Coming to Terms: Masculinity and Physical Disability

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Think about the expectations associated with masculinity in our society. How many of those expectations assume a particular, perhaps high, level of physical ability and strength? To what extent is hegemonic—the form of masculinity most desired and honored in a society—related to assumptions about bodies and their abilities? In this article, Tom Gerschick and Adam Miller examine the implications of masculine gender norms for men who become physically disabled. As you read, consider the possibilities these men's experiences raise for changes in existing gender patterns.

Men with physical disabilities are marginalized and stigmatized in American society. The image and reality of men with disabilities undermines cultural beliefs about men's bodies and physicality. The body is a central foundation of how men define themselves and how they are defined by others. Bodies are vehicles for determining value, which in turn translates into status and prestige. Men's bodies allow them to demonstrate the socially valuable characteristics of toughness, competitiveness, and ability (Messner 1992). Thus, one's body and relationship to it provide a way to apprehend the world and one's place in it. The bodies of men with disabilities serve as a continual reminder that they are at odds with the expectations of the dominant culture. . . .

This article seeks to sharpen our understanding of the creation, maintenance, and recreation of gender identities by men who, by birth, accident, or illness, find themselves dealing with a physical disability. We examine two sets of social dynamics that converge and clash in the lives of men with physical disabilities. On the one side, these men must deal with the presence and

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pressures of hegemonic masculinity, which demands strength. On the other side, societal members perceive people with disabilities to be weak.

For the present study, we conducted in-depth interviews with ten men with physical disabilities in order to gain insights into the psychosocial aspects of men's ability to come to terms with their physical and social condition. We wanted to know . . . if men with disabilities need others to legitimate their gender identity during encounters, [and] what happens when others deny them the opportunity? How do they reconcile the conflicting expectations associated with masculinity and disability? How do they define masculinity for themselves, and what are the sources of these definitions? To what degree do their responses contest and/or perpetuate the current gender order? That is, what are the political implications of different gender identities and practices?

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Hegemonic Masculinity and Physical Disability

Recently, the literature has shifted toward understanding gender as an interactive process. Thus, it is presumed to be not only an aspect of what one *is*, but more fundamentally it is something that one *does* in interaction with others (West and Zimmerman 1987). Whereas previously, gender was thought to be strictly an individual phenomenon, this new understanding directs our attention to the interpersonal and institutional levels as well. The lives of men with disabilities provide an instructive arena in which to study the interactional nature of gender and its effect on individual gender identities.

In *The Body Silent*, Murphy (1990) observes that men with physical disabilities experience "embattled identities" because of the conflicting expectations placed on them as men and as people with disabilities. On the one side, contemporary masculinity privileges men who are strong, courageous, aggressive, independent and self-reliant (Connell 1987). On the other side, people with disabilities are perceived to be, and treated as, weak, pitiful, passive, and dependent (Murphy 1990). Thus, for men with physical disabilities, masculine gender identity and practice are created and maintained at the crossroads of the demands of contemporary masculinity and the stigmatization associated with disability. As such, for men with physical disabilities, being recognized as masculine by others is especially difficult, if not impossible, to accomplish. Yet not being recognized as masculine is untenable because, in our culture, everyone is expected to display an appropriate gender identity (West and Zimmerman 1987).

Disability, Masculinity, and Coming to Terms

While no two men constructed their sense of masculinity in exactly the same way, there appeared to be three dominant frameworks our informants used to cope with their situations. These patterns can be conceived of in relation to the standards inherent in dominant masculinity. We call them the three Rs: *reformulation,* which entailed men's redefinition of hegemonic characteristics on their own terms; *reliance,* reflected by sensitive or hypersensitive adoptions of particular predominant attributes; and *rejection,* characterized by the renunciation of these standards and either the creation of one's own principles and practices or the denial of masculinity's importance in one's life. However, one should note that none of our interviewees *entirely* followed any one of these frameworks in defining his sense of self. . . .

Therefore, we discuss the *primary* way in which these men with disabilities related to hegemonic masculinity's standards, while recognizing that their coping mechanisms reflected a more complex combination of strategies. In doing so, we avoid "labeling" men and assigning them to arbitrary categories.

Reformulation

Some of our informants responded to idealized masculinity by reformulating it, shaping it along the lines of their own abilities, perceptions, and strengths, and defining their manhood along these new lines. These men tended not to contest these standards overtly, but—either consciously or unconsciously—they recognized in their own condition an inability to meet these ideals as they were culturally conceived.

An example of this came from Damon, a seventy-two-year-old quadriplegic who survived a spinal-cord injury in an automobile accident ten years ago. Damon said he always desired, and had, control of his life. While Damon required round-the-clock personal care assistants (PCAs), he asserted that he was still a very independent person:

> I direct all of my activities around my home where people have to help me to maintain my apartment, my transportation, which I own, and direction in where I go. I direct people how to get there, and I tell them what my needs will be when I am going and coming, and when to get where I am going.

Damon said that his sense of control was more than mere illusion; it was a reality others knew of as well. This reputation seemed important to him:

> People know from Jump Street that I have my own thing, and I direct my own thing. And if they can't comply with my desire, they won't be around. . . . I don't see any reason why people with me can't take instructions and get my life on just as I was having it before, only thing I'm not doing it myself. I direct somebody else to do it. So, therefore, I don't miss out on very much.

Hegemonic masculinity's definition of independence privileges self-reliance and autonomy. Damon required substantial assistance: indeed, some might term him "dependent." However, Damon's reformulation of the independence ideal, accomplished in part through a cognitive shift, allowed him to think otherwise.

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Social class plays an important role here. Damon . . . had the economic means to afford round-the-clock assistance. While none of our informants experienced economic hardship, many people with disabilities depend on the welfare system for their care, and the amount and quality of assistance they receive make it much more difficult to conceive of themselves as independent.

[Another] case of reformulation came from Robert, a thirty-year-old survivor of a motorcycle accident. Able-bodied for much of his life, Robert's accident occurred when he was twenty-four, leaving him paraplegic. Through five years of intensive physical therapy, he regained 95 percent of his original function, though certain effects linger to this day.

Before his accident, Robert had internalized many of the standards of dominant masculinity exemplified by frequenting bars, leading an active sex life, and riding a motorcycle. But, if our research and the body of autobiographical works from men with physical disabilities has shown anything, it is that coming to terms with a disability eventually changes a man. It appeared to have transformed Robert. He remarked that, despite being generally "recovered," he had maintained his disability-influenced value system:

> I judge people on more of a personal and character level than I do on any physical, or I guess I did; but, you know, important things are guys that have integrity, guys that are honest about what they are doing, that have some direction in their life and know . . . peace of mind and what they stand for.

One of the areas that Robert said took the longest to recover was his sexuality—specifically, his confidence in his sexual ability. While Robert said sexual relations were still important to him, . . . he reformulated his previous, largely hegemonic notion of male sexuality into a more emotionally and physically egalitarian model:

> I've found a whole different side to having sex with a partner and looking at satisfying the partner rather than satisfying myself; and that has taken the focus off of satisfying myself, being the big manly stud, and concentrating more on my partner. And that has become just as satisfying.

However, reformulation did not yield complete severance from prevailing masculinity's standards as they were culturally conceived. For instance, despite his reformulative inclinations, Robert's self-described "macho" attitude continued in some realms during his recovery. He, and all others we interviewed, represented the complexity of gender identities and practices; no man's masculinity fell neatly into any one of the three patterns.

For instance, although told by most doctors that his physical condition was probably permanent, Robert's resolve was unyielding. "I put my blinders on to all negative insight into it and just totally focused on getting better," he said. "And I think that was, you know, a major factor on why I'm where I'm at today." This typified the second pattern we identified—reliance on hegemonic masculinity's standards. It was ironic, then, that Robert's tenacity, his never-ending work ethic, and his focused drive to succeed were largely responsible for his almost-complete recovery. While Robert reformulated much of his earlier sense of masculinity, he still relied on this drive.

Perhaps the area in which men who reformulate most closely paralleled dominant masculinity was the emphasis they placed on their occupation. Our sample was atypical in that most of our informants were professionally employed on a full-time basis and could, therefore, draw on class-based resources, whereas unemployment among people with disabilities is very high.

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In brief summary, the subset of our informants whose primary coping pattern involved reformulation of dominant standards recognized their inability to meet these ideals as they are culturally conceived. Confident in their own abilities and values, and drawing from previous experience, they confronted standards of masculinity on their own terms. In doing so, they distanced themselves from masculine ideals.

Reliance

However, not all of the men with physical disabilities we interviewed depended on a reformulative approach. We found that many of our informants *were* concerned with others' view of their masculinity and with meeting the demands of hegemonic masculinity. They primarily used the second pattern, reliance, which involves the internalization of many more of the ideals of predominant masculinity, including physical strength, athleticism, independence, and sexual prowess. Just as some men depended on reformulation for much of their masculine definition, others, despite their inability to meet many of these ideals, relied on them heavily. As such, these men did not seem to be as comfortable with their sense of manhood; indeed, their inability to meet society's standards bothered them very much.

This subset of our informants found themselves in a double bind that left them conflicted. They embraced dominant conceptions of masculinity as a way to gain acceptance from themselves and from others. Yet, they were continuously reminded in their interactions with others that they were "incomplete." As a result, the identity behind the facade suffered; there were, then, major costs associated with this strategy.

The tension between societal expectations and the reality of men with physical disabilities was most clearly demonstrated by Jerry, a sixteen-year-old who had juvenile rheumatoid arthritis. While Jerry was physically able to walk for limited distances, this required great effort on his part; consequently, he usually used a wheelchair. He was concerned with the appearance of his awkward walking. "I feel like I look a little, I don't know, more strange when I walk," he said.

The significance of appearance and external perception of manliness is symptomatic of the difficulty men with physical disabilities have in developing an identity and masculinity free of others' perceptions and expectations. Jerry said:

> I think [others' conception of what defines a man] is very important, because if they don't think of you as one, it is hard to think of yourself as one; or, it doesn't really matter if you think of yourself as one if no one else does.

Jerry said that, particularly among his peers, he was not perceived as attractive as the able-bodied teenagers; thus, he had difficulty in male-female relations beyond landing an occasional date. “[The girls believe] I might be a ‘really nice person,’ but not like a guy per se,” he said. “I think to some extent that you’re sort of genderless to them.” This clearly represents the emasculation and depersonalization inherent in social definitions of disability.

However, Jerry said that he faced a more personal threat to his autonomy—his independence and his sense of control—from others being “uncomfortable” around him and persisting in offering him assistance he often did not need. This made him “angry,” though he usually did not refuse the help out of politeness. Thus, with members of his social group, he participated in a “bargain”: they would socialize with him as long as he remained in a dependent position where they could “help” him.

This forced, situational passivity led Jerry to emphasize his autonomy in other areas. For instance, Jerry avoided asking for help in nearly all situations. This was directly tied to reinforcing his embattled manhood by displaying outward strength and independence:

> If I ever have to ask someone for help, it really makes me like feel like less of a man. I don’t like asking for help at all. You know, like even if I could use some, I’ll usually not ask just because I can’t, I just hate asking. . . . [A man is] fairly self-sufficient in that you can sort of handle just about any situation, in that you can help other people, and that you don’t need a lot of help.

Jerry internalized the prevailing masculine ideal that a man should be independent; he relied on that ideal for his definition of manhood. His inability to meet this ideal—partly through his physical condition, and partly from how others treated him—threatened his identity and his sense of manhood, which had to be reinforced even at the expense of self-alienation.

One should not label Jerry a “relier” simply because of these struggles. Being only sixteen years of age—and the youngest participant in our study Jerry was still developing his sense of masculinity; and, as with many teenagers both able-bodied and disabled, he was trying to fit into his peer group. Furthermore, Jerry will continue to mature and develop his self-image and sense of masculinity. A follow-up interview in five years might show a degree of resolution to his struggles.

While independence and sexuality were both extremely important to Scott, a thirty-four-year-old rehabilitation engineer, he emphasized a third area for his sense of manhood—athletics. Scott served in the Peace Corps during his twenties, working in central America. He described his life-style as "rigorous" and "into the whole sports thing," and used a mountain bike as his primary means of transportation and recreation. He was also an avid hockey player in his youth and spent his summers in softball leagues.

Scott acquired a polio-like virus when he was twenty-five years old that left him permanently paraplegic, a situation that he did not initially accept. In an aggressive attempt to regain his physical ability, and similar to Robert, Scott obsessively attacked his rehabilitation. . . .

But Scott's athletic drive led not to miraculous recovery, but overexertion. When ordered by his doctors to scale back his efforts, he realized he could not recover strictly through tenacity. At the time of our interview, he was ambivalent about his limitations. He clearly did not feel like a failure: "I think that if I wouldn't have made the effort, I always would have wondered, could I have made a difference?" Following the athlete's code of conduct, "always give 110 percent," Scott attacked his recovery. But when his efforts were not enough—when he did not "emerge victorious"—he accepted it as an athlete would. Yet, his limitations also frustrated him at times, and in different areas.

For example, though his physical capacity was not what it was, Scott maintained a need for athletic competition. He played wheelchair basketball and was the only wheelchair-participant in a city softball league. However, he did not return to hockey, the sport he loved as a youngster; in fact, he refused to even try the sled-based equivalent.

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In this respect, Scott had not completely come to terms with his limitations. He still wanted to be a "real" athlete, competing in the same sports, in the same ways, with the same rules, with others who shared his desire for competition. Wheelchair hockey, which he derogatorily referred to as "gimp hockey," represented the antithesis of this for him.

Scott's other responses added to this emphasis. What he most disliked about having a disability was "that I can't do the things that I want to be able to do," meaning he could not ride his bike or motorcycle, he could not play "real" hockey, and he was unable to live a freewheeling, spontaneous lifestyle. Rather, he had to plan ahead of time where he went and how he got there. The frustration caused by having to plan nearly every move was apparent in almost all of our interviews.

However, on the subject of independence, Scott said "I think I'm mostly independent," but complained that there were some situations where he could not meet his expectations and had to depend on his wife. Usually this was not a "major issue," but "there's still times when, yeah, I feel bad about it; or, you know it's the days where she doesn't feel like it, but she kind of has to. That's what bothers me the most, I guess." Thus, he reflected the general desire among men with disabilities not to be a burden of any kind on family members.

Much of the time, Scott accepted being "mostly independent." His reliance on the ideals of athleticism and independence played a significant part in his conception of masculinity and self. However, Scott learned, though to a limited degree, to let go of some of his previous ideals and to accept a different, reformulated notion of independence and competition. Yet, he could not entirely do so. His emphasis on athletics and independence was still strong, and there were many times when athletics and acceptance conflicted.

However, one should stop short of a blanket assessment of men with disabilities who rely on hegemonic masculinity standards. "Always" is a dangerous word, and stating that "men who rely on hegemonic standards are *always* troubled" is a dangerous assumption.

Rejection

Despite the difficulties it presents, hegemony, including that related to gender, is never complete (Janeway 1980, Scott 1985). For some of our informants, resistance took the form of creating alternative masculine identities and subcultures that provided them with a supportive environment. These men were reflected in the final pattern: rejection. Informants who followed this pattern did not so much share a common ideology or set of practices; rather, they believed that the dominant conception of masculinity was wrong, either in its individual emphases or as a practice. One of these men developed new standards of masculinity in place of the ones he had rejected. Another seemingly chose to deny masculinity's importance, although he was neither effeminate or androgynous. Instead, they both emphasized their status as "persons," under the motto of "people first." This philosophy reflected a key tenet of the Disability Rights Movement.

Alex, a twenty-three-year-old, first-year law student, survived an accident that left him an incomplete quadriplegic when he was fourteen. Before that time, he felt he was an outsider at his private school because he eschewed the superficial, athletically oriented, and materialistic atmosphere. Further, he said the timing of the accident, when many of his peers were defining their social roles, added to this outsider perspective, in that it made him unable to participate in the highly social, role-forming process. "I didn't learn about the traditional roles of sexuality, and whatever the rules are for such behavior in our society, until later," he said. "Because of my physical characteristics, I had to learn a different set of rules."

Alex described himself as a "nonconformist." This simple moniker seemed central to his conception of selfhood and masculinity. Alex, unlike men who primarily reformulate these tenets, rejected the attitudinal and behavioral prescriptions of hegemonic masculinity. He maintained that his standards were his own—not society's—and he scoffed at commonly held views of masculinity.

For example, Alex blamed the media for the idea that men must be strong and attractive, stating "The traditional conception is that everyone has to be Arnold Schwartzenegger . . . [which] probably lead[s] to some violence, unhappiness, and things like that if they [men] don't meet the standards."

As for the importance of virility and sexual prowess, Alex said, "There is a part of me that, you know, has been conditioned and acculturated and knows those [dominant] values"; but he sarcastically laughed at the notion of a man's sexual prowess being reflected in "making her pass out," and summed up his feelings on the subject by adding, "You have to be willing to do things in a non-traditional way."

Alex's most profound rejection of a dominant ideal involved the importance of fathering, in its strictest sense of the man as impregnator:

> There's no reason why we [his fiancee and himself] couldn't use artificial insemination or adoption. Parenting doesn't necessarily involve being the male sire. It involves being a good parent. . . . Parenting doesn't mean that it's your physical child. It involves responsibility and an emotional role as well. I don't think the link between parenthood is the primary link with sexuality. Maybe in terms of evolutionary purposes, but not in terms of a relationship.

Thus, Alex rejected the procreation imperative encouraged in hegemonic masculinity. However, while Alex took pride at overtly rejecting prevailing masculinity as superficial and silly, even he relied on it at times. Alex said he needed to support himself financially and would not ever want to be an emotional or economic "burden" in a relationship. On one level, this is a common concern for most people, disabled or not. But on another level, Alex admitted that it tied in to his sense of masculinity:

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> If I was in a relationship and I wasn't working, and my spouse was, what could be the possible reasons for my not working? I could have just been fired. I could be laid off. Who knows what happened? I guess . . . that's definitely an element of masculinity, and I guess I am just as influenced by that as, oh, as I guess as other people, or as within my definition of masculinity. What do you know? I have been caught.

The practice of "letting go," as . . . many of our other informants had done, was much like that described by essayist Leonard Kriegel (1991) who, in a series of autobiographical essays, discussed the metaphor of "falling into life" as a way of coping with a disability and masculinity. Kriegel described a common reaction to coping with disability; that is, attempting to "overcome" the results of polio, in his case, by building his upper-body strength through endless hours of exercise. In the end, he experienced premature arthritis in his shoulders and arms. The metaphor of giving up or letting go of behavioral expectations and gender practices as a way to gain greater strength and control over one's life was prevalent among the men who primarily rejected dominant masculinity. . . .

Thus, men with disabilities who rejected or renounced masculinity did so as a process of deviance disavowal. They realized that it was societal conceptions of masculinity, rather than themselves, that were problematic. In doing so, they were able to create alternative gender practices.

Summary and Conclusion

The experiences of men with physical disabilities are important, because they illuminate both the insidious power and limitations of contemporary masculinity. These men have insider knowledge of what the subordinated know about both the gender and social order (Janeway 1980). Additionally, the gender practices of some of these men exemplify alternative visions of masculinity that are obscured but available to men in our culture. Finally, they allow us to elucidate a process of paramount importance: How men with physical disabilities find happiness, fulfillment, and a sense of self-worth in a culture that has, in essence, denied them the right to their own identity, including their own masculinity.

Based on our interviews, then, we believe that men with physical disabilities depend on at least three patterns in their adjustment to the double bind associated with the demands of hegemonic masculinity and the stigmatiza-

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tion of being disabled. While each of our informants used one pattern more than the others, none of them depended entirely on any one of the three.

To judge the patterns and practices associated with any form of masculinity, it is necessary to explore the implications for both the personal life of the individual and the effect on the reproduction of the societal gender order (Connell 1990). Different patterns will challenge, comply, or actively support gendered arrangements.

The reliance pattern is reflected by an emphasis on control, independence, strength, and concern for appearances. Men who rely on dominant conceptions of masculinity are much more likely to internalize their feelings of inadequacy and seek to compensate or overcompensate for them. Because the problem is perceived to be located within oneself rather than within the social structure, this model does not challenge, but rather perpetuates, the current gender order.

A certain distancing from dominant ideals occurs in the reformulation pattern. But reformulation tends to be an independent project, and class-based resources play an important role. As such, it doesn't present a formidable challenge to the gender order. Connell (1990: 474) argues that this response may even modernize patriarchy.

The rejection model, the least well represented in this article, offers the most hope for change. Linked closely to a sociopolitical approach that defines disability as a product of interactions between individuals and their environment, disability (and masculinity) is understood as socially constructed.

Members of the Disability Rights Movement, as a result, seek to reconstruct masculinity through a three-prong strategy. First, they focus on changing the frame of reference regarding who defines disability and masculinity, thereby changing the social-construction dynamics of both. Second, they endeavor to help people with disabilities be more self-referent when defining their identities. To do that, a third component must be implemented: support structures, such as alternative subcultures, must exist. If the Disability Rights Movement is successful in elevating this struggle to the level of collective practice, it will challenge the legitimacy of the institutional arrangements of the current gender order.

In closing, there is much fruitful work to be done in the area of masculinity and disability. For instance, we should expect men with disabilities to respond differently to the demands associated with disability and masculinity due to sexual orientation, social class, age of onset of one's disability, race, and ethnicity. However, *how* and *why* gender identity varies for men with disabilities merits further study. We hope that this work serves as an impetus for others to take up these issues.

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Questions

1. Explain what makes gender an interactive process. How do the men interviewed for this article illustrate this understanding of gender?
2. In what three ways do the men in this study cope with their disabilities?
3. How did the recovery and lifestyles of the men who reformulated their perception of their masculinity depend on their social class? What are the implications of this fact for disabled men who lack financial resources?
4. Why does the rejection model offer the most hope for change in existing gender patterns?
5. What kinds of incentives would be required for men to reject the existing model of hegemonic masculinity?
6. Is it surprising that some of these men continued to rely on existing norms of masculinity, even though they could no longer live up to them? Explain.

References

Connell, R.W. 1990. "A Whole New World: Remaking Masculinity in the Context of the Environmental Movement." *Gender and Society*, Volume 4, Number 4, December, pp. 452–478.

———. 1987. *Gender and Power: Society, the Person, and Sexual Politics.* Stanford, CA: Stanford University Press.

Janeway Elizabeth. 1980. *Powers of the Weak.* New York: Alfred A. Knopf.

Kriegel, Leonard. 1991. *Falling into Life*. San Francisco: North Point Press.

Messner, Michael A. 1992. *Power at Play: Sports and the Problem of Masculinity*. Boston: Beacon Press.

Murphy, Robert F. 1990. *The Body Silent.* New York: W. W. Norton.

Scott, James C. 1985. *Weapons of the Weak: Everyday Forms of Peasant Resistance.* New Haven: Yale University Press.

West, Candace, and Don H. Zimmerman. 1987. "Doing Gender." *Gender and Society,* Volume 1, Number 2, June, pp. 125–151.