

## **PhD ABSTRACT**

### **MASCULINITY, BODY, IDENTITY: A SOCIOLOGICAL STUDY OF THE DISABLED 'OTHER' IN KOLKATA**

**Debarati Chakraborty**

**Department of Sociology**

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Disability in India is studied less from an academic perspective and more from a rehabilitation domain. Disability has been medicalized by separating people based on biomedical conditions through diagnostic categories. The social model focused on the social and environmental barriers as a cause of one's disability rather than individual conditions. The conditions of normalcy set by the society based on an idea of compulsory able-bodiedness have side-lined disabled people further. The concept of normalcy is created on the idea that anything deviating or different from the standard, ideal, or the norm, like the perfect body, normative masculinity, femininity, or sexuality, forms the other. Disability, like gender, is a social construct. Fewer works in India have explored the intersectionality of gender, disability, and caste. A few research has focused on gendered subjectivities and marginalized experiences of women with disabilities in India. The marginalized experiences of disabled men have been significantly less explored. The thesis will try to address the issues of disabled young men and their gendered subjectivities. Disability intersects with gender, sexuality, caste, race. Hence one single theory cannot justify intersectionality. The theoretical chapter highlights some relevant theories that situate the study's context. Symbolic interactionism and feminist approaches contextualize the relationship between disability, masculinity, body, and identity. The queer perspective on disability has been used, essentially focusing on the concept of ableism and patriarchy in marginalizing disabled people.

The study's objectives revolve around how the respondents perceive masculinity through everyday interaction with peers and family; To understand their perception and attitude towards body, intimacy, and sexuality and finally, it will look into how disabled men negotiate their identities in different spaces. The respondents have physical disabilities- locomotor, visual and hearing disabilities. The age group is from 18-35. The study was

carried out in Kolkata. The study was exploratory, and in-depth interviews were conducted with the respondents to elicit data. Respondents were college-going students, and few were employed.

The perception of masculinity among the respondents develops with their everyday experiences and internalization of gender norms within the family and peer group. Schooling, career, and sports have shaped their association with competition and risk. Competition and risk are essential components of masculinity, and each group of disabled respondents has a different attitude towards competition and risk. For respondents with locomotor disability, risk-taking and being in the malestream competition is vital. Still, for the respondents with visual and hearing disabilities, the association of competition and risk to masculinity is not compulsory. Many complained their peers do not treat them as a competitor. Within the family, the notion of 'kaajer chele', i.e., an active and efficient boy, was part of their internalization. They Also internalized a lack, i.e., their disability, as part of their growing up. They often faced comparison with women in the family for their secondary and less authoritative position. The experience of schooling, irrespective of the type of school, bullies had been a common part of their existence. Sports play an essential role in reflecting power dimensions in school and college. Sport is also associated with risk. The coordination of body parts and controlling them is a risk for many. Still, they have taken this risk as having a disability and enduring the pain bring them power. There is a vast competition through the display of power in sports in special schools. The peers were interviewed to understand their attitude and understanding towards these young disabled men in day-to-day life. They see their disabled peers as efficient but accept their subordinated status as a barrier to their image as a man. They nowhere discriminate against them but do not see their disabled peers as masculine. Female peers are more compassionate towards them but at the same time do not see them as the perfect 'man' or suitable as romantic partners. Each group of respondents perceived masculinity differently. For locomotor disabled, masculinity is naturally coming to men, and neither sees patriarchy as oppressive. However, they have indulged in different practices to distance themselves from disabled selves and highlight their masculine selves by avoiding impairments by not using assistive technologies. For the visually disabled and hearing disabled, practices around masculinity are oppressive and favorable. They formed a new meaning to their understanding of masculinity by bringing the idea of compassion rather than dominance and strength. They have also used strategies to negotiate their disabled identities. Some have tried to overcome the stigma attached to their identities by doing well in their career. Distancing selves from feminine work and spaces is also a way to disassociate

disability with femininity. Everyday performance with a disability comes as a barrier to expressing their masculinity. There exists a power dynamic amidst each group of respondents where one tries to subordinate the other based on type/degree of disability or other factors like popularity among a peer group, strength, and partial acceptance in ableist-heterosexual culture. Thus prevails a boundary among respondents in each category of disability-locomotor, hearing, and visual in terms of closer association to hegemonic masculinity or distancing from it. The otherization of the respondents is not just based on their relation to able-bodied men but also against disabled men.

The respondents' idea of sexuality and intimacy revolves around experiencing the body during intimacy, and their sexuality and body are interrelated. The respondents' conception of the body during sexual intimacies, pain, and pleasure are contextualized. The chapter also focused on various grooming practices by the respondents in the context of understanding their association to metrosexual practices. The respondents with locomotor disabilities and hearing disabilities, though, were conscious of their appearance but hesitated to try something new. The reason is people's judgment towards their urge to look good. The respondents have varied sexual preferences. While most associated with homosexuality, some have distanced from any heteronormative relations. The non-availability of partners has put them in situational liaisons. Engaging in casual physical intimacies among disabled peers is common. Intimacy is not just sex but also perceived as touch, kisses, cuddles, and pleasuring of the body by oneself. The respondents have temporary relations. But most have experienced power dynamics within intimate spaces. There is a dominative-submissive relationship between disabled and able-bodied partners and disabled couples. For a deeper understanding of the study, their partners were interviewed to know their attitudes toward the respondents. Most (the partners as well as the respondents) feel it was a kind of exchange and negotiable relation. The partners did not want to take the relationships ahead, the main reason being the disability of the respondents (most among VD) and the associated work related to care. The misconceptions and myths about their sexual lives often bring more challenges to accessing information about sexual and reproductive health. Sexual agency is the least spoken for men with disabilities, including their agency over bodies, degree of satisfaction in intimacy, sexual coercion, and knowledge about their reproductive health, which resulted in their informed decisions. The respondents have faced restrictions in expressing sexual selves, and some have experienced coercion around bodies during intimacy, putting their sexual agencies at stake.

The next chapter put forward the issue of space, identity, and negotiations. The two main broad spaces are private, i.e., within the family and home, and public, including college spaces, streets, and neighborhoods. The construction of identity in domestic spaces was based on allocating tasks. Most were allotted menial tasks or were assigned work with other women of the house. Respondents with locomotor disabilities have often distanced themselves from such feminine tasks, while those with visual and hearing disabilities did not. The most crucial challenge faced within familial spaces is the lack of decision-making power. Lack of self-privacy due to surveillance in private spaces is a challenge to all. Regarding privacy, most have complained of not having their own spaces and constant interference from other family members. Public and private spaces reveal a power difference between respondents and non-disabled others. Male-centric public spaces like adda zones, clubs, and college spaces have excluded disabled respondents. The respondents have tried to negotiate in such spaces through negotiations and sometimes resistance. Most has tried to negotiate to get accommodated in male-centric spaces. Emotional abuse and sexual abuse are high in familial and intimate spaces. Most respondents feel they are not close to achieving an empowerment and some mentioned partially empowered based on their social position in different spaces and access to non-material resources. Non-material resources include exercising agencies, expressing oneself, the degree of acceptance, and taking charge of one's life. The experiences are somewhere common among all the respondents when it comes to self-autonomy and decision-making. Their circumstances and social position have often made their situation compared to able-bodied women. Based on their social position and degree of marginalization, they are kept in a hierarchy where the one getting a better share of privileges is placed top, followed by others.

The study was based on twenty-one respondents, and the findings cannot be generalized, though the study provided in-depth work on issues disabled men faced. Hence the scope of the research can be extended. A comparative analysis of the gendered subjectivities between men and women with disabilities can also be carried out. A comparative study can explore sexuality between physically disabled men and men with intellectual disabilities.

Every research has certain limitations; this research is no exception. Some limitations were time constraints and difficulties in gaining permission from all the respondents to record their answers. In addition, more types of disabilities could be included to broaden our understanding of the issue of disability and eliminate the problems faced in daily life by various groups of disabled men.