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Disability, embodiment and masculinities:
a complex matrix

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Introduction:

It has previously been suggested that femininity and disability are mutually reinforcing as both are similarly constructed as marginalised identities within hegemonic able-bodied patriarchies. In contrast, masculinity and disability are said to exist in a state of conflict: the elements of strength, stamina, authority and potency associated with hegemonic masculinity practices are considered antithetical to the experiences and representations of men with impairments (Shuttleworth et al, 2012). Within Western culture, the Cartesian split between (male) mind and (female) body reinforces a view that men's bodies are expected to (naturally) function well without overt attention and are therefore simultaneously dissociated from their identity whilst being an integral part of it. The gender identity options open to men with impairments are seemingly left as 'failed', 'spoiled', or in need of reformulation. However, as Moser (2006) suggests, interactions of difference such as disability and gender are more complex and can interact to support and reinforce but also to challenge and undermine each other.

Within this chapter, we outline the historical development of scholarly work on masculinities and disability paying attention to conceptual shifts in thinking on this relationship. We consider what some (Hearn et al, 2012)¹ have called 'third wave' conceptualisations of masculinities linking these to ongoing theorising within disability studies and particularly discussions about social and relational models of disability. We consider work on masculinities and learning impairment in addition to 'cyborg bodies' and gender, as useful examples to explore how this recent thinking in both masculinities and disability studies can inform each other. We conclude by considering how the above can help situate thinking around disabled masculinities within the wider neoliberal context. We do this recognising that concepts such as 'hegemonic masculinity' and neoliberalism are themselves open to interrogation and refinement (Connell & Messerschmidt, 2005; Robertson et al, 2017; Monaghan et al, 2017).

Historical emergence of masculinities and disability:

Since the 1980s, feminist work has noted how gender has often been invisible and how the experiences of disabled men have been taken as representative of all disabled experience (e.g. Morris 1993). Simultaneously, key Disability Studies writers were recognising that little research explored the lived experiences of disabled men (Shakespeare, 1996, 1999). Shakespeare (1996) helps unpick this paradox suggesting that women, researching through predominantly feminist approaches, tended to explore the personal aspects of sexuality, relationships, and identity, whereas men often focused on employment, housing, and more material social issues. This, he says, reproduced the public (realm of the male) private (realm of the female) split, leading to an under-representation of disabled men's lived experiences.

¹ Whilst Hearn et al (2012) discuss this in relation to masculinities theorising in Sweden, at a broad level we see clear similarities in masculinities theorising across the global north.

Accounts of men's personal experiences of impairment and links to 'masculinity' began to emerge with autoethnographic pieces (e.g. Kriegel, 1998; Murphy, 1987; Zola, 1982) highlighting the difficulties some men had in negotiating a gendered identity usually following acquired physical impairment. These accounts tended to focus on an 'embattled identity'; the struggles men had in meeting society's (and their own) conflicting expectations of what it is to be male. However, such accounts also showed how aspects of masculinity could assist in surviving the experience of becoming impaired:

Be a man! An old battered idea that has not fared well. Like all clichés, it embarrasses. Yet clichés spring from the cultures that give them life, and to the idea of what it meant to be a man in 1944 I owe my survival. (Kriegel 1998: 5)

Whilst such work is important in highlighting how 'disability' is a gendered issue for men it risks reproducing an overly individualised focus on how men 'handle' the experience of impairment. Critical questions lay dormant regarding cultural representations of 'disability' and 'masculinity', the structural embedding of these representations, and how this embedding is responsible for contributing to and generating such identity conflict (Robertson & Smith, 2013). From a historical view, these ideas are not necessarily new. For example, Neumann (2010) highlights the cultural ideals attached of a new type of prosthetic man and the changing construction of disability following World War I.

Other work countered this individualising trend. Oliver et al's (1988) research into men's experiences following spinal cord injury (SCI) proposed a social adjustment model where social context was crucial to understanding the consequences and experiences of impairment. In doing so, it developed links between men's experience and the wider social context showing how structural (material) issues were significant in shaping such experience. Similarly, Gerschick & Miller (1995) helped theorise masculinities and disability in ways that explored individual experience in relation to the wider gender order. They identify three main coping strategies in the (re)negotiation of gendered identity: *reliance*, where on-going effort is made to fulfil traditional/hegemonic ideals; *reformulation*, where hegemonic ideals are redefined in new ways and; *rejection*, where hegemonic masculinity ideals are renounced, inverted and downplayed. Gerschick (1998) later shifted emphasis opting for a model with two strategies; compliance with, or resistance to, societal norms of hegemonic masculinity. For Gerschick, rejection and/or resistance – the construction of "counter-hegemonic alternatives" (1998: 208) – represent the approaches that provide men with impairments the best opportunity for escaping gender domination.

By the late 1990s, debate was taking place within Disability Studies about the limitations of both individualised *and* social models of disability. The former was seen to run the risk of slippage into biomedical 'personal tragedy' models whilst many (pro-)feminist disability scholars were highlighting the limitations of the social model in exploring the socially integrated nature of the personal effects of impairment for an individual (Robertson & Smith,

2013; Thomas, 2007). A significant outcome of this debate was a desire to extend the social model of disability into questions of culture, representation and meaning to help understand how personal 'impairment effects' (Thomas, 2004, 2007) differ, both quantitatively and qualitatively, not only between disabled men and women but between different groups of disabled men. As Shuttleworth *et al.* (2012) and Barrett (2014) highlight, early work on masculinities and disability often presented 'disability' as a generic category rather than focusing on how masculinities intersect differently with varying types of impairment.

More recently work has developed that recognises the importance of understanding the plurality of 'masculinities' and their intersections with diverse 'disabilities' (Hickey-Mooney, 2015). Smith (2013) offers a nuanced account attentive to heterogeneity by drawing on Connell's (1995) relational theory of gender and Thomas' (2007) relational theory of disability to examine men's varied understanding of health several years after acquiring a SCI. He notes how the men felt they *should* care about health and this was partly a result of the materiality of impaired bodies that require daily health work. However, such concern could put masculinities at risk when health is generally constructed as a feminine domain. These men therefore also stated that whilst they cared about their health, they did not care *too* much (see also Robertson, 2007) and this enabled them to accrue masculine capital and uphold their masculine identity. Smith (2013) further highlighted how the men upheld gendered identities by performing resilience; by demonstrating an ability to positively adapt to adversity or risk. Resilience was about recovering quickly if illness or health problems arose but was also a resource for gaining masculine capital and upholding masculinities. By drawing on masculine signifiers - like strength and control – resilience became a resource for legitimating not caring about health too much and therefore a way of 'doing' masculinity.

Work on men with Duchenne Muscular Dystrophy (DMD) also illuminates how masculinities intersect differently with different types of impairment. Drawing from Connell and Bourdieu, Gibson and colleagues (Gibson *et al.*, 2007) reveal that in certain social fields men with DMD adapted masculine signifiers such as strength, intelligence, leadership, and autonomy. The men gave accounts of providing high levels of emotional support to family members, eschewing notions of stoicism whilst conforming to notions of (male) mental resilience. In different contexts, the men aligned even more directly with hegemonic forms of masculinity. In the education field, some participants recalled intimidating younger, emotionally or cognitively weaker boys through physical violence or verbal aggression. These acts represented a source, at least in their view, of 'positive' gendered capital helping them sustain a dominant position among other disabled persons. The men thus reproduced masculine capital whilst engaging in practices that contributed to transforming these meanings. Such issues are not limited to developed world contexts. In South Africa, for example, Lipenga (2014) reveals how men with various disabilities reconstruct their gendered self by reintegrating themselves within a dominant grid of masculinity while simultaneously reformulating some aspects of hegemonic norms.

However, Gibson *et al.* (2007) also suggest, these men with DMD rarely questioned dominant masculinity structures or consciously attempted to create spaces for alternate forms of masculinity. Whilst they claimed power in some fields, within the larger social space they

remained profoundly marginalised. For example, they were marginalised through the inaccessibility of the built environment and the ways their visible bodily differences were negatively marked. This marginalisation was embodied, and was simultaneously experienced as troubling, but also 'normal' such that: "an embodied reality for men with DMD whereby they come to 'believe' that the margin is (more or less, and with some exceptions in particular fields) where they belong" (p. 514).

Third wave masculinities and disability:

Much of the work above draws on Connell's (1995) relational model of masculinities. Here, gender is understood as sets of relations between men and women, but also about relations *amongst* men and *amongst* women: masculinities are a part of, not distinct from, the larger system of relations that Connell terms the 'gender order'. Such conceptualisation avoids casting masculinity as consisting of traits or characteristics that men possess to a greater or lesser extent. Instead, masculinities are recognised as diverse processes of arranging and 'doing' social practices that operate in individual and collective settings; what Connell (1995) terms 'configurations of practice' that men move within and between. These configurations are hierarchical, consisting of hegemonic masculinity practices to which other masculinity practices are complicit, subordinated or marginalised. Such theorising opens up opportunities for seeing power relations within the gender order as a nexus that also operates along other identity axes such as sexuality, ethnicity, disability etc.

There are many critiques of Connell's original formulation of masculinities and, in particular, hegemonic masculinities. It is not our intention to consider such critiques here². Rather, we consider aspects of third wave conceptualisations of gender/masculinities (Hearn et al., 2012) - specifically Inclusive Masculinity Theory and 'hybrid masculinities' - that are said to move beyond early formulations of hegemonic masculinity, and how these relate to work on disability.

Inclusive Masculinity Theory (IMT) (Anderson, 2009; Anderson & McGuire, 2010) was conceived when considering empirical data suggesting an increasing number of young straight men were rejecting homophobia, were more emotionally open, more tactile, and more open to gay peer friendships (Anderson & McCormack, 2016). Anderson and colleagues were reluctant to explain these changes as a simple cultural shift in decreasing homophobia: many of these open expressions of masculinity practices also occur in cultures where homophobia is still present. Instead, Anderson (2009) introduced the concept of homophobia - defined as the fear of being socially perceived as gay.

IMT argues that within cultures with reduced homophobia, Connell's theorising of masculinities being hierarchical with certain practices being hegemonic begins to collapse.

² Indeed, Connell & Messerschmidt (2005) themselves provide an excellent examination and consideration of many of these early critiques

Rather, diverse forms of masculinity practices, such as subordinated and marginalised practices, become more evenly esteemed and valued and 'femininity' in men less stigmatised (Anderson, 2009). IMT is optimistic about the changes in masculinities and gender practices seeing this as a trend likely to continue.

Little work has yet been done considering what IMT can offer to understanding the heterogeneous experiences of men with varying impairments. Anderson & Kian (2012) completed a case study media analysis of an American football player withdrawing from a game after experiencing concussion, links this partly to a softening of masculinity, and concludes that "major sport media are beginning to support the notion of health over a masculine warrior narrative" (pg.152). This seems rather sparse evidence on which to base such a conclusion. Barrett (2014) points to the possibilities of applying IMT to the Disability Studies field but rightly notes that:

the question of whether the posited emergence of a 'softer' masculinity, less invested in the tropes of domination, aggression, and inequality, is also promoting the social inclusion of disabled men requires further exploration. (pg.52)

Whilst IMT suggests a radical rupture in gender and masculinity practices, others take a different view. Demetriou (2001), and Bridges & Pascoe (2014), agree that change has and is taking place but differ from IMT in the extent to which they think this has happened and the reasons for it. They suggest that changes toward more emotionally open and inclusive masculinity practices are more reconfiguration than radical rupture.

Demetriou (2001) argues for a move away from the dualism found in Connell's work between hegemonic and non-hegemonic masculinities, instead proposing the concept of a 'hegemonic masculine bloc' which recognises masculinity practices as being in constant process of negotiation, translation, hybridisation and reconfiguration. As with IMT, this suggests that subordinated and marginalised masculinity practices previously presented as passive within Connell's framework play a more active role in the (re)production of the gender order. Rather than seeing masculine power as "a closed, coherent, and unified totality" (pg.355), that stands in opposition to women's rights and homosexuality, the hegemonic 'masculine bloc' incorporates aspects of these thereby making itself appear less threatening and more egalitarian. In hybridising hegemonic practices with marginalised or subordinated practices, the hegemonic masculine bloc masks and subtly obfuscates the way that patriarchal power and privilege are maintained.

Whilst agreeing with IMT theorists that the assimilation of previously marginalised or subordinated masculinity practices that blur social and symbolic boundaries is now widespread, those conceptualising masculinities as a 'hegemonic masculinities bloc', challenge the reasons for this. They also question the extent of this in terms of material rather

than stylistic change, and whether such change represents a genuine challenge to existing systems of power and inequality.

Concepts of hybrid masculinities and the ‘masculine bloc’ have rarely been linked to the Disability Studies field (or vice versa). We suggest such linking would be productive. It would allow challenge to notions that polarise ‘disabled masculinity’ as *either* compliant with *or* resistant to hegemonic practices. It can provide useful ways to understand how social models of disability can be linked to the individual impact of impairment - what Thomas (2012) has termed ‘psycho-emotional disablism’. In doing so, it helps exploration of the complex patterns of privilege and disadvantage that disabled men negotiate - highlighted well in Gibson and colleagues’ (2007) work on young men with DMD discussed earlier. It also helps explain the enduring nature of gendered/ableist power dynamics. For example, work on disabled identity in relationships suggests that whilst men in the study engaged in alternative (non-hegemonic) masculinities, the emotion work required to do so was “indicative of the oppressive and inherent inequalities of ableist culture” (Liddiard, 2014 p.125).

The following sections address two emerging areas; masculinity and intellectual disability and ‘cyborg bodies’ and masculinities.

Masculinity and intellectual disability:

The interaction between intellectual disability and masculinity has largely remained overlooked (Charnock, 2013; Shuttleworth *et al*, 2012) and male specific issues for those with intellectual impairments have been mostly excluded in policy and practice discourses (Wilson *et al*, 2010). In general, men and boys with an intellectual disability have a complex relationship with ‘masculinity’. Whilst traditional hegemonic masculine ideals are something that many men and boys with an intellectual disability strive to achieve (Cwirynkalo *et al*, 2016), research presents a picture of diminished masculinity outside of mainstream life.

People with an intellectual disability often have limited opportunities to develop a sense of (gendered) identity, either because of cognitive functioning, limited access to domains of life where identity formation typically occurs (i.e. work, leisure, family), or a combination of these. Whilst these men and boys may be able to engage in hegemonic masculinity practices through relative displays of strength and autonomy within disability-specific or ‘sheltered’ settings (e.g. supported housing, special schools), this is often not transferable to ‘mainstream’ settings. Charnock (2013) found that boys’ opportunities to practice their developing masculinity was limited and restricted. They often talked about their struggles when attempts to project their (male) identities *as boys* resulted in the uncovering of their difference and vulnerability. Ideas of ‘normalisation’ suggest that people with an intellectual disability be supported to live ordinary lives alongside their non-disabled peers, including that services provide opportunities to practice ‘normal’ (hegemonic) masculinity. Björnsdóttir *et al* (2017) found that many homes and assisted housing units offered ‘male’ activities (e.g. bowling) to men and ‘female’ activities (e.g. shopping trips) for women. However, people with an intellectual disability are often viewed as vulnerable or helpless ‘eternal children’

who lack, or do not need, a gender identity (Björnsdóttir *et al*, 2017). In such circumstances, rather than being understood as displays of masculinity, acts of sexuality, strength, independence, or assertiveness are often problematised and actively discouraged (Wilson *et al*, 2010).

It is necessary to construct alternative discourses of masculinity for men and boys with intellectual disabilities that take greater account of intersectionality and interaction between cultural, social, political, economic, ethnic, and gender values (Björnsdóttir *et al*, 2017; Cwirynkalo *et al*, 2016; Shuttleworth *et al*, 2012). Wilson's (2009) concept of 'conditionally masculine' helps here. Drawn from ethnographic research in group-homes for young men with significant cognitive impairments, Wilson (2009) recognises that masculinity is, for these men, not a dichotomous position but a changeable construct on a continuum. None of the participants engaged in 'mainstream' activities and so their masculinity was constructed by this disability specific reality; conditional masculinity therefore recognises the limitations of disability upon expressing masculinity but not upon being masculine. Similarly, in Southby's (2013) exploration of football fandom for adults with an intellectual disability, one sees how male participants, to greater or lesser extents, performed different versions of the male ritual of supporting a football club in different settings (e.g. home, football stadium, college, public house) within limitations imposed by their personal social context, including their impairment.

'Cyborg bodies' and masculinities:

While disability commonly implies marginality and subordination within the contemporary gender order, there are alternative and sometimes fantastic visions and imaginaries. The cyborg (an organic-machine hybrid), for example, is a mainstay of popular culture with *Robocop* serving as an obvious science fiction representation *qua* 'powerful male warrior' (Featherstone, 1999: p. 2). Within the social sciences, discussion of the cyborg is commonly traced to Haraway's writings (1985; 1991) which challenge antagonistic dualisms in the social construction of devalued and dominated 'others'. The cyborg has promise in terms of the re-imagining of oppression, suggesting a posthuman or transhuman world wherein human frailty, vulnerability and even mortality are overcome. Yet, the cyborg is also implicated in the reproduction of masculine domination, capitalist neoliberal relations, wastefulness and toxicity (Hickey-Moody, 2015).

The cyborgian athlete is often socially constructed as a new type of hero. Various scholars discussed issues of disability and embodiment following the London 2012 Paralympic Games. Tamari (2017) focuses on Pistorius (among others) to examine the ways in which Paralympian cyborgs are implicated in the reproduction of a 'prosthetic aesthetic'. This aesthetic is defined as a 'cultural sensitivity' to body image that oscillates between a sense of attractiveness/'coolness' to abjection. This is attributed to the melding of inorganic (dead) matter with organic lived bodies creating feelings of both fascination and revulsion. In similar

vein, Swartz & Watermeyer (2008) demonstrate how the case of Pistorius breaks entrenched boundaries and lays bare core concerns in society about disability and the body.

Pistorius is taken for special consideration given the immense public and media attention given to him. As a double amputee, Pistorius, facilitated by his position as a white (privileged) male in the South African context, transformed himself into the 'Blade Runner' who sported "'spectacular biomechanical' carbon fibre prosthetic limbs" (p. 26) enabling him to compete against able-bodied athletes in the 2012 Olympics. As Hickey-Moody (2015) contends, this is very much a competitive homosocial process that enabled Pistorius (even if unconsciously) to attempt "to recuperate his gendered identity from emasculating discourses of disability" (p. 139). However, in light of the highly publicised murder trial that eventually saw the formerly 'great athlete' and 'man' (rather than 'disabled person') convicted as a criminal, Tamari (2017) refers to a move "from the fascinating heroic body with prosthetic legs to the vulnerable flesh of a criminal body without prostheses" (p. 47). Tamari therefore also highlights the ambivalent feelings and paradoxes generated by prosthetic bodies.

Focusing on 'the cyborg soldier', writers such as Masters (2005) and Satheaswaran (2016) sensitise us to the ways in which technology and masculinity are imbued with complex and contradictory meanings that include but exceed the positive values ascribed to the 'superhuman' and resilient machine-man coupling. While Masters (2005) seeks to address ethical issues as they pertain to militarised (white, heterosexual) masculinities, and the significance of advanced hard-edged technology, Satheaswaran (2016) specifically analyses what the cyborg means in relation to *disability* and masculinity (through reference to a formerly able-bodied US soldier who was fitted with a prosthetic leg after detonating a landmine, and who then 'bravely' returned to two tours of duty in Iraq). Both authors highlight the tensions in hegemonic constructions of masculinity in militarised settings insofar as deployable male bodies must be 'fit', 'disciplined' and *cap-able* of serving their duties to the nation-state whilst risking their health.

While becoming a cyborg soldier might allow disabled combatants to re-enter hegemonic masculinity, and trump any sense of 'personal tragedy', Satheaswaran (2016) underscores the degree to which this is underpinned by processes of dehumanization: cyborgs *qua* state property are more or less useful things that should be able to inflict and endure immense pain. If they are not up to the job then they can be terminated: these re-enabled, or even technologically enhanced, bodies are embroiled in political economies that are performative, violent and toxic. As with Paralympian cyborgs, they fit well with neoliberal logics and configurations of bodily reflexive practice wherein the 'self-made man' must be constituted and re-constituted if he is to succeed within a competitive (marketized) world. Accordingly, we would suggest that any understanding of 'inclusion' or 'inclusive masculinity', in this instance, is a chimera that belies how gendered power and technology are implicated in corrosive practices, hierarchies and an extractive/exploitative global economy.

Conclusion:

This chapter provides an overview of the current field of masculinities and disabilities scholarship, moving beyond early work which suggested somewhat homogenising notions of personal tragedy and/or failed/spoiled identity. Following Moser (2006), we suggest that interactions of disability and gender are complex and interact not only to support and reinforce but also to challenge and undermine each other. After Traustadóttir (2006), we therefore suggest a perspective which recognises a ‘matrix of dominance’ in the study of disability and gender that facilitates consideration of the multiple layers of advantage and disadvantage experienced by men with various impairments.

Drawing on advanced relational models of gender (particularly those exploring hybrid masculinities) and disability (that emphasise material as well as psycho-emotional components) provides a conceptual model, supported by empirical evidence, which best illuminates the ‘masculinities/disabilities nexus’. We offer this suggestion while retaining a critical eye on gendered power. A reflexive approach to such theorising helps us, for example, to understand how the young men in Gibson and colleagues (2007) work on DMD would engage in counter-hegemonic practices when practically necessary but, where possible, would engage in hegemonic practices to accrue masculine capital within their micro-context.

Within this matrix of dominance, we continue to see hierarchies at work relating to diverse forms of impairment and tied to the politics of disposability. Where forms of physical impairment occur that might be ‘fixed’ or ‘enhanced’ by construction of a human-technology cyborg, a form of gendered identity may be made available that avoids emasculating discourses of disability. Of course, such technologies and their utility are context specific, as seen, for example, when they generate fascination in athletic and military domains. Furthermore, advanced prosthetic technology is likely to be only available to ‘well placed’ (ethnically, socio-economically and geographically favoured) bodies that are afforded the potentialities of competitive, ‘carbon fibre masculinities’ (Hickey-Moody, 2015). However, within neoliberal economies, such cyborg bodies, like all bodies, are only useful if/whilst they can play a role in sustaining existing (gendered, ableist) socio-economic power dynamics and the trans-national capitalist class. This critique does not depend on viewing neoliberalism as an explanatory catch all but, in line with Monaghan et al’s (2017) work, we would suggest that the concept remains indispensable when seeking to interrogate bodily matters, including disability, at the present historical juncture. The greater surveillance accorded to the bodies of men (and women) with physical impairments leaves them more visible and therefore more likely to be quickly and readily dispensed with when such usefulness is no longer recognised. Neoliberal driven policies around welfare to work and the conflicting impact of these on those with impairment have been well documented in many countries - including the UK (Owen & Harris, 2012) and Australia (Soldatic & Chapman, 2010) - and it is anticipated that the logics of neoliberalism will be antithetical to anybody positioned as a ‘drain’ on the system.

For men with intellectual impairment, no such cyborg identities are yet available and their utility to the neoliberal enterprise seems minimal with some studies showing as few as 6.6% of people with intellectual impairment being in paid employment (McGlinchey et al, 2013). To this extent, the structural constraints experienced by men with physical impairment, and the limited representational and material value attached to them, is heavily compounded for men with intellectual impairment; indeed, their place (subordination, marginalization) within the matrix of dominance seems particularly stark.

Many issues remain to be explored as research and theorising on masculinities and disabilities continues. Of particular importance and interest seem empirical questions around how men's experiences of varied impairments differ in their relationship to the gender order at micro, meso and macro levels, with the latter seeking ambitiously to take a comparative approach to global/ized dynamics and processes wherein forms of masculine (dis)abled embodiment are co-constituted by intersecting power relations (such as those relating to class, ethnicity, age, sexuality and nationhood). Theoretical questions also remain regarding the ways that gender relational - and disability relational - models can be further integrated to help adequately design and analyse such empirical studies.

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