**ABSTRACT:** Whereas the traditional hospital situation places a premium on inculcating an attitude of docility, compliance, and dependency on the part of the patient and his or her family, such attitudes are more often in direct conflict with the way in which most men in our society have been socialized. An understanding of how such gender role conditioning affects men's behavior would appear to have much value in offering more effective intervention procedures to terminally ill male patients and their families, and to men who are intimately involved with a terminally ill patient.

**Introduction**

The marked increase in life expectancy achieved in this century has been accompanied by a parallel increase in the numbers of people suffering from life-threatening disorders. While heart disease kills more people in this country, it is cancer, with its strong association with pain, suffering, horrible disfigurement, loss of the most basic functioning, and ultimately, the greatest fear—loss of life itself—which arouses an incredible array of emotional responses in both the sufferer and his family. In our century, therefore, cancer and other related illnesses have assumed new dimensions as a human experience.

Much has been written during the last 20 years in regard to the psychosocial dynamics and processes involved in those individuals coping with the crisis of terminal disease, including the various emotional responses and behaviors exhibited by patients and their families, such as shock, denial, rage, depression, fear, and confusion (Epstein, 1975; Garfield, 1978; Glasser & Strauss, 1965; Goldberg, 1973; Kubler-Ross, 1969; Tousley, 1982; Weisman, 1979). Classical psychodynamic theory has viewed the emotional responses and behaviors of the terminally ill patient and his or her grieving family as an intrapersonal phenomenon,
characterized by a particular set of responses by the individual to the threatened or actual loss of one's own life or that of a loved one or significant other (Engel, 1964). There remains a notable gap in the literature, however, in regard to the effect gender role socialization exerts on the responses and reactions of men both as patients and as family members of terminal patients. Such a broadened perspective is essential in enabling the professional staff in the hospital to facilitate appropriate intervention strategies with dying patients and their families.

The Masculine Value System

Stereotypical male role behavior is largely acquired, as is most other social behavior, through experience and socialization. The masculine value system embraces a complex set of values and beliefs, learned during early socialization (Hartley, 1959) and built on rather inflexible gender role stereotypes that characterize optimal masculinity. From these stereotypes emerge numerous premises, expectations, and attitudes about being a man in this society:

(a) masculinity is superior to femininity and is the dominant, more valued form of gender identity;
(b) man's masculinity is measured through power, dominance, competition, and control;
(c) for a man to feel and communicate emotions or to be vulnerable is a sign of femininity and to be avoided; rational or logical thought processes are superior to "feminine" intuitive processes and emotional expressions;
(d) the worth of a man is measured through his success in his work;
(e) superior in career potential, man's primary role is that of breadwinner; a woman's principal role is that of housewife and caretaker of (his) children (O'Neil, 1981).

The following section will consider in more detail certain of these personality traits that characterize the American male which constitute problematic behavior on the part of men who are terminally ill as well as in men involved as a family member or significant other of a terminally ill patient. Following each of these personality configurations, a case history will be presented to illustrate specific interpersonal styles utilized by male patients and male family members of patients.

Fear of Loss of Control

O'Neil (1981) suggests that men's generalized fear of femininity focuses their attention on control, power, and competition issues, with the