heavily involved in, in uh, then uh, umm, patient and uh carer

A: Mmmm

P: uh, policy. But the reason I mention that is that I joined a couple of committees from the uh college of radiation and also umm, uh, cancer council

A: Mmm

P: of New South Wales. How I came across Sandra on the education committee

A: Oh wow

P: And so

A: [laugh]

P: There were connections. And so I connected with her again. Uh, so, the long and short is that uh, I elected to take a radiation therapy primarily because it was 3D conforming

A: Mmm

P: And it—oh! The other thing is I, I was fearsome of side effects

A: Yeah

P: I, I had read about uh, people becoming incontinent and impotent

A: Mmmm

P: And I thought to myself: I could handle impotency, but the idea of being incontinent

A: Mmmm

P: Um, uhh, really scarred me. And I joined a support group which is something that really surprises me.

A: Mmmm

P: Cause I’m usually, uh, a solitary worker; a private individual, and I was amazed at to the extent to which that was helpful.

A: wow

P: The downside of that was that I s—feel so guilty when

A: Mmmm

P: guys who are worse off than me would describe what they’ve been through

A: Mmmm

P: And uh, I was pleased that I was not

A: Mmmm

P: in their situation and then guilty because I was pleased

A: Y—yeah

P: Uh, so I got heavily involved in that sort of activity. So that’s—a—o—Now the one thing that I did get depressed

A: mmmmmmm

P: Uhhh, uhhh, it uh started when I was on the machine, that’s right, because it was such a passive thing

A: Mmmm

P: You’re laying there just being irradiated.

A: Mmmm

P: And I wanted to do something

A: --do something, yeah

P: Yeah

A: I can understand that

P: Yeah, so hence the literature search, hence racing off looking for—yeah

A: And as someone with an academic background, I’m sure you’re used to being able to just

P: Yeah!

A: Go and find things

P: That’s right, and that’s what I wanted to do

A: Action based [laugh]

P: So then I couldn’t do it

A: Mmmm

P: SO I go depressed and uhhh, that put a strain on our home life

A: Yeah

P: And my wife was very resilient. And that was a bonus of the support group. It was actually associated with the Adventist Hospital in Sydney. They had a building devoted to supporting

A: Ohhh

P: Uh, cancer–uh, they had uh, 8 different typed of cancer support groups. And in the prostate group what they did there they had support for the carers too

A: Ohhhh

P: They were the only group in New South Wales at the time. So my wife and I would go to support meetings, we’d talk together

A: Mmmm

P: And then the wives would go to a separate place and say what sods we were

A: [laugh]

P: And they—and she got some sort of relief

A: Mmmm

P: To know that other wives were experiencing

A: Feeling—feeling similar

P: That incredibly poor behaviour that she was exposed to as well

A: [laugh]

P: Sort of united by their misery. And I—I’m certainly

A: Mmmm

P: putting a gloss on it that

A: Mmmm

P: Well actually it was positive

A: It’s still a—yeah

P: for her. So uh, yeah that’s basically the, the context.

A: Yeah. So it sounds like… um, it’s been quite a journey for you so far [laughs]

P: Yeah. Yeah, yeah.

A: Yeah

P: I got heavily involved uh, in consumer activities

A: Mmmm

P: I was going to maybe one or two meetings a week

A: Oh wow

P: After the recovery period. I was on the Area Health, uh, Board For Greater Western Sydney

A: Mmmmm

P: The, uhh, New South Wales Cancer Council. They just started to build the New South Wales Cancer Institute, so I was on a committee there

A: Mmm

P: and I attended public meeting, wrote papers. Uummm, and I used to write, uh, up, uh—we used to have professionals come and give presentations at support group.

A: Mmmm

P: I’d write a report that went in, the letters

A: Oh cool!

P: So I was, I was doing a lot of stuff

A: Yeah

P: of that kind. And I could because of my background

A: Yeah

P: Yeah. Oh, also on Cancer Research Australia Committee. And that’s how I met, um, ummmm,

A: Gary? Mark?

P: No.

A: No…

P: Uhhh, Sandy? Sandra?

A: Sandy?

P: No, I um, keep forgetting names

A: It’s alright

P: Yeah

A: [laugh] I’m not heaps familiar with everyone in the centre

P: Yeah

A: So… In terms of your health, do you think you view it differently, sort of before you were diagnosed

P: Ohhhh

A: compared to after?

P: Hell yes.

A: Yeah?

P: Yes. Um, while as I never knew, I never heard of prostate cancer

A: Mmmm

P: before the event. And uh, I used to play sport… and I thought I was reasonably fit but ummm, one of the um, uhhh, outcomes of my pursuit of the internet and all that

A: Mmmm

P: Was a focus on diet.

A: Mmmm

P: In fact that was the reason I actually went to the support group in Sydney because th—I’d heard they had someone from the World Health Organisation

A: Mmmmm!

P: that was talking about diet and cancer

A: Wow

P: So I went too the , this meeting and I met the people, uh, who really impressed me and I joined

A: Mmmm

P: And uh, one of the things uhhh, uhh that uh calmed my wife, it was to look at what we ate

A: Mmmm

P: So we changed our diet in the belief that this might be helpful, uhhh, and uh, later when I was on the uh Cancer Australia, uhhhm, Research Review Committee, came across a submission from Western Australia about exercise

A: Mmmmm

P: depression and uhhhm, and the extent to which it benefitted men with prostate cancer and uhh, since that time—I think it’s got to be about four years ago—I have ma—I have instituted a uh, a uh, exercise program for myself

A: Mmmm

P: Which I do maybe uh five days a week minimum uhh with one day walking. I, I usually have one day where I don’t normally {27:17}

A: Mmmm

P: And so uh, I’ve lost weight. Uhm, cos I used to be, uh, oh, the other thing is the prostate cancer, uh, caused a m—massive shift in my life story. After the radiation

A: Mmm

P: I saw a paper that, that suggested uh, that if you um had uhhh hormone therapy concurrent with radiation

A: mmmm

P: It was much more effective

A: Mmmmm

P: This is way back in, in the um

A: What? In the early 2000’s I guess

P: Yeah, yeah, yeah! I’ve forgotten the fellow’s name. And Sandra had just seen it

A: Mmmm

P: And so she said “Yeah, let’s try it”. So I went on to hormone therapy whist I was being irradiated, and continued afterwards. And it turns out that, uhhh, people were not really aware of the side effects of ablation therapy.

P: And there were several of them that killed me. One of them is that it made me uhhh, anaemic

A: Ooooh

P: I’ve, uh, been generally anaemic since. Uhh, if you have um, oh-ah-ih, your cholesterol goes up

P: You get muscle, uh, wastage. And you put on, uh, weight. That fear of putting on weight—I had this fear of men’s boobs. And I was really mortified at the notion that would happen. So I really worked hard to make sure that, and, like, I told *wife* that if that happened, I’m off the pill.”

P: Yeah, I’m done, yeah.

A: [laugh] Mmm

P: And so that was uh, ah, something {30:24}. And also caused mood swings

A: Mmmmmm

P: And I had three very strong reactions, uh, because in the early days when you first take the hormone ablation therapy it caused an initial kick and the prostate PSA level goes up before it flattens. And uh, they gave me another, erm, drug, that killed me going up

A: ooh

P: But that invoked in me massive mood swings

A: mmmmmmmm

P: So my mood would be flat like a step and then all of a sudden

A: Yeah

P: I’d go up. I was playing bridge one day and a lady uh, on the other team quite appropriately asked what that bid meant, what you’re allowed to do. I wanted to strangle her.

A: Ohhhh

P: I got into a rage. I didn’t though.

A: Just flipped, just--

P: Just flipped like that, yeah

A: Ohhh

P: So that lead into the mood swings that, which were, and they lead into depression.

A: Yeah

P: And fortunately in the support group they had all sorts of professionals. And I, they had a um, counsellor.

A: Ohh

P: I went to the counsellor and we talked and I engaged in a visual exercise where I was able to diminish the um the uh depression

A: Ohh

P: And uh, and while I could see the triggers

A: Mmmm

P: Whenever I didn’t like something I felt depressed. You said I couldn’t have the coffee I’d get depressed.

A: [laugh]

P: [laugh] So I—

A: I’m grateful we can have coffee! [laugh]

P: [laugh] SO I just, I, I actually identified keys

A: Yeah, yeah

P: and I worked against letting them have an effect

A: Yeah

P: and today I think I think I’m resilient as hell I’m not likely ever, I would think, to get depressed again

A: Mmmm

P: Because I was aware of it. Sorry to ramble on.

A: No, no, no! It’s fine!

P: No. Mmm.

A: I’m, I’m here to more chat with you rather than like,

A: “Rerrr”. Um, yeah, so it sounds like your values have changed as well since being diagnosed.

P: Yes, yes

A: Yeah

P: Yeah, so if you look at—

A: You obviously view your health

P: Health

A: And your relationships differently

P: Yeah. Yeah, I and uh, I realised uh what an impact my behaviour was having on my life

A: Mmmm

P: And uh, that was the motivation to go to the counsellor

A: Mmm

P: to um, overcome

A: Yeah

P: the depression that caused that.

A: Yeah

P: And uh, we uh, um when I went to Sydney, uh, I worked all the time. And, and [wife] stayed back a year cos our daughter was just going to university

A: Mmmm

P: so when she settled in she came over—so when [wife] came over I consciously worked out we had to do something together, so I learned to play bridge.

A: Mmmmm

P: Cos that was one of [wife’s] hob--hobbies. And so we played bridge, uh, I play bridge with a partner once a week.

A: Mmmm

P: And she plays with other people. But we travelled

A: Mmmm

P: Uh we’d go and watch the grandkids

A: Yeah

P: Stuff like that. Yeah, so, it’s had a, a positive

A: Yeah

P: Well, all of these things were done to {36:02}

A: Mmmm

P: Uh, those sort of problems

A: Mmmm, mmm. Um, so thanks for those responses so far, I really, really appreciate them. Um, I’m just going to ask you when someone mentions the word “physical activity” what’s your immediate reaction.

P: When someone mentions?

A: Physical activity to you, what’s your immediate reaction

P: Uh, my immediate reaction is “I’m good”. Cos that’s what I do.

A: Yeah

P: Yeah

A: Yeah, so—

P: And I in my mind say “That’s a good idea”

A: Mmmm!

P: Yeah

A: So tell me about what you’re doing at the moment

P: Well, uh

A: You mentioned strength activities before

P: yeah

A: And your own program

P: Wha—What actually started off there was a program for old people called Strength For Life

A: Mmmm

P: By the Council For The Aging I think. And uh,

A: {COTA} I think runs it

P: Yeah, {COTA}

A: {COTA}

P: Yeah, and there was an ad in our local paper—this is going back, oh, gee, I’d say, say uh, maybe 2-12 or something like that.

A: Mmmm

P: We went to a meeting. And uh, this older guy, my age, and a lady not quite so old sponsored the meeting and said that uh, the council had given permission to use this hall

A: Mmmm

P: And they uh, would uh, set up an exercise program designed specifically for each individual; each

A: Mmmm

P: individual participating would be interviewed. We all had to do a basic test. It was all about balance and strength based on the notion that when you get old you start to fall over

A: Mmmm

P: The idea being that if uh, and older person is going shopping

A: Mmm

P: they would be able to carry their shopping bags

A: So was it t--, was it about function? Like, did they describe it as “You’ll be able to carry your shopping”?

P: Oh, thi--this was a specific example about

A: Mmm, mmm

P: You’d be able to carry your bag and if you trip you would be able to save yourself

A: Mmmm, mmm

P: From fall on flat on your face. And so the tests were a simple balance test and s—like standing on one leg; how long could you stand on one leg.

A: mmmmmm

P: And uh, then they’d design activities for each individual person

A: mmm

P: according to results on these tests. Now, it happened that I, I was probably a little younger. There were ah some 80-year-old ladies

A: Mmmm

P: And I probably was about, about uh, late 60s when I started that, um, and I found that the exercises were great, it was sort of like—they also made it a, like a community activity um interaction; support each other--

A: Mmmm, so there were social aspects as well

P: Yeah, yeah

A: Oh, cool!

P: And, and, and later as I got to be more serious I thought these social interactions were a waste of bloody time [laugh] I wanted to get into the exercises.

A: Mmmm

P: So instead of having 10 minutes, 15 minutes warm up I only wanted 5 minutes warm up.

A: And str--

P: And there was a warm down at the end. And uh, so after about 3 years, uhh, I-I benefitted enormously because

A: Mmmm

P: Uh, as I progressed uh they gave me special exercises

A: Mmmm

P: Um that could keep testing me.

A: Mmmm

P: And that—

A: So did they kept pushing, sort of, your goals

P: Yeah!

A: so that it would—

P: Yeah, yeah.

A: Mmmm

P: So, you would start with a low weight; they’d increase the weight as you became accomplished.

A: Mmmm

P: So, the whole of the time you’re exercising, there was this supervised, and the group size was never more than 12

A: Mmmm

P: and sometimes there might have been 2 people. And often I can remember I was doing exercise with a ball against the wall, and you, uh sort of squat and the ball stops you from falling over.

A: Mmmmm

P: Now I squatted really low so that my knees were bent. Well I thought that was the way to do it but the—to give you an idea {43:13}, one of the ladies said-- came over and said I shouldn’t do that, I should only come down so they were square like this

A: Ahhhhh

P: And I was going down

A: Oh, no you don’t have to do the stre—[laugh]

P: Like, like that! Like that!

A: Yeah, like a triceps dip.

P: Yeah, yes.

A: [laugh]

P: And she said

A: Oh wow

P: that th—that would strain my knees

A: Mmmmmm

P: So, I offer that as an indication the fact that everyone, y’know, was checked.

A: Mmmm

P: And, and you were monitored. And I could ask for something a little bit more, uh, uh difficult

A: Mmmm

P: Uh, increase the repetitions. We had cards,

A: Cards?

P: And there were work stations

A: Ahh.

P: Uhh…

A: So you could keep track of how many you’ve done

P: Keep, yeah, yeah!

A: And what you’ve—cool!

P: That’s right, and I’d tick off what I, what I had done, and I’d increase the repetitions.

A: Mmmm

P: And so ultimately I left and I’ve set up my garage. {If, y’know, I now} move the car out, I put a tarpaulin, I got rubber mats, I’ve got a ball, and I have some weight and uh, some stretch cords that I put on the door.

A: Nice.

P: And connect the garage to our kitchen

A: So you’ve made your own

P: Yeah

A: little home gym

P: Yeah, so I do--

A: Wow!

P: I do about an hour. I, I have a set. And I either do it twice or three times

A: Mmmm

P: And I increase the repetitions if I do it three times

A: Mmmm

P: And I start doing it by 20, by 25, by 30

A: Wow

P: Um, that’s i—

A: How often are you doing that a week?

P: I’m doing that, uh, at least 5 days a week

A: Wow!

P: I could’ve done it this morning. I did it yesterday morning.

A: Mmmm

P: Ah, the other day I walked for about 8k. So I walk one day

A: Mmmmm

P: And on Saturdays I normally take off cos my granddaughter plays netball at eight o’clock.

A: Oh wow

P: And it’s too early for me to do my exercises and get there

A: Mmmm!

P: And that’s at the school just over our fence, and so—

A: Oh that’s really convenient

P: I, I want to be there

A: Yeah

P: And my, and our daughter comes as well. So we catch up with them so I don’t--

A: Oh, that’s really cool

P: Exercise Saturday morning

A: Yeah. Wow. That’s awesome!

P: Yeah. A—and I feel good because of that

A: Yeah!

P: And concurrent with that the diet, I watch sugar and I watch salt; oh, I’ve forgotten: I had heart surgery [laugh]

A: Oh, as well! Oh blimey

P: Yeah. Well I had a valve that uh, was leaking.

A: Yeah

P: So it wasn’t, wasn’t massive

A: Yeah, but enough to

P: Yeah

A: Impact everything

P: Yeah, yeah, and so that’s been fixed.

A: Mmmmm

P: And in that process, erm, part of the recovery thing at the hospital, dietician talked with, and so I

A: Mmmm

P: watch salt.

A: Mmmmmmm

P: And, sugar. Hence the question there

A: Hence we’ve got a banana as the

P: Yeah. Yes, yes, yes.

A: As the mix

P: Well that’s okay. If the sugar’s in the banana I

A: I feel like, I don’t feel as bad.

P: Yeah

A: So, it, it doesn’t sound like there are a lot because you seem very in control of your physical activity. But do you think you come across barriers that tend to sort of stop you? So you said early mornings were an example that you—

P: Yeah! O-one of the barriers with um the strength for life is it was structured nine o’clock.

A: Mmmm

P: Ahhh, I get up usually uh, 5:30, 6

A: Ah

P: Um, and uh, my news paper is delivered- I get the newspaper every day—so I walk down in the morning, uh, say 5, 5:30, pick up the paper

A: Mmmm

P: [wife]’s still in bed. I shut the kitchen door, and I brew my coffee

A: mmm

P: I have a coffee and I read the paper for about an hour.

A: Mmmm

P: and do the uh, Soduko *[sic]*

A: Yes

P: I’m not really sure how to say it

A: Yes, so, su, su, su, Soduko, Sudoku, whatever

P: Yeah, whatever, yes. And I, and [wife] actually, so I, so we have grids and I write it out so that she can do it when she comes later. Uhh, and why am I mentioning this?

A: Oh!

P: What was your question?

A: [laugh] My question, so if there were any barriers that tend to

P: Oh, yeah, yeah, yeah!

A: to stop you from getting active, oh and you were mentioning early mornings

P: Now the thing is, I’m ready t-to, as soon as I’ve finished round about se—I’m ready to go.

A: Mmm

P: And I g—and I used to have to wait 2 hours

A: Ohhhh

P: Yeah. Oh, the other thing too is that because of the um, ah radiation ah treatment, ah, for a while me and the toilet were best friends

A: Mmmm

P: And I became focussed on, on toilet and, and uh just from a mental point of view I liked to have all that done

A: Mmm

P: before I, I go. But at home

A: Mmmm

P: if I have a need to go to the toilet I can just stop and walk in

A: Yeah

P: So the need to wait til 9:00

A: Mmmm

P: have two hours when I sat down doing nothing

A: Mmmm

P: Caused me some concern

A: mmm

P: And hence I switched so this morning for instance I actually slept in. Er, didn’t get up til about 6:30 or something. And so I never started exercising until about 7:30, quarter to 8

A: mmm

P: Um, But I could do that because—

A: Mmmm. You’re in charge of your own

P: I’m in charge of my own time, yeah

A: Yeah, yeah

P: And that was, that’s, and sometimes, er, if we had met very early I wouldn’t have had qui—I would have gone home and exercised in the afternoon

A: mmmm, mmmm

P: Oh, I, I mention, I forgot to mention something. I used to um go to an oval. Before I did the weight exercises

A: Mmmmm

P: Every day, I’d walk to an oval where they had a grandstand. It was about 3k from my house, and I would run up 14 steps

A: mmm

P: Then I’d get on to the flat, then 28 up, 28 down one aisle, then up the next aisle down and then down

A: Mmmm!

P: And I’d repeat that at least 20 times, if not 30. But I would walk, double step,

A: Mmmm

P: {27:03} But it turns out my Achilles tendon in my leg started to hurt

A: Ohh…

P: And I, and I um, I di—didn’t want to rupture it

A: Mmmm

P: That was my fear so that style of exercise stopped

A: Mmmm

P: And

A: And you’ve gone to the weights in stead

P: And, weight thing, yeah, I forgot I—

A: Mmmm

P: So I had that before. And I—

A: Do you, do you miss the aerobic, or do think the s—uh, the strengthening stuff’s enough?

P: Well, erm… Strangely enough erm, uhhh, th—the—the strengthening one has controlled my weight better

A: Mmmm!

P: I thought the aerobic one where I was running up—I used to have this little pot belly, and it’s gone!

A: [laugh]

P: And I think it’s uh

A: [clears throat]

P: one of my exercises laying on my back with my knees up and I kinda

A: Mmmm

P: run my hands over my knees so it lifts and puts a

A: Yeah

P: big strain here

A: Yeah

P: Uh, and there’s a couple others that do that, so I think they’ve all contributed

A: Mmmm

P: So I’m actually ple—well the thing is it rained this morning

A: Yeah

P: So I’m in the garage

A: Doing y—yeah, you were able to select—

P: Yeah!

A: Cos I know the weather’s a big barrier for a lot of people

P: Yeah

A: Cos if some people use walking as their main

P: Yep

A: activity and then it rains, you know, a lot of people are really put off by that

P: I used to like walking in the rain as it turned out

A: Personally, I do too

P: Yeah

A: [laughs]

P: It’s quiet, by yourself. I used to my {28:24} jacket—

A: As long as you can get—as long as I can get home and get changed into

P: Yeah

A: clean, dry clothes

P: Yeah

A: I’m alright

P: Me too. Yeah.

A: [laughs]

P: So—

A: So—

P: Exercise has been important

A: Yeah, so you were… mentioning that you’re, sort of, when you were going through the radiation stuff you were chained to the toilet and the home, home stuff became, um, the only way that you could feel in control of being active.

P: Mmmm

A: Do you think that there were any others that kind of would stop you from thinking about activity? Or… were there any other barriers that came from the treatment?

P: Oh, so if you—if you look the activity it was actually leaving home before I’d been the toilet

A: Yeah…

P: Now when I’m at home that’s not a problem

A: Not a problem, okay yeah

P: W—when we uh, when we uh—we were living in Sydney and our kids here in Adelaide, and when we’d drive to Adelaide I’d actually

A: Mmmmm

 worked out all the toilet stops on the way

A: Yeah

P: And I wouldn’t go out—go anywhere in the early days without knowing where the

A: Mmmmm

P: clean public toilets were.

A: Mmmmm, yeah

P: Yeah. But I—I think, uhhh, in the early days that was the biggest impediment, uhhh, for any sort of um, freedom of movement

A: Yeah

P: Um, was the worry about toilet

A: Yeah, I can understand that. Um, so in ter—so flipping, flipping the coin a little bit and looking at things that kind of helped you to be more active, so yousaid being in charge of your own time was really important, um, do you—and you were saying that motiv—like, for motivation didn’t really want to get the, to get the boobs or anything, were there any other kind of, did you have support from your wife, or did you

P: Now, if you go back in the early days the support from [wife] was, uh very {29:58}

A: Mmmm

P: And, and uh… and uh influenced what I did significantly

A: Mmmm

P: Coupled with that was the attendance of the support group

A: Mmm

P: That was—I was really suprised

A: Mmm!

P: that I took to it, yeah

A: Would you have said that the support group helped kind of facilitate your physical activity?

P: Ahh, well at that time it—it w—that was early in the treatment—I wasn’t really thinking of physical activity

A: No, um

P: as a

A: Mmm

P: I was, I was into searching for the magic drug

A: [small laugh]

P: Um

A: Yeah

P: I mean I was quaffing bloody Brazil nuts to get selenium

A: [small laugh]

P: Which I’ve stopped now. I eat Brazil Nuts now, but not for that

A: Not for that reason

P: purpose. Cos I’ve now seen the study of 35,000 men in the states

A: Mmmm

P: They were looking to see whether it was effective, and they stopped the study in less than a year

A: Wow

P: because it was shown not to be effective at all.

A: No—no better than placebo

P: No. I’ve moved from trying to take every drug under the sun, uh, to um, erm, what’s the medical term? Um. Proven medical practice…

A: Oh! Evidence-based?

P: Evidence ba—yeah.

A: Yeah, yeah.

P: I’ve, I’ve, and so I discount all of the

A: Mmm

P: alternate therapies

A: Mmmm

P: I have no interest in them anymore.

A: Mmmm

P: I be—believe people are being conned. I watch ads on TV

A: Yeah

P: and sneer at it

A: [laugh]

P: how the language is carefully chosen

A: It is!

P: Not to say that this cures—this will help you. Mmm.

A: Yeah.

P: Lot of things will help you

A: [small laugh] Plenty of things.

P: --Yeah, so I wasn’t heavily into physical exercise—Oh, I did walk!

A: Mmmmm!

P: I walked every day.

A: Mmmm

P: So in that sense, uh, there was er—I forgot about that. I lived in Sydney, I walked, uh, I walked uh every morning.

A: Mmmm

P: Yeah. So walking is the, er, the only big exercise

A: Yeah

P: that I engaged in

A: Yeah.

P: Yeah. But not, uh, anywhere near the sort of like, the program I’ve put in place now

A: Yeah, yeah. Um, in terms of um, sort of the guidelines, uh, did you get—are you aware of the guidelines for people sort of over 65, or for people with cancer?

P: Say that again. What was the first one?

A: We—umm, do you have a sense of what the guidelines are?

P: For what?
A: For physical activity for someone who has prostate cancer or for someone of your age.

P: There were two honours students at uhh Uni SA that had a program.

A: Mmmmm

P: And…

A: Ooh, he’s come pre-prepared!

P: Oh, it’s in my—it’s on my phone. And the—they put the program on the phone.

A: Oh, wow

P: I hope it’s still there. And I was one of the people that volunteered to do that. [mutters while searching] ooh shit… I can’t remember what it was called.

A: I might need a second coffee I reckon. [laugh]

P: And it’s useful because every now and again I look to see whether there’s something different I can do

A: Mmmm

P: My wife’s now is also very concerned about her weight

A: Mmmm

P: And she goes to a gym. She needs to have—I find I can actually drive myself, and she needs to have a support

A: Yeah

P: And—

A: Like an external, kind of

P: Yeah. And so she

A: motivation

P: she has bought a number of exercise books. And when I bought these, uh, stretch cables they p-put a booklet in with exercise

A: Mmm

P: I’ve got a ball which I use and that—that had exercises

A: Mmmm

P: But I al—I check on other—and when I see, um, uh, what’s it, uhh, I-I on the Sunday paper there’s this, uh, section I stare at a bit, uhh, on uh, y’know a life, uh, drugs and, uh

A: Ohh, like, like some sort of lifestyle

P: Yeah, lifestyle.

A: book thing

P: Occasionally there’s a page on exercises.

A: Oh!

P: SO I always look at that. And sometimes I cut them out and say “oh, I must do them.” But also in here, I can’t—I’ve forgotten what the thing is called!

A: It’s alright.

P: But there was an app, they uh, uh, put on the phone and I—and you could actually set up a program and do those exercises.

A: Oh, brilliant!

P: And, and the phone was—

A: The phone tells you, like—

P: Yeah!

A: You could program it in that the phone tells you—

P: Yeah! You can select the exercises how

A: Oh! That’s great!

P: And y-you—how hard a program you want and that would uh, indicate repetitions and so on.

A: Oh, cool!
P: Yeah. Don’t think it’s here. Maybe I took it off.

A: So you’re, uh—you seem really knowledgeable [small laugh] in, in terms of how to set up a program for yourself and how to do that. Was the, the strength for life integral to getting that

P: Yeah! Yeah,

A: knowledge into you?

P: Because

A: Yeah

P: Uh, as I mentioned, they set out to tailor a program

A: Mmmm

P: for each person.

A: Mmm!

P: and the group was diverse. Um with an 80 year old lady, uh, they would be focussing, uh, have a big line

A: mmm

P: and they’d have to walk so that they could walk only on the line and it

A: Oh, so the balance

P: and when you do that you, you’re susceptible

A: Yeah

P: to swaying

A: Yeah

P: and this was all about getting them to balance.

A: Wow

P: An—and my case was to get this half-ball and I’d stand on that with weights

A: [whispering] Oh no. Oh the—yeah.

P: Yeah. And I would

A: Yeah

P: swing my arms

A: Mmmm

P: And then they got me to shut my eyes. And that makes it very hard

A: That would be difficult.

P: cos, I used to fix on something. My—

A: To help

P: Yeah, that kept me on and as soon as I shut my eyes

A: Mmmm

P: [mimics falling vocalisation] and off I’d go

A: So, other than that, like, you said that the internet—you’re always looking out for new things, so do you use the internet like a lot to try and find new information?

P: Uhhh, not necessarily about uh, exercises, cos like I say, um, I—I, uh, whilst I uh don’t really take a lot of notice of um, this lifestyle section in the Sunday Mail

A: Mmmm

P: I do look at the exercises. And if I can see an exercise that would benefit me,

A: Mmmmm

P: uh, I cut that page out and uh, I got stacks of cut bits of paper from newspapers

A: Wow

P: on other articles sitting on a chair

A: [laugh]

P: in my study.

A: That’s fantastic.

P: And I incorporate them. At the moment I’ve-I’ve added, uh, erm, like we went on a cruise and it turns out I won, uhh, a competition and that was half an hour with the head of the um, erm, gymnasium on the, on the ship.

A: [small laugh]

P: And I was aware—I used to just plunge straight in, and I was aware that I didn’t warm up.

A: Mmmmmm

P: And I asked him for a set of warm-up exercises. So he spent half an hour with me working on what I could do to warm up which would be appropriate.

A: Mmmm

P: And I’ve now have that as a precursor to my exercise program.

A: Mmm.

P: So I am mindful of uhh, expanding, changing, and deficiencies.

A: Wow. That’s amazing. Um, so we’ll just move on to the third bit,

P: Sure.

A: and keep moving on. Um, so I’m going to ask you some questions about the internet in general and then some thoughts on—

P: The internet?

A: The internet in general.

P: Yep.

A: And then I’m going to ask you some questions about to the two, um, ideas that we’ve got for my project

P: Okay.

A: and would like your opinion.

P: Okay,

A: Um so can you tell me a little bit about how you’re using the internet at the moment.

P: Yes. I use it a lot. Um, one of my hobbies is, uh, taking, uh photographs. Sowhen we travel

A: Mmmm

P: I take photographs. When uh, grandchildren play sport I take photographs.

A: Mmmm

P: I like, erm, I—we used to 4-wheel-drive; about 10 years, and I used to photograph scenery and flowers. Er, and when I go walking, if I see a flower I like

A: Mmmm

P: Next I bring my—Next time I walk I bring my camera I take a photograph of the flower. Needless to say, in a year, I would shoot maybe uh, 60, s—70 gigabytes worth of photographs.

A: [laughing] Wow

P: And uh—depending on whether I shoot in RAW or JPEG.

A: Mmmm

P: And other than that there’s, uh, years ago I used Photoshop. Other than that, I’d forgotten, uh, and to give you an example, uh, there’s a, uhh, a site in America called linda.com which my wife found. Uh, you pay a monthly fee and you have access 24 hours a day, to their video training

A: Mmmm

P: And they have some excellent training videos on Lightroom which is a merged—

A: I’ve heard of that one.

P: In my ear—since, since my day

A: Mmmm

P: and uh, the new versions of Photoshop,

A: Mmm

P: and of course they’re all in the Creative Clod

A: Mmmmm

P: So, I have bought a year’s subscription, uh, I uh last year started to look at tutorials on Lightroom

A: Mmmm

P: and I’ve done 3 different tutorials. Uh there are—This year I’m going to focus on Photoshop. And the people who give these tutorials, they are very professional. I believe they’re incredibly good. I wax lyrical

A: [small laugh]

P: about them now.

A: Mmmmm!

P: Unbelievably good! And I’ve learned so much. So that’s one thing.

A: Mmmm.

P: The other is that, uh, and uh I process my pictures. I, I’m interested in sport.

A: Mmm

P: I played, uh, soccer. Uhh, semi-professionally. I was very young before I got in with the university.

A: Mmm

P: Uhhh, I played squash. Errrm. When I went to America, I embraced gridiron and baseball; I think they’re terrific. Ahh, so I watch them on TV but I go on the internet and check the scores

A: Mmmmm

P: beforehand so I can just see how it goes.

A: Yeah.

P: So I get um, every day I would get uhh, 7 or 8 newsletters.

A: Mmmmm

P: I get The Australian, News.Com, uh, the BBC, Uh The Washington Post

A: Wow

P: Uhh, and a couple of others.

A: Mmmm

P: I get uhh, uh Soccer uh, newsletters, and travel. Erm QANTAS, cruise lines. And my wife and I have over the last 3 or 4 days, we’ve um, we’ve worked out—oh, and we belong to a resort club.

A: Ooh.

P: So, we’ve booked for instance—this is an example—we booked err five days; seven days at {40:17} in a resort.

A: Mmmmm

P: Ah, [wife] noticed that er, the s—Australia’s playing, uh Thailand in a World Cup elimination final in Melbourne, ahhh, two—three days before we go to {place name}. So we’ve booked three days in Melbourne. This morning I got on the internet and I got 2 tickets

A: Mmmmmm

P: Ahh, three rows back from the front of the—the—

A: Brilliant [laugh]

P: Ahh, we’ve—we’ve decided to drive the car. So we’ve

A: Mmmm

P: Drive the car, we’ll go to Melbourne; we’ve got the soccer; we’ll go to {Bowrel}

A: Mmmm!

P: But also {Floriard} starts just after we leave {Bowrel}

A: Mmmm

P: So we’ve got 2 nights in a hotel in uh, Canberra. We’ll go to {Floriard}, I’ll see my cousin

A: Oh, yeah, yeah

P: who told me about prostate cancer who lives in—and [wife]’s brother lives at Wagga. So we’ll then drive to—

A: Oh [sounds to indicate travelling to numerous locations]

P: So we’ve worked out that route.

A: Mmmm!

P: Now that’s in—err—on top of that, this year, erm, because in—in this club we’ve got a {free-fly} phase at a hotel—we’ve selected a hotel in Singapore. We found a cruise that um, ahhh leaves Singapore but comes back

A: Mmmm

P: So we went to our travel agent. We’ve got a flight that takes us to Singapore flies on to {Seam Reef} {41:33}, come back to Singapore, five days on the ship, cruise, and then fly back to Australia. We fixed—fixed up that yesterday as well.

A: Mmmm. And all—you’ve done all that yourself online

P: We do the uhh, investigation

A: Yeah

P: But we are firm believers in using a travel agent

A: Yeah

P: for a number of reasons. I have friends who do all this themselves.

A: Mmmm

P: When we did cruise around Japan, our ship was interrupted twice by mega typhoons.

A: Whoa.

P: And on a—it was the last cruise we were coming back to Yokohama we were to fly out on a particular—because of the mega typhoon

A: Mmmm

P: the captain took us up to Korea.

A: Mmm!

P: And this huge typhoon swept over Japan, destroyed houses and God-knows-what.

A: Mmmm

P: Now, the captain was right. So we got back to Yokohama a day late; our plane had already gone.

A: Mmmmmm

P: And what did we do? We rang up our travel agent—Oh, the ship gave us half an hour free time on the phone.

A: Mmmm

P: Rang up the travel agent, she said “oh, I’ll take care of everything.” So she booked us into a uh, airport hotel. Booked the equivalent flights on QANTAS, er, 2 days later

A: Mmmm

P: And we flew home

A: And it was all fine

P: Yeah

A: Yeah

P: Yeah. A-a-andif er we didn’t have a travel agent, we would s-still be on that ship trying to

A: [laugh]

P: work out how the hell--

A: How to get home

P: Yeah, yeah

A: Yeah. Um, just kinda going back to the internet, when you’re on a web—

P: Oh, sorry—

A: No, no, no!

P: –email, I have a circle of friends, we email—I organised a dinner under the Festival of Food.

A: Mmmm!

P: And I—and it was iterating back and forward; “What day a-are you free? Tell us.” Copy to everyone then do the booking

A: Mmmm

P: So um, and I send out pictures, like on the—my reply to you—

A: I love them [small laugh]

P: And I—

A: They made me so happy, I’m like: “Oh, that’s hilarious”

P: Well, I have a li—I collect th-these pictures, so I have a library and I have to sort of make a judgement about how

A: [laughs]

P: raunchy, risqué, or not. [small laugh]

A: They’re so much fun, I really appreciate them

P: I l-I like the one about uh, the eleph—erm, uh, euro—no, euth—what’s that, that drug for aches and pains? The, the skeleton on the motorbike.

A: Oh, I’m s—Nurofen, or—

P: Nurofen. There’s a, there’s a, there’s a drug

A: Mmmmm

P: for treating arthritis.

A: Ohh. That’s alright, I’m not sure.

P: And it’s called that chapter of a motorcycle

A: Oh [small laugh]

P: I think I—I thought I sent you that one, anyway

A: You might have

P: Yeah

A: I dunno

P: Okay, don’t worry

A: Anyway, when, when you’re on a website, what kind of do you like about it? Like, do you like things that you interact with, or—like how do you like—

P: I like to be able to find the information.

A: Mmmm

P: Like this morning when I was booking the uh, soccer tickets I got on and I found that they weren’t going to let you do it til 9:00.

A: Hmm

P: I didn’t know that. Erm, and then when I logged on at 9:00, I could see—and I wanted—when I looked at the website last night, I wondered how in the hell I made a decision about which seats.

A: Mmm

P: So when I logged on this morning there was a code I could put in which immediately took me to a diagram of the oval, and I could select which part of the oval

A: Mmm

P: I wanted to sit.

A: Mmm

P: And so that was helpful. So I like to be able to, uh navigate

A: Yeah, easily

P: with ease

A: Mmmm

P: Conversely, uh Medi—we, we are Medibank Private patients–I find their site useful for the information. But when my um, I got a new Visa card, the dates changed, and so I had to let them know because I had a um, what do you call it? Um, a regular payment—

A: Oh, yeah, yeah

P: Now when I tried to that, I found that part of their site brain-numbingly bad.

A: Mmmmmmm

P: And I’m going to go into their office when I leave on the way home, uh, just to check that what I did

A: Mmm has gone through

P: Uhh, has occurred.

A: Yeah

P: Uh and it struck me uh—so I like to be able to navigate, I like to be able to use the site

A: Mmmm

P: to find the information I want

A: Mmm

P: Yeah

A: Do you like things that involve sort of multiple types of medias? So, text, audio, picture

P: Depends

A: videos

P: what I want.

A: Mmmm

P: Uh, like with the soccer thing it was important to have a picture of uh,

A: Mmmm

P: AAMI Stadium

A: Yeah

P: And when I clicked on, uh—immediately it was colour coded to show the different prices

A: Mmmmm

P: of seats in different—so

A: Mmmm

P: that sort of thing’s very useful

A: Mmm, but then with the tutorials is, is tha—

P: Oh, the tutorials

A: Is that video-based? Or is that—

P: Yeah, it’s video.

A: Yeah.

P: It’s a video. Tha—and what they do is uhh they qu—the course could be uh, 4 hours long but they’ll have maybe 100 lessons of 5 minutes.

A: Mmmmm

P: And there’s a video for every 5 minutes. And they also have ex-uh-ex—the pictures that they work on are available for me to download and work on as well.

A: Oh, so you can go as you go—as they go on it, you can

P: I use—I use—I used to have

A: kind of go with it.

P: two screens.

A: Mmmm!

P: So I’d put the tutorial on here, and their exercise picture

A: Mmmm!

P: on there, and I’d stop the tutorial and do stuff on the other screen.

A: Mmm. So, yeah, it depends on what you want it to do.

P: Yeah.

A: Yeah.

P: Yeah.

A: That makes sense. Um so I’m going to move on to the

P: Yep.

A: last section of the interview. So, um I know I chatted to you about this before but I’ll just keep, keep following this to make sure it’s all consistent. Um, so, some websites that are d-designed for physical activity are designed to have ongoing advice, so you log in and um it pops up and you tell how much activity you’ve done and, and it spits back some feedback at you. Um, and it’s kind of like taken through like a guided program, so you kind of go from A, to B, to C, to D and… [pauses for audio over PA] [laughs]

P: Sounds like a… [PA continues]

A: Do you want lunch beforehand you leave? [laughs]

P: That’s something—I order a lot less than I used to.

A: Eh!

P: I think the exercise is a contributing factor.

A: Mmmm [pause as PA continues] [laughs] Sorry

P: You were saying…

A: [laughs] Anyway, sorry. So um, the program would go and cover, y’know, topic A about um goal setting or something, and then topic B might be about something else, and you’re kind of guided through that, and it would—typical programs kind of last between 8 and 12 weeks. So I was wondering what your thoughts were on that kind of program.

P: Well for me, I don’t think it—because I’m settled in what I do

A: Mmmm

P: I-I don’t think I’d be attracted to it

A: Mmmm

P: Because I mean, in a way I’m doing that myself.

A: Yeah.

P: Erm, But if I were approaching it, uh, as a first-timer, I-I-I would think that would be helpful. Um

A: Yeah

P: But like I say, it’s hard for me for me to really comment because I’m quite settled in

A: Yeah

P: what I do

A: Yeah

P: and it’s been productive. Um, as I said I’ve lost weight,

A: Mmm

P: my body shape’s changed,

A: Mmm, mmm

P: Uhhh, and so I-I’ve got that sort of a bit—and my wife keeps on saying: “Ohh, you make me so angry.”

A: [small laugh]

P: Co-cos I’ve lost weight and she hasn’t.

A: Oh dear.

P: Yeah so—

A: Well, so, okay, so, not particularly easy for you, but you can see how it would be useful for others

P: Yeah, I would think someone who was starting off

A: Yeah

P: Uhh, who would want to give it a go

A: Mmmm

P: if they—if they were convinced that er exercise would help them,

A: Mmmm

P: Uh-eh-they would need to n—as I see it, you sit at your terminal and this and then you go off

A: Mmmm

P: exercise

A: Mmmm

P: The, the, the, there’s the difficulty of—of uhh, uh having the uh authoritive source of information

A: Mmmm

P: here and the experts—

A: You’ve got to go off and do something else—

P: Yeah, you’ve got to return

A: Yeah.

P: And I can’t see people getting their um

A: Comp—get their computer and putting in the, in the gym [laugh]

P: With a little laptop, yeah

A: Yeah [laugh]

P: Yeah

A: Um, so in contrast, we’ve got the idea of a free choice model. So it would still be similar, so like you log on and um you still get feedback over time but you can choose what information you take in, so if there’s 8, you know, 8 different s-sections on goal-setting or, local resources or whatever, you can pick and choose—

P: Yeah

A: how much you read. Um so, and it would still be the same amount of information; it would be about 8 to 12 weeks worth, but what do you think the pros and cons of sort of presenting a program of that might be?

P: Well I—I’m, I—I find myself more in tune with that sort of—

A: Mmmm!

P: But—it lets me, uh make decisions about what I do and when

A: Mmmm

P: as I understand, you sort of—

A: Yeah

P: And uh, I like that a bunch.

A: Mmm

P: So, if someone has some preconceived notions about what they ought to do, and they see they could find

A: Mmmm

P: Uhhh, items in uh, erm, the uh, menu or whatever it is you’re used to, let people make choice. Uh, they can see-they can find things that work to their liking. I think

A: Yeah

P: that would be intelligent.

A: Yeah.

P: Yeah.

A: Um, so I’m going to give you a list of potential names I’ve thought of, and I’d like you to— [pauses for background noise] It’s a good thing we’re nearly finished. Um, I was wondering if you could kind of go through these and see which ones kind of jump at you and—or what ones you like or don’t like in terms of names.

P: Okay. [pauses to read through list] Oh, I like that. [pause] What’s “ProsPA”

A: Prostate Cancer, Physical Activity

P: Prostate…

A: But you see because it’s an acron—lots of—lots of things in my field use acronyms.

P: Yeah.

A: Personally, I think, you wanna know what it is [small laugh]

P: [small laugh] Yeah.

A: Sometimes acronyms are great, but

P: Look at this one!

A: in terms of saving—See? You know? It’s like it’s just like it would be PACP.com.au,

P: Yeah

A: but then that would have to be in the brackets, you know? So…

P: I don’t know {Manual To Move} means. I Can Move, excellent, iSrengthen—I mean this is individual focussed. Is—

A: Um, yeah, so you, you log in as an individual

P: Uh

A: It’s not group-based. It’s all individual.

P: And so you look at this iStrengthen, say, look at that and say “well this is going to be about me doing strength exercises.”

A: Yeah, yeah.

P: “This is about me moving.”

A: Mmmm

P: I assume that’s what it is.

A: Yeah.

P: CancerFit. I’m not sure what that—Exercise Fit For Cancer Patients

A: Yeah, like it’s, it’s hard because you have to have something catchy, but you have to

P: Yeah

A: have something that’s meaningful

P: Yeah

A: but it also can’t be wishy-washy either

P: Mmmm

A: so you know, some people might think, umm… like, “tailored to me” or something. Cos it’s all about tailoring the

P: Yeah

A: the program so it’s—because it’s computer-based, you can tailor it

P: Yeah

A: to be—the

P: Well th—

A: the advice we give a 70-year-old will be different to the advice

P: Yeah!
A: we give a 50-year-old, but…

P: All those “me’s”.

A: Lots of “me’s”

P: Yeah.

A: Cos it’s individual, so

P: Well

A: I was kind of brainstorming

P: That’s

A: a bit.

P: That’s like the Strength For Life thing,

A: Mmmm

P: Which I thought worked well.

A: Mmmm

P: Erm, th—the difference being that as a group we were all in the same space.

A: Mmmm

P: But we’re all doing, uhh, different things

A: Mmmm

P: we might be doing the same things but at different levels.

A: Mmmm, mmmm

P: So it was very much “me.”

A: Mmmm

P: And so I, I have an empathy with uh, that.

A: Mmmm

P: So… Any Movement Matters, that’s alright. I Move More. Oh, so, point here is, what, to find a catchy phrase?

A: Yeah, it’s, it’s, it’s, it’s to try and give a name to this online program because

P: Ohh okay

A: y’know, marketing will impact, like, first perceptions of a program.

P: Okay.

A: So if you saw something that was like, um… You know, from some perspectives it could be wishy-washy, from other perspectives it’s not, giving enough information, um. Marketing I think is very difficult [small laugh]

P: Yeah! Yeah.

A: Especially, I’m not someone who has gone through prostate cancer, I’m not a man, and I’m very, very young, so

P: Yes, yes

A: I need information [laughs]

P: Yeah

A: to know what’s going to work

P: Yeah, oh yeah [small laugh]

A: [small laugh]

P: Every parameter you mentioned then [laughs]

A: [laughs] Exactly.

P: That’s true.

A: So I ne—I need some help [laughs]

P: Yeah. How long have—

A: If you’ve got any ideas feel—please feel free to let me know

P: Well, My Movement Matters I see as much better than Any Movement Matters

A: Mmmm

P Cos again, it’s er,

A: It’s kind of emphasising

P: Yeah

A: the individual a bit

P: Yeah

A: Yeah

P: A Stronger Me, I uh—I think is uh—Building Up Blokes, well I think that

A: It—

P: it’s very true that in general blokes, are resistant to programs, going to the doctor and the rest of it

A: Mmmm

P: Erm…

A: But I—I was the only er problem with this is that it could sound ummm, it’s—it could be psychological support as well, if Building Up Blokes, like it—so it’s like, in one way, you could think about it as strengthening, but in one—in a different way you could think about it as more psychological support care; like, it doesn’t—

P: You—

A: But I quite like the alliteration so it’s like *Building Up Blokes*

P: Ah, yeah

A: Y’know, like, ahhh

P: So you’re saying that uh, people could be put off because it’s blokey?

A: What if, what if it’s—well, yeah. And if you

P: Yeah

A: don’t identify

P: Yeah, yeah

A: as a blokey-blokey-bloke-bloke-bloke

P: Well that’s it, yeah

A: it’s hard to try and pitch

P: Yeah, yeah

A: at uh, and encompassing name that’s—

P: Yeah, I’d agree

A: approachable

P: Yeah, well I mean I would be put—give you an ex—an example of uh, sophistication, whatever

A: Mmmmm

P: Adelaide University’s running two commercials on TV. I don’t know if you’ve seen it.

A: No, I don’t watch free-to-air TV [small laugh]

P: Okay, well

A: Apart—except for the AFL

P: I was—but it’s on uhh, Foxtel as well

A: Oh, I just watch Netflix [laughs]

P: [small laugh] One of—The first one I thought was sophisticated

A: Mmmm

P: Uhhh, and I loved it. Classical music in the background

A: Mmmm!

P: “Show the light”

A: [small laugh]

P: I {55:48} incredibly, but

A: Good marketing

P: Would that attract someone from uh, Elizabeth?

A: Probably not.

P: Would it attract someone who was into rock culture or whatever?

A: Mmmm

P: It happens—happens that I write classical music, and the music, the scenery, the

A: Mmmm

P: uhh, the—everything about it I thought was elegant, sophisticated.

A: Mmmm

P: Now, is that what they’re looking for? I don’t know.

A: I don’t know, but I would—I would assume so. It’s, it’s marketing itself in a particular way.

P: Yeah. A niche—the niche that they’re looking for.

A: Yeah, and

P: Yeah.

A: you know, because most of my background’s been in theory or in,

P: Mmmm

A: in literature, and—I don’t really have a good un—concept of marketing techniques. So, you know, the, the really hard thing with research is, is we kinda pick a name and run with it, but it doesn’t necessarily mean it’s

P: Mmm

A: informative

P: Let, let me go the other way. I can’t see if you head this program Prosper

A: Mmmm

P: that’s going to

A: It’s what’s—what does it mean?

P: What does it mean?

A: Y’know? Yeah.

P: Had you called it PCPA

A: Yeah, that’s gotten, I mean it—

P: That’s not going to—

A: Exactly

P: iStrengthen? {56:44} If you’re looking at—yeah… My Movement Matters?

A: You keep coming back to that one. It—are you okay with that one?

P: I’m just looking at the, the—you focus on the individual

A: Mmmm

P: My Fit is too short, and

A: Mmmm

P: and it could be a bit like pants?

A: Yeah, I can understand that

P: Yeah. A Stronger Me? Cancer Fit, maybe. Movement & Me. iStrengthen. iCanMove. Well, if you’re looking at exercise, I—

A: Mmmm

P: But see, yeah moving is important as well, but—

A: Yeah. And then—

P: Men To Move, I don’t think I like that.

A: Fair enough.

P: I don’t think I like that.

A: Mmhmm.

P: Cancer Fit, that could mean anything.

A: That can go [small laugh]

P: MyFit, I’d—

A: I like this; executive decision making. [guillotine noise] Get rid of it! Get rid of it, go!

P: [small laugh] Well no, I’m just giving you a—

A: No, it’s really helpful!

P: My Movement Matters is okay. A Stronger Me? Building Up Blokes… that could work against you for a—

A: It could work for some, but not, not

P: Yeah

A: for others

P: So, uh… I get—Some of my friends would respond to the notion of being thought of as a bloke.

A: Mmmm

P: Uhh, others not.

A: Mmmm

P: Uh, and maybe um… when I—with—I was at a football match. I could see the blokes [laughs]

A: [laughs]

P: And I have a notion of what—how they behave.

A: Mmmm

P: The blokes would go to the pub and have a grog. So, but the alliteration I see is what uh, you’re—

A: Mmmm, mmm

P: And you’ve got it here too on Movement Matters

A: Mmmmm

P: And… Could you have and M in—another M word here?

A: Yeah, maybe.

P: Molten—no.

A: [laughs]

P: I can’t think of any off the top of my head

A: Yeah, yeah I couldn’t think of anything else either, but…

P: I Move More? Tailored To M—All these have got, uh, a focus which is appropriate

A: Mmmm

P: but they are specific aren’t they?

A: Mmmm

P: They’re not all-embracing.

A: And it’s, it’s hard—umm… I kind of want something that… is a little obvious

P: Yeah

A: of what it is, so

P: Yeah.

A: Movement Matters, okay, my body move, I can kind of understand that. Um, and, and, thin—

P: If, if you take

A: Yeah

P: Different context you could say uh, this could be a toilet. [laughs]

A: [laughs]

P: And that’s right, it does too. So yeah.

A: I hadn’t even thought of that, that’s hilarious!

P: Yeah. Well…

A: [continues laughing] Oh dear...

P: But I mean—Context of our conversation

A: Mmm

P: it’s clear what that’s supposed to mean

A: Mmmm. But if you came

P: But if it—

A: fresh and cold,

P: Yeah!
A: would you even know what it means?

P: I can only see people thinking

A: Mmm, bowel movements?

P: Yeah, I agree

A: I guess it does

P: I need to go to the toilet every day. Yeah.

A: So, what—so that you—the Stronger Me or iStrengthen, do you think that kind of—because it is—

P: iStrengthen’s okay

A: We—we’re trying to incorporate both aerobic and—

P: Yeah

A: and strength training advice

P: Yeah

A: because especially

P: {59:45}

A: if you’ve had ADT, or hormone treatments, y’know, building up that muscle again

P: It is! Yeah.

A: it so important. So important. And…

P: It actually stripped piles of muscle. My—I was actually bigger.

A: Mmmmm

P: My wife keeps telling me how much bigger I was

A: Mmmm

P: As a result, I think it’s a bit of an exaggeration to say that

A: [comic growl]

P: But I know my arms were bigger, my legs were bigger, my thighs were bigger

A: Mmmm

P: And the, and the hormone really does whack you big time.

A: Yeah

P: Yeah so… Strong Me’s alright.

A: Mmmm

P: I still think My Movement Matters’s okay.

A: Mmmm

P: But, cos I’m sure it’d be in a context you might have figures, in uh, in uh athletic gear, or shorts, or someone with a weight or

A: Mmmm

P: someone walking.

A: Yeah, some—something

P: So—

A: related to—

P: The picture would put it in a context

A: Yeah

P: Yeah. AnyMovement, I th-that—that’s—I understand that, but it

A: Mmmmm. It’s not as…

P: I Move More, Tailored To Me, My Fit, yeah… Yeah, I-I think it’s hard.

A: Yeah.

P: Manual To Move I don’t like

A: Fair enough

P: Erm… Even though I read a lot of manuals. I Can Move… I Will Move… I-I—the sentiment, yeah, getting all those sentiments in to one head—

A: Mmmm, mmmm

P: heading is uh, a challenge isn’t it?

A: Yeah…

P: Yeah.

A: It’s alright, we can—we can leave it there.

P: Yeah

A: That’s already given me a little bit of support anyway.

*[END OF INTERVIEW]*