

Masculinity & Medicine: Reframing Supportive Care for Men

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Objectives

- Describe gendered stereotypes and biases related to traditional masculinity that may create barriers in serious illness care.
- Identify psychosocial issues related to grief and coping commonly faced by men with life-limiting illness.
- Employ communication and education strategies adapted for men with serious illness.

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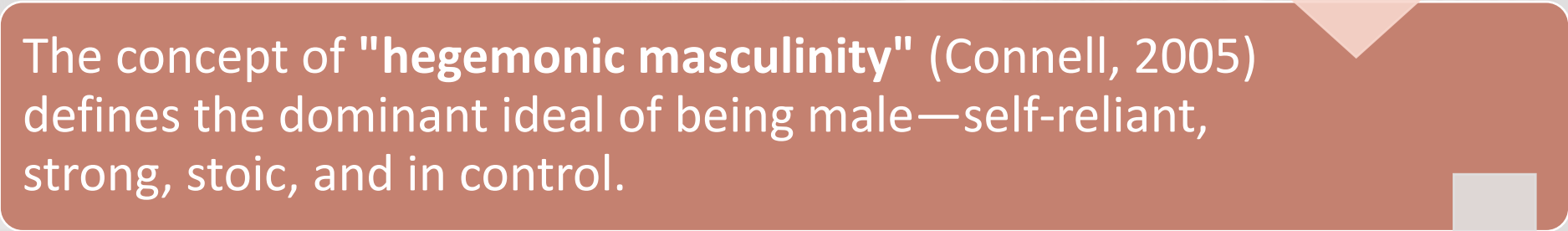
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The Social Construction of Masculinity

Masculinity is not innate; it is shaped by culture, upbringing, and societal expectations.

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The concept of "**hegemonic masculinity**" (Connell, 2005) defines the dominant ideal of being male—self-reliant, strong, stoic, and in control.

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In health care, these ideals can lead men to avoid vulnerability, emotional disclosure, or dependence.

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Stereotypes & Clinical Implications

Common Stereotype	Potential Barrier in Care	Clinical Implication
Men don't ask for help	Underreporting of symptoms or distress	Missed opportunities for palliative support
Men are stoic	Emotional needs minimized by team	Reduced psychosocial engagement
Men value control	Fear of losing autonomy	Resistance to care planning

Key Point: Traditional masculinity can create emotional isolation at a time when relational connection is most needed.

Grief and Loss

01

Men may experience "**disenfranchised grief**" when emotional expression is limited by masculine norms.

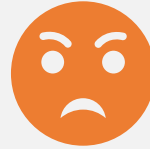
02

Tendencies toward **instrumental coping** (doing, problem-solving) rather than **emotional coping** (feeling, expressing).

03

Risk of **depression or anger masked as irritability, withdrawal, or aggression.**

Identity and Role Challenges



Illness can threaten identity as a provider, protector, or independent actor.



Loss of physical ability or sexual function can trigger shame and withdrawal.



Family dynamics often shift; male patients may feel burdensome or devalued.

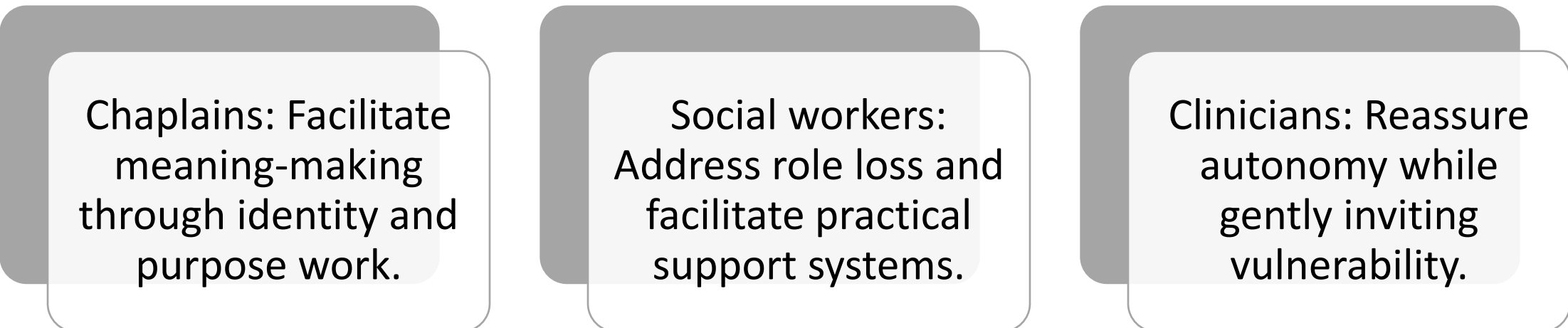
Adapting Communication Approaches

- . Use **task-oriented dialogue** to initiate connection (focus on goals, values, or problem-solving).
- . Normalize emotional expression through **language of strength** (e.g., “It takes courage to talk about this”).
- . Offer **choice and control** whenever possible.

Education and Engagement

Frame	Frame supportive care as empowering, not dependent.
Engage	Engage men in action-based coping (legacy projects, mentoring, rituals of meaning-making).
Involve	Involve family, peers, or groups when appropriate—men often open up in shared activity contexts.

Interdisciplinary Team Interventions



Chaplains: Facilitate meaning-making through identity and purpose work.

Social workers:
Address role loss and facilitate practical support systems.

Clinicians: Reassure autonomy while gently inviting vulnerability.

Case Scenario

- A 58-year-old man with advanced lung cancer struggles with accepting palliative care. He continues to minimize symptoms and refuses emotional support, insisting “I’m fine.” His spouse reports he has become withdrawn and irritable. The primarily female care team is hesitant to be alone in rooms or interact with him.
 - What masculine norms are influencing his behavior?
 - How might the care team approach him differently?
 - What communication strategies could foster openness and trust?

Key Takeaways

01

Masculinity influences how men interpret illness, express distress, and engage with care.

02

Recognizing masculine norms helps clinicians adapt supportive strategies.

03

Effective care for men involves honoring their values—strength, independence, and purpose—while gently expanding definitions of what it means to be strong.

Suggested Resources for Clinicians

- Courtenay, W. H. (2000). *Dying to Be Men: Psychosocial, Environmental, and Biobehavioral Directions in Promoting the Health of Men and Boys*. Routledge.
- Mahalik, J. R., et al. (2003). "Development of the Conformity to Masculine Norms Inventory." *Psychology of Men & Masculinity*, 4(1), 3–25.
- Barbara Karnes, RN. *Gone From My Sight: The Dying Experience*. (for understanding emotional processes in dying patients)