Synopsis of Thesis

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

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Disability in India is studied less from an academic perspective and more from a rehabilitation domain (Reddy 2011:299). Disability has been medicalized. The medical model of disability focuses on individual's biomedical conditions as a cause of disability. Later the social model emphasized the social and environmental barriers as a cause of one's disability. The conditions of normalcy set by the society based on the idea of compulsory able-bodiedness stresses on a normative body, gender, and sexuality. Such ideals of normalcy have put disabled people as the 'other.' The concept of normalcy is created on the idea that anything deviating or different from the standard, ideal, or the norm, like perfect body, perfect shape, and size, normative expressions of masculinity, femininity, or sexuality, forms the other. In sociology, other becomes a product of non-acceptability which refers to a culture or a group/community as a deviant, i.e., deviating from the norms of society or a particular culture. (Cheng 2009:113). Disability can intersect with one's race, caste, class, religion, and gender; hence disability cannot be the only identity of a person. Identity is perceived differently in different time situations. Therefore, the intersection of gender and disability scholarship is important as both are embedded in societal practices, meanings, roles, and power structures.

Gendered issues remain a strong study point among disabled women. However, problems prevailing among men with disabilities become invisible as there is hardly any study, work, or discourse on it. Within the Western context, Gerschick & Miller (1994:34) carried out a landmark study in the field of disability that questions the creation, maintenance, and recreation of gender identity among men with physical disabilities. However, some literary work has focused on marginalized experiences of women with disabilities in the Indian context (Ghai 2002; Ghosh 2010), but there has been hardly any work on the experiences of disabled men. Mehrotra and Vaidya showed how conformity to gender norms, masculinity, in particular, is very predominant in North India and disabled men (2008: 326). Uplifting core masculine standards are defined through marriage and employment; failing to conform to them diminishes a man's status. Disabled men are particularly ostracized(ibid). Staples (2005:279) conducted an anthropological study on men with leprosy and cerebral palsy in southern parts of India. It was found that masculine identities intersected with other categories like class, caste, and religion, making them even more complex. He discovered that disability had imposed severe limitations on marriage opportunities, not only for the leprosy sufferer but also for their siblings.

Issues on sexuality, sexual health, and hygiene have never been widely discussed for disabled men. Incidents of violence and victimization of men with disabilities are also not much

acknowledged. Patriarchy shapes the ideology of masculinity as it shapes femininity. So, placing disabled men out of the discourse of fatherhood, masculinity, and sexuality would be unjust. Previous research has overlooked the hierarchy among men based on their disabilities, for example, locomotor, visual, and hearing disabilities. The prevalence of a hierarchy between different groups of disabled men represents the diverse practices of masculinity.

This study was carried out in Kolkata, West Bengal. This study tried to explore the social position arising from their subordinated/neglected/abused and negotiated status among the male disabled youth (the respondents) and how everyday interaction in different spaces has shaped their perception of masculinity, body and identity. Different spaces have produced different ways of negotiating identities. Therefore, it would also highlight how some of the respondents, through negotiations, have benefitted from patriarchy while others failed. These insights would help to understand how oppression at each level-individual, institutional and societal and how each has shaped their gender subjectivities. A study of this scope has not been carried out in Kolkata before.

The objectives of the thesis are 1) To understand the respondents' perception of masculinity from their everyday interactions; 2) to explore how the respondents have conceptualized body, sexuality, and intimacy; and 3) to understand the respondents' negotiation of identities in different spaces.

The study is exploratory in nature. The primary technique of data collection used in the study is in-depth face-to-face interviews. Snowball sampling has been used for the collection of samples. The first set of respondents was contacted, and then, from their contacts, other respondents were selected (according to the type of disability and location) and then contacted. Twenty-one disabled males were interviewed. The respondents have locomotor disability (LD), visual disability (VD), and hearing disability (HD). The study was conducted in Kolkata. Some of their non-disabled friends and partners (who agreed) were also interviewed during the data collection process to know their perceptions of the respondents as male peers and partners. The respondents' gestures, attitudes, behavior, and voice tones were all observed during the interview to grasp the situation more deeply. Interview schedules have open-ended questions best suited to derive data for qualitative studies. The respondents were given the full scope of expressing their problems. Some questions were predetermined in the schedule, while new questions came up during the interview. It has given respondents the space to answer and narrate their stories. All the responses were recorded and transcribed later. Narrative analysis

was done to de-code the data. The conversations recorded were solely used for this study. Secondary sources like journals, government data, and books were also used to get secondary data.

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. For both women and disabled people body remains a marker of oppression and discrimination. Any marginalization derived from sex, race, gender, caste, or disability is manifested through patriarchy, capitalism, and ableist ideologies. Symbolic interactionism theory highlights the development of the respondents' identity through interactions with others and how they have placed themselves in relation to non-disabled and other disabled men. The body is an important component of interaction. People do not possess a body but produce one through practices and acts. Body gestures through style, dressing, speech, and movements are symbolic during the interaction. Hence the body remains a powerful medium through which everyday meanings are reflected. Stigma is produced when one cannot produce the normative identity desired by the dominant group. In feminist and masculinity theories, the significance of the body is crucial in understanding how social forces and practices produce body and it is not just a biological or medical entity. Feminist theory of disability studies sees how disabled and feminine bodies are regulated and manipulated (Thomson 1997:11) Gender relations are sustained through division of labor, allocation of tasks, coercion, and control in various spaces. Hence space remains the ground for power inequality, certain discriminatory practice, abuse and control against both women and disabled. Connell's theory of masculinity has also not ignored the significance of the body and associated the male able body with power. (Connell 2005:63). The hegemonic version of masculinities includes engaging a wide array of practices, out of which engagement of bodies becomes compulsory while displaying posturing, a manly appearance. Connell identifies various relationships to masculinities-hegemony / subordination and complicity, marginalization, and authorization. Therefore, any specific form of masculinity is not fixed but has evolved through social practices in a particular time. Hence conforming to certain forms of doing masculinity may benefit men but not all. Non-compliance to it may not bring the same share of power and privileges. Relation of domination and subordination can coexist within the same group, like

within the same group of men. For example, amidst disabled men. Here one group of disabled men may command or dominates the other disabled men. The queer perspective to disability focused on able-bodiedness and heterosexuality produce queerness. (Mcruer 2003:79; 2006:1) Applying queer theory to disability can challenge the concept of normalcy based on the institution of ableism and heterosexuality through these mutual recognitions that disability is too placed in queer culture. Thus, particular identities like 'disabled' are outside the purview of society and are considered queer. Hence, studying disability and its association with masculinity, body, and identity remains a crucial point of discussion for all these theories. Though the theories could be connected on the point of similarity, there are specific points of difference. Symbolic interaction has focused on micro perspective as identity development through self and others. Feminist, masculinity, and queer approach to disability pointed out the macro structures and institutions like patriarchy, sexuality, ableism, and neo-liberalism produces oppression for a particular group and maintains power for a few.

The chapter titled disability and masculinity: Perception of masculinity among respondents tries to reflect on the respondents' experiences from childhood to adulthood within family and peer groups. The perceptions that arise from everyday interaction between disabled and non-disabled peers have shaped a mixed attitude towards embodied masculinity. It has also shaped their attitude towards patriarchy. The internalization of gendered norms within the family as a male member having a disability shaped their ideas around disability and masculinity differently among the respondents. Disability has been socialized as a lack within the family. Deviating from the image of a ‘kaajer chele’ within family and internalising disability as lack the respondents have conformed to gender norms differently.

The respondents also attached meanings to competition and risk and how they remain essential components of masculinity. This has been reflected through interaction with peers within the school and college. Disability is a risk in their everyday lives as they have to overcome everyday restrictions and prohibitions to take up any act considered risky. Certain risks are taken by avoiding assistive aids, riding bikes (bikes designed for the non-disabled), or not seeking help in day-to-day activities. There is variation in the perception of risk among the respondents. Respondents with locomotor disabilities have shown the urge to take risks in daily life as they expressed taking risks and pain are a normal part of a man's existence. A few of the respondents have also participated in sports and sustained injuries. Sports bring them power, and they feel winning an outdoor sport makes them superior to non-disabled men, as even with

a disability, they play and conquer themselves. Respondents with visual disability did not find any valor in taking a risk that could harm or injure themselves. They believe in taking emotional risks than indulging in any bodily risks. The hearing disabled has identified risk with trying anything new, which most did not hesitate to take, though a fear worked inside. Most respondents do not feel about competing with their non-disabled male peers as the latter do not see them as competitors. None of the respondents mentioned women as their competitors. There is intense competition within their communities among the hearing and the blind. The peers who were (able-bodied), both male and female, do not see the respondents as emasculated but do feel they are somewhere distant from positions that require authority, power, and leadership. Through systematic interaction, some of the respondents have internalized dominant gender ideologies, and some tried to distance themselves from them and situate accordingly.

From their everyday experiences, respondents with locomotor disabilities do not find patriarchy an oppressive institution; instead, they feel patriarchy has no way oppressed them. LD expressed how disability and masculinity are disassociated, representing the former as weak, vulnerable, and dependent. Anything soft, vulnerable, and non-masculine embraces femininity, as mentioned by the LD, but disability do not give them an oppressed status or make them less of a man. However, their concern is whether their disability makes them appear vulnerable, longing for protection and care, and weak in the eyes of others. Others here have been referred to as the able-bodied society. Therefore, their perception of themselves hugely depends on the attitude of the non-disabled others. VD agrees that patriarchy reinforces masculinity; hence, both are oppressive for men who cannot conform or do not want to adhere to hegemonic practices of masculinity. VD did not dissociate themselves from association with traditional masculinity practices; somewhere or the other, they have been conditioned on gender stereotypes since childhood. They cannot entirely undo or unlearn what they have seen and perceived while growing up. But they mentioned that disabled men, especially those with blindness, are somewhere not represented as masculine. Blindness has made them look delicate and vulnerable. To fit into the norms of masculinity in a society, VD expressed a man must have all senses and an able body. Most VD feels they are outside this norm. They also expressed femininity does not necessarily associate with a woman. HD on the other hand perceived masculinity as something to do with being stronger, authoritative, and non-feminine; patriarchy did not benefit them much. Respondents with HD think they are often treated like women or

childlike due to their lack of ability to express themselves. They are therefore seen as passive or silent.

In the study one section of respondents (LD) does not fit into hegemonic masculinities but gets certain dividends. They try to comply with the hegemonic ideals as much as possible. In contrast, respondents with VD and HD do not fall into the hegemonic masculinities either. Respondents with VD did not even want or try to fit in. HD again tries to fit in but fears non-acceptance. For most respondents, masculinity is not challenged by disability but by the inability to collectively conform to certain acts and practices that sustains hegemonic masculinity. It would be wrong to say that all the respondents, due to disability, do not practice hegemonic masculinity or fall outside it. Some do this by supporting the ideals. Most of the LD groups fall into this category. The peer pressure to perform remains highest among LD followed by HD. For HD the peer pressure mainly comes from other deaf peers.

However, some of the respondents have tried to indulge in specific acts of self-presentation to dissociate from their stained image and appear masculine. Social media platforms like Facebook and Instagram remain essential to present oneself. For example, on Facebook, they have tried not to show their assistive devices like crutches, wheelchairs, or other aids to look smarter. For example, uploading pictures showing their muscles. For example, LD prefers to give half images of their bodies and focus on those parts they consider ‘sexy’ like if one has muscle, abs, or just face. They generally upload their upper body parts so that the parts of the body they feel are 'unattractive' are not publicly shown. Apart from this, each group of respondents has placed themselves in relation to other groups of disabled respondents in order of their perception of superiority against other. The hierarchy is on the basis of how each group or respondents feel they are superior from others in terms of privileges, acceptance in an ableist and patriarchal society.

The next chapter on disability, body, sexuality, and intimacy will explore the understanding of bodies as perceived by the respondents during intimacy. Sexuality is related to physical ability, which stands on aspects of physical prowess, sexual dominance, and sexual expressions. Disability is often considered to be outside the domain of sexuality, be it men or women. The myths around the disabled having no sexual feelings or engaging in malpractices exists in society. For the respondents, intimacy is not just about sexual intercourse but also a way of touching and self-pleasure through masturbation. The body remains a symbol of desirability and a site of pain and pleasure among the respondents. All respondents with LD mentioned that

a fit and an able body is required for satisfactory sexual intimacies. LD was not very vocal about their intimate experiences but believed locomotor restrictions were no hurdle in sexual expression. For VD, the body being able or impaired is not related to sexual satisfaction as long as the partner understands each other's needs. They mentioned that their disability is restricted to vision; hence the body does not pose any restriction during intimacy. They have tried different ways of exploring their bodies, especially when the partner is not from a blind community. Even when the partner is blind, there is no restriction on the movement of body parts. The respondents with HD feel more confident during intimacy as the involvement of communication or hearing does not play a decisive role.

Appearance and grooming are important aspects of men's sexual desirability. The emergence of grooming kits with a range of men's products can enhance one’s appearance and desirability in the age of consumerism. However, the pre-conceived notion of being undesirable or 'unsmart' persists among them, often limiting them in choosing a particular style quotient. When asked about their idea of physical attractiveness in men and women, most respondents have equated body curves (for women) and body measurements in terms of abs for men. Social media and advertisements are also a medium apart from peer groups which they try to keep updated regarding recent trends of style among men.

Regarding sexual orientation, most respondents from VD and HD acknowledge their bisexual and homosexual identities. Majorly LD has expressed heterosexuality as their sexual preference for a relationship. Many respondents indulged in situational liaison, i.e., a liaison based on the availability of the partners and situations. The relationship with their partners revolves around power dynamics, consisting of a relationship based on subordination and domination. Such relation exists between able-bodied as well as disabled couples. The relationship is based on mutual exchange, building temporary partnerships. The stigma of being labelled as sexually dysfunctional or sexually inexpressive makes them more conscious of their sexual performances to please their partners.

Lastly, there is a hierarchy among the respondents concerning the degree of sexual autonomy and well-being. Getting information and making informed choices is a right for all. However, knowing about sexual health and understanding safe sexual practices, exercising choices, having satisfactory relationships, and attitudes towards it are all related to their sexual well-being. Most respondents do not have proper information on their reproductive health hence

indulging in unsafe sexual practices with partners. When both the partners are disabled, it creates a double disadvantage for them, leading to frequent sexually transmitted infections. Maintaining privacy around the body is also challenging due to the caregiving part. It has taken their complete autonomy over their bodies. The degree of sexual freedom also varies with each group of respondents. Heterosexuality and ableism have constructed a negative view of disabled people and their sexualities. Such social constructions failed to produce a positive attitude towards their bodies and sexualities. Patriarchy, ableism, and consumer capitalism have constructed heterosexualism as the norm, and disability is theorized as a lack, deliberately removing disabled sexuality from the discourse of mainstream sexualities. The respondents' sexual concerns remain different from able-bodied men.

The next chapter on disability, identity, and space explains how the respondents negotiate and resist their positions in different spaces. Disability and space are mostly linked as a barrier in terms of movements and accessibility. Still, it is hardly spoken of how spaces can create a barrier for gender and sexual expressions, inflicting violence and inequality for disabled persons. Spaces represent power and codes of gender practices. Interaction in different spaces in domestic, public, or intimate spaces reflects a power hierarchy where various symbols of acceptance and denial exist through discriminatory practices—the respondents' experience in public and private spaces have somehow situated their social positions similar to women based on allocation of tasks, discriminatory practices, lack of decision making. The constant treatment towards respondents as a woman member rather than a male member in the house is common for most. Many have identified their status as being compared to women.

The public spaces emphasized were the workplace, college, neighborhood, and streets. The private space includes home. The respondents view clubs and neighborhoods as male-dominated spaces where men establish and embrace power through various practices of brawls, arguments, and the exchange of slang. None of the respondents mentioned physical violence in terms of beating or bashing inflicted upon them. e., the 'body' intervention to commit a violent act was not there. Still, verbal taunting and subtle domination by non-disabled men were common. Violence and domination, be it in any form done by men to other men in specific spaces, remain an aggressive practice to exercise power upon others. The respondents feel such power equations can be changed by 'dealing' with the men out there, voicing out their selves, resisting their actions, or negotiating by keeping good terms with them. However, some also

express to defeat them through conversations like winning over a political or sports debate. Debates are common in clubs and adda zones. The respondents have indulged in a way to overpower those men through conversation who are, according to them, not intellectually inclined but only could advertise their physique and strength.

Within private spaces like homes, allotment of tasks often defines their position. These tasks are determined mainly by the elderly members of the house and, at times, even younger members who do not have any form of disability or ailments. The tasks are done and defined according to the advantage of the men in the house. LD has expressed interest in being involved in tasks allotted to male members like helping brothers, uncles, or brothers in finances or other heavy works that require huge physical labor, like removing gas cylinders, furniture, and washing machines. But often, they are given 'easy' and 'light' tasks with women. At the same time, VD and HD did not show any resentment toward assisting women in the house. Specific duties are thus assigned according to the degree of importance of the member.

The constant supervision and surveillance in the name of care take a toll on their privacy. Maintaining one's own space and keeping privacy is a challenge for the respondents. VD mentioned how bodies had lost control to preserve their physical privacy for the sake of assistance needed every day. It also exposed them to sexual abuse. For example, visiting the loo or washroom requires assistance. Women in the family have also faced restrictions like them. Regardless of different disabilities, all respondents complained of privacy issues. Incidents of sexual abuse within private spaces were not uncommon. The respondents with visual disability and hearing disabilities have faced emotional abuse more than locomotor disabled. Emotional abuse in terms of neglect, rejection, feeling unwanted, secondary, and making one feel non-existent were common throughout their lives.

Lack of inclusion in decision-making within the family, surveillance in the name of care, interference in their spaces, imposition of decisions on them, or influencing them to take one, and instances of abuse have somehow put their position similar to that of women in a patriarchal society. The lesser probability of marriage and carrying on the legacy is another important reason for their marginalized status within domestic spaces. A sense of being powerless prevails among respondents. These are some ways the respondents negotiate their position within the home. The most common way of negotiating is complying with what they are being instructed to. They do not mind having a subordinated status in the home as, in return, their

needs are taken good care of. The needs are mostly related to disabilities and monetory. There are instances of resistance as well though the cases of resistance have been less among the respondents. Some have resisted by arguing and doing things that could offend others in the family. Resistance from working men comes in the form of non-contribution of monetary help. Some have also expressed not taking any assistance or caregiving from family. But these are very rare. The respondents have not mentioned actively resisting back to their family. Instead, they have tried to negotiate for their benefit. The benefits include the care they receive. Obeying the dominant authority to gain a 'visible' position and get accepted as a male figure in the house. The level of constraints has been different for all these men. VD and HD have experienced a more significant number of regulations in familial spaces compared to spaces outside the home. On the other hand, respondents with LD, too, have expressed dissent in public spaces. Still, their condition is not very different from each other in exercising complete control over their lives.

There is a hierarchy within each group of respondents. The hierarchy is explored through greater acceptance in the ableist group, exposure to abuse, getting patriarchal dividends, and better access to non-material resources. For example, in this study, respondents with locomotor disabilities are positioned better than visual and hearing disabled men in terms of privileges, access, and empowerment. They get certain patriarchal dividends compared to the other two groups, VD and HD. Space represents power; it is negotiated through actions. The respondents have taken various strategies to improve positions in both spaces. Few have tried to resist; while some did not protest, some have complied with the rules of patriarchy to get dividends. Such practices put one group of men below the other based on how successfully one can negotiate one's status. All respondents mentioned how they are compared to women day to day.

The present work has certain recommendations and limitations. Further work can be carried out to extend the scope of this research. The study was based on twenty-one respondents, and the findings cannot be generalized. However, the thesis findings gave a deeper understanding of the varied issues of disability. A comparative analysis of the gendered subjectivities between men and women with disabilities can be explored in the future. It would be also interesting to find out the how perception of masculinity and attitude towards sexuality in everyday life differs between physically disabled men and men with intellectual disabilities from an Indian perspective. The scope of a comparative study on gendered experiences of homosexual and

disabled men, given both, have a marginalized status due to compulsory heterosexuality and able-bodiedness, can be done.

Time constraints and difficulties in gaining permission from all the respondents to record their answers on sensitive issues were some of the restrictions of the dissertation. More types of disabilities could be included to broaden our understanding of the issue of disability and eliminate the problems faced in day-to-day life by men falling into different categories of disability.

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