Disability and Masculinity: How Young Men with a Disability Navigate Masculinity in South Africa

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Declaration

I, Michaela Anne Moonsamy declare that this research project is my own original, unaided work. It has not been submitted before for any other degree or examination at this or any other university.

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Abstract

This research project aimed to contribute to the body of knowledge in the global south literature on masculinity by exploring how young men with a physical disability construct and navigate masculinity. Theories such as Ecological systems theory, Social identity theory and Gender role strain theory served as the theoretical framework. Semi-structured interviews were used as the data collection method. There were seven participants in total, five identifying as black and two identifying as Indian, all with varying degrees of physical disabilities. Participants were selected using purposive snowball sampling. Interpretive phenomenological analysis was used to analyse the data. Five themes were constructed from the data: How young men with disabilities define their masculinity; Challenges of not meeting Hegemonic Masculinity Standards and the coping strategies used to manage these challenges; Disability and its contribution to identity formation; Relationship with others: living with a disability and how this relationship affects masculine identity; and Embodying masculinity. The study revealed that young men with a disability reject/reformulate hegemonic masculine ideals to standards they can meet but can also simultaneously draw from hegemonic ideals. In addition, various challenges faced by men with a disability were explored as well as how relationships affect identity formation while living with a disability. Limitations and future recommendations are discussed.

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Chapter 1: Introduction

Historically gender studies focused more on women and their experiences within patriarchal societies, while in recent decades the focus has shifted more towards men and their experiences (Connell, 2014 ; Morrell, Jewkes & Lindegger, 2012). There are numerous studies that explore masculinity globally and within South Africa. These studies have explored hegemonic masculinity and its effects (Howson & Hearn, 2020; Joseph & Lindegger, 2007; Morrell, Jewkes & Lindegger, 2012; Waddell et al., 2020), various forms of masculinities (Morrell et al., 2012; Ratele, 2020) and how men try to maintain a viable masculine identity. Most theorists agree that there are multiple masculinities (Morrell et al., 2012; Ratele, 2020). There are also multiple ways in which masculinity is embodied. For example, fatherhood has been identified as a site for the construction of alternative masculinities to that of hegemonic masculinity (Morrell, 2005; Morrell, 2006; Richter & Morrell, 2006). While masculinity has been thoroughly researched, its intersection with disability has been infrequently explored globally (Shakespeare, 1999). Global works include those of Samuels (2002), Staples (2011) whose participants were affected by leprosy, and Shuttleworth et al. (2012). However, this intersection has rarely been explored in the global south (Connell, 2014), particularly South Africa. South African studies include the exploration of masculinities of visually impaired youths (Joseph & Lindegger, 2007), physical disability and hegemonic masculinity (Swartz et al., 2021) as well as the autobiographical works of men with disabilities (Lipenga, 2014).

Accounts of men's personal experiences of living with a disability and its links to masculinity began with autoethnographic pieces. In 1989 political scientist Harlan Hahn was one of the first scholars to write about masculinity and disability with political undertones (Shuttleworth et al., 2012). Hahn noted that there was tension created by a male identity and a disabled identity where masculinity was equated with physical strength and disability with

fragility, especially since many men aligned themselves with hegemonic masculinity (Shuttleworth et al., 2012). He proposed that in order to navigate this 'dilemma' men should redefine their identities in ways that valued other aspects of themselves (Shuttleworth et al., 2012). Research then moved on to explore how men responded to hegemonic masculinity with Gerschick and Miller's "Three R Framework" (Shuttleworth et al., 2021, p. 177). Thereafter Shakespeare (1999) further explored the dilemma. His work acknowledged that this dilemma is experienced differently depending on impairment type, sexuality, ethnicity and class. Researchers began to bring embodiment back into the field and there was an increased call for disability studies to account for the body without discounting the broader social structures and the power they hold over everyday life (Shuttleworth et al., 2012).

Robertson, Monaghan and Southby (2020) argue that while research that explores personal experiences is important, these studies run the risk of reproducing an overly individualised view of how men 'handle' living with a disability. However, Watson (2000) argues that studying personal experiences is important because personal experiences accumulate and often impact the direction of macro-level transformations and in turn macro-level transformations have personal level consequences. Furthermore, Robertson (2006) emphasises that theorising coming from male bodies rather than just about male bodies provides insight into the gendered, male bodies in everyday life. Studying the personal experiences of men with disabilities contributes to the body of knowledge around gendered and differently-abled bodies through rich accounts and can contribute to macro-level change.

Current research explores the gendered experience of living with a disability, the sexual politics of disabled masculinity, the construction of masculinity and alternative masculinities when living with a disability (Enderstein & Boonzaier, 2015; Hickey-Moody, 2015; Swartz et al., 2021). Contemporary studies on masculinity and disability have moved away from citizenship and legal status and have begun addressing how norms of masculinity remain

hegemonic and difficult to negotiate (Blum, 2020). It is important to study not only how hegemonic masculinity affects women and society as a whole but also how it affects men. While there has been some research on adolescent masculinity, the age after adolescence and before fully established adulthood could provide a more comprehensive view on emerging masculinities by adding life-phase as a contributing factor. The current study makes an important contribution to the global south literature for this age group, as Shuttleworth et al. (2012) note that there has been limited work on disabled masculinity that does not originate in western societies.

It is presumed that masculinity and disability exist in a state of conflict as masculinity's associated characteristics of strength, virility, stamina and authority are in contrast with characteristics associated with the experiences of men with disabilities. In addition, femininity and disability are likened to each other as they are similarly constructed as marginalised identities under hegemonic masculinity (Shuttleworth et al., 2012). However, current debates highlight the fact that there are times when disability affords one with an advantage over non-disabled people as in the case of carbon fibre prosthetics, argued by some researchers, to give its wearer an advantage (Hickey-Moody, 2015). However, Hickey-Moody (2015) argues that the prosthesis becomes a tool of hegemonic masculinity. This example illustrates the possible tension between differing identities in men with disabilities. This study aimed to explore some of these tensions and contribute to the southern body of knowledge around masculinity and disability particularly for South African men. The study explored how young South African men define and make meaning of their masculine identity. The study was conducted using a qualitative approach informed by an interpretivist paradigm.

1.1 Research Aims

The aim of this research was to explore how young men with disabilities navigate their sense of masculinity. The research aimed to explore the meaning and lived experiences of

masculinity from the perspective of young men. It sought to explore how they embody, if at all, masculinities while living with physical disabilities such as blindness/eyesight impairments, hearing impairments or mobility impairments like paraplegia whether they be congenital or acquired.

1.2 Rationale

According to the 2011 census, 7,5% of South Africa's population were classified as having some form of disability. Men made up 6,5% of the disabled population and women 8,5% of the disabled population in South Africa (Statistics South Africa, 2014). Although the percentage of men with disabilities was lower than that of females with disabilities it is still a significant amount of a marginalised population whose lived experiences have been understudied (Shakespeare, 1999). The topic of masculinity and disability is particularly interesting to those involved in gender and disability studies as well as other social sciences in general as it examines the intersection of disability and masculinity and its social implications.

There is a large volume of research conducted on masculinity (e.g., Connell, 2014; Shefer et al., 2008; Shefer et al., 2010) and disability (Hemingway & Priestley, 2006; Ranswick-Cole & Goodley, 2013; Shakespeare,2006) separate from each other and a growing body of research on the intersectionality between disability and masculinity (Barret, 2014; Joseph & Lindegger, 2007; Shakespeare, 1999; Shuttleworth, 2012; Staples, 2012). Research on the gendered experience of men who have acquired a disability through injury and those with congenital impairments remains scarce (Barret, 2014) as well as research on how masculinities intersect with different kinds of impairment, especially within the context of the global south (Shuttleworth, Wedgewood & Wilson, 2012). In more recent work Gough (2018, as cited in Swartz et al., 2021) proposes that masculinity studies need to engage more with the lives of men with physical disabilities. Therefore, this research project aimed to explore both

acquired and congenital physical disabilities of various kinds (excluding sensory disabilities) and their relation to the construction of masculinity in the Southern African context.

The social model of disability defines a distinction between the term's 'disability' and 'impairment'. For this construction of disability, impairment is seen as the actual physical or bodily dysfunction whereas disability refers to the social and structural barriers in place that affect people with bodily impairments by restricting their access to certain aspects of society and giving preference to individuals without impairments (Anastasiou & Kauffman, 2013; Shakespeare, 2006). Anastasiou and Kauffman (2013) argue that the social model of disability is limiting in the way that it conceptualizes disability. They argue that disability should not be reduced to one aspect but rather should encompass all aspects. For example, the biological dimension of disability should not be ignored as it is a reality. The reality of the impairment is not removed once barriers in society are removed (Anastasiou & Kauffman, 2013). They argue for a conceptualization that encompasses the social and biological aspects of disability. For the purpose of this research the terms impairment and disability are used interchangeably to describe the physical dysfunctions whether they cause the individual to experience social barriers or not.

It has become increasingly apparent that gender and masculinities play an important role in the explanation of complicated social problems including domestic violence, crime and HIV/AIDS amongst others (Bhana et al., 2021; Bozkurt et al., 2015; Joseph & Lindegger, 2007). Feminist approaches have identified various intersections of masculinity and gender with race, class, sexuality and age as well as disability (Joseph & Lindegger, 2007). According to Joseph and Lindegger (2007, p. 73), "disability could be considered an important site for the performance of masculinity, but one which has received little research attention to date". For these reasons this research project aimed to contribute to the body of knowledge on masculinity amongst young South African men. By studying young adults, the research contributes to the

understanding of how life-phases impact on masculine identity. There is research on adolescents (a time when identity is being negotiated) (Gibson et al., 2013; Joseph & Lindegger, 2007) and research on older men with disabilities (Shakespeare, 1999; Shuttleworth, 2012; Staples, 2012) but there is a limited amount of research exploring young men after adolescence and before becoming established adults. This research aimed to explore this age group. More knowledge about the lived experience of men with a disability contributes to expanding research in the field of masculinity and disability by highlighting the narratives of often marginalised masculinities. It may provide insight into the social barriers and limitations disabled men face and this knowledge may initiate further thought into how these barriers can be reduced through social change.

1.3 Research Questions

- What does masculinity mean to young men with disabilities?
- How do young men with disabilities embody masculinity?
- What challenges do young men with disabilities face while trying to maintain a viable masculine identity?
- How do varying degrees of and age at onset of disability affect views/embodiment of masculinity for young men with disabilities?

1.4 Organisation of Chapters

This research report is organised into five chapters. The first chapter provides an overview of the study consisting of a brief background of the research, the research aims, the rationale for the study which discusses the importance of studying how men with disabilities construct their masculinity, and an outline for the remaining chapters.

The second chapter provides a detailed report of the current literature on masculinity, hegemonic masculinities and fatherhood and masculinity. It also discusses disability studies and the intersection of masculinity and disability studies. The review includes both South African and international studies.

The third chapter discusses the methods used for the research. A qualitative approach informed by an interpretivist paradigm is described. The sampling method and participant criteria are discussed as well as data collection and analysis.

The fourth chapter presents the results and integrated discussion of the results in relation to the aim and objectives of the study. Lastly, the fifth chapter concludes the report, evaluates the limitations and provides recommendations for further studies.

Chapter 2: Literature Review

There is a substantial amount of research on masculinity, with Connell (2002) as cited in Joseph and Lindegger (2007) being most notable for her social constructionist theorising of masculinity. Gender is described as a constructive process rather than a biological or innate one in which individuals (active subjects) negotiate their positions and roles in relation to societal norms and processes. With this definition of gender, masculinity is also not biological but rather constructed in 'masculinities' (Joseph & Lindegger, 2007). Feminist theory speaks of the intersectionality of masculinity with race, class, age, sexuality as well as disability (Peretz, 2016; Shakespeare, 1999). However, studies on masculinity's intersection with disability are limited, especially in the South African context. This study explored how young men with physical disabilities living in Johannesburg construct masculinity. The literature review is structured as follows: a discussion on disability and disability studies, hegemonic masculinity and its creation of disability as a marginalised masculinity, a brief review of international masculinity studies followed by a discussion of studies that explore the intersection of masculinity and disability both globally and in a South African context. Lastly, the relevance of this study in South Africa and how it can contribute to the existing body of research is discussed.

2.1. Disability and Disability Studies

Historically disability had been explained by divine punishment, karma or moral failing (Shakespeare, 2006). Throughout the world people with disabilities were often viewed as unworthy, tragic or objects of pity and disgust although in some cultures people with disabilities were seen as having special powers to heal as visionaries or shamans (Connell, 2011). In more modern times disability was understood in terms of the biomedical model equating disability to a biological defect (Shakespeare, 2006). Although the biological aspect of disability cannot be ignored, the over-medicalised and individualist approach to disability is

only part of the entire picture. It fails to acknowledge the social barriers that contribute to debilitating effects of a physical impairment (Barret, 2014). Since the 1960s people with disabilities and their allies have challenged the historical exclusion and oppression of people living with disabilities (Shakespeare, 2006). The social model of disability emerged around the 70s, from the political arguments of the Union of Physically Impaired Against Segregation (UPIAS) (Shakespeare, 2006). Interestingly, South African psychologist, Vic Finkelstein, was instrumental in developing the group's policy. The group's aim was to replace segregated amenities and services with opportunities for people with disabilities to become fully participating members of society, to assume productive work and to live independently. From this beginning the group developed the fundamental principles of the social model of disability, they highlighted that it was the social problems and problems of access that added to the burden of people with impairments (Shakespeare, 2006). In essence the social model of disability argues that people are disabled by barriers in society rather than by their impairments (Barret, 2014). The social model also creates a distinction between disability and impairment. The UPAIS defined disability as being socially excluded, not having access to resources and not being able to live as a fully participating citizen; therefore 'disabled' by their impairment. Impairment was therefore defined as the actual physical limitation (Shakespeare, 2006). It is acknowledged that within the social model approach there is a distinction between impairment and disability but for the purpose of this research the term men with disabilities is used to refer to any men who are physically impaired who identify as disabled whether or not they have had access to relevant resources.

This approach has highlighted how disability is not solely an individual problem; it has rightfully brought the social exclusion of disabled people to light. It has also become widely known and understood because it has generated a clear agenda for social change (Shakespeare, 2006). The social model does, however, have some weaknesses; the most salient being its

separation of physical impairments from the idea that disabled bodies are socially constructed, placing more emphasis on the socially constituted body rather than physical impairment and social barriers being equally implicated as stated by Staples (2011) “the social consequences of bodily differences can never be divorced from the body” (Staples, 2011, p. 546). There was a call for scholars to account for the body without excluding the influence of the broader social structures and power relations in everyday experience (Shuttleworth et al., 2012). Including embodiment allowed for varying degrees of impairment to be highlighted as a factor that affects how men respond to what Shuttleworth et al. (2012) call “the dilemma of disability and masculinity” (Shuttleworth et al., 2012, p. 189). Connell (2011) proposes that specific types of impairment carry different meanings and highlight different social practices. The example given is that of people in Sierra Leone where the amputated body is a symbol of history involving violence. These bodies are given access to aid programmes while intellectual disability is hidden from the public. The meaning of impairment is influenced by the present and historical context in which persons find themselves. Watermeyer and Swartz (2015) assert that understandably the disability movement’s focus was on the political and the material aspects of oppression; however, these aspects have overshadowed the psychological aspect of the disabled experience.

Previous psychological perspectives on disability explored the negative psychological effects of bodily difference where traditional psychology located the problem within the individual (Watermeyer, 2012). Thereafter, psychological perspectives on disability increasingly adhered to the social model of disability rather than the biomedical model. Psychology saw disability as diversity rather than as an individual medical issue (Dirth & Branscombe, 2018). Contemporary psychological research views disability as valuable psychological experience and psychologists are increasingly studying disability and identity development and how self-concept affects wellbeing (Dirth & Branscombe, 2018). Dirth and

Branscombe (2018) contend that disability should be reframed as a socially and politically meaningful social category that is affected by the cultural, ideological and environmental context. Watermeyer (2012) cautions against psychological perspectives becoming preoccupied only with the material and structural aspects of society. She encourages psychological conceptualisation that examines internalised oppression as well as the structures that perpetuate exclusion and oppression. The current research sought to explore both the individual and social influence through examining identity formation and how it is affected by wider society expectations of gender.

Disabled Identity and Correct Terminology

The term 'disabled' implies not only a descriptive factor but also categorisation; to carry the disabled identity has implications for one's sense of belonging (Watermeyer & Swartz, 2015). Watermeyer and Swartz (2015) note that in a discriminatory society exclusion would often go unproblematised, harmful feelings about the self are formed and internalised, and while associating with groups that identify as disabled can be beneficial to one's sense of identity, this approach can also deepen segregation from non-disabled people. An important aspect of belonging is sharing experiences. For most people with disabilities since the beginning of their childhood their experiences are often different to those around them. Their experiences are even different to other people with disabilities as there is such a wide variety and severity of impairments (Watermeyer & Swartz, 2015). People with disabilities often do not have that sense of community which helps to solidify identity through shared experience. In a world that diminishes and marginalises people with disabilities through material deprivation and social exclusion, individuals often internalise society's denigration and are left with harmful feelings about the self and the world (Watermeyer & Swartz, 2015). Due to this social exclusion, it is likely that many people with impairments would choose to distance themselves from their disabled identity and other disabled people. Social identity theory refers

to this phenomenon as a protective measure called social mobility (Dirth & Branscombe, 2018). Although people sometimes choose to participate in activities that benefit people with disabilities as a group rather than distancing themselves, they can use social creativity to reclaim a disabled identity (Dirth & Branscombe, 2018).

How one should refer to disabled people has been an ongoing discussion. It has been debated whether the correct term is identity-first ('disabled people') or person-first ('people with disabilities') (Sharif et al., 2022). Identity-first acknowledges the disability as the defining characteristics of the person whereas person-first language emphasizes the person first and then their disabilities (Sharif et al., 2002). It is argued that identity-first which emphasises the disability identity of an individual can help reclaim once derogatory terms, for example "crippled". The reclamation of the term can be seen in the use of the word "cripple" in a documentary released on Netflix entitled *Crip Camp*, a film about the disability rights movement (Sharif et al., 2002). Although person-first language was well-intended, according to the Federation for the Blind it may imply shame instead of true equality (Sharif et al., 2002). The American Psychological Association (APA) asks writers to use person-first terms especially when referring to the autistic community. In a study of 519 people with disabilities from the United States, United Kingdom and Canada found that 49% of participants preferred identity-first terms, 33% preferred person-first language and 18% had no preference. Interestingly they found that preference differed between people with different impairments, with people who were visually impaired preferring identity-first while those with mobility impairments preferred person-first. Therefore, preferences of terms should be directed by that particular group or individual. In line with APA expectations, the term 'people with disabilities' has been used in this research. The project design for this research made use of interpretive phenomenological analysis therefore acknowledging that words have power which reflects the attitude the speakers want to exchange (Sharif et al., 2022). It is also acknowledged that

individuals may have a language preference despite what is widely used in literature; therefore, a question about what terms participants preferred was included in the interview guide to facilitate and allow people to define themselves.

Disability and Stereotypes

It is widely known that groups who are perceived as different often face stereotypes, which is true for people with disabilities. Two of the most notable stereotypes being the 'Ag shame' and Superhero stereotypes as described and discussed by McDougall (2006). The 'Ag shame' stereotype views people with disabilities as often less than and someone to be pitied. This stereotype perceives people with disabilities as tragic victims that are dependent and in need of care. The Superhero stereotype sees people with disabilities as being special because they have achieved something despite their disability. Respondents in McDougall's (2006) study noted that the Superhero stereotype can be harmful because it perpetuates the idea that those who do not fit the 'Superhero' mould of success, are failures. Interestingly, it was noted that the 'Ag shame' and Superhero stereotype essentially share the same narrative where disability is located in the disabled person's body without acknowledging social barriers and lack of access, and "both narratives are founded on the idea that disability is deviant" (McDougall, 2006, p. 393). Another noteworthy stereotype is the idea that people with physical disabilities are automatically intellectually challenged as well. This perception is observed in non-disabled people's interaction with disabled people accompanied by someone who is non-disabled. Often the non-disabled person will communicate about the person with the disability to the non-disabled companion as they assume that persons with disabilities cannot answer for themselves (McDougall, 2006). This situation positions persons with a disability as bystanders in their own lives.

Stereotypes have psychological consequences that can lead to tangible consequences in relationships and work life. Silverman and Cohen (2014) explored stereotype threat and life

outcomes. Stereotype threat refers to a concern that one may be viewed negatively due to stereotypes about one's group. In these contexts, the stereotyped group would seek to avoid being stereotyped and may then perform below their potential or miss opportunities in order to avoid stereotypes. Stereotype threat is associated with reduced well-being and a threat to one's identity and self-integrity (Silverman & Cohen, 2014). Silverman and Cohen (2014) postulate that self-affirmation like reflecting on one's important values can reduce the impact of stereotype threat. For their sample blind participants felt stereotype threat was chronic and affected many sectors of their lives. They worried that they would be perceived as incompetent, clumsy or not fully belonging which stopped some from seeking work, being in relationships or even going out in public (Silverman & Cohen, 2014). The study found that stereotype threat affected well-being and resulted in reduced challenge-seeking behaviour. They found that boosting self-integrity by affirming personal value in a different domain to the one the individual may be struggling with, mitigated the impact of stereotype threat and increased satisfactory performance in identity-threatening situations (Silverman & Cohen, 2014).

Disability and Social Access

People with disabilities face many social barriers and sometimes systems put in place to alleviate these barriers introduce their own barriers. This situation is true for the social grant system in South Africa. The system was designed to assist people who were unable to support themselves due to illness or disability. The Disability grant is the third largest grant after the Child Support grant and the Older Person's grant and research has shown that it has improved household health, access to education and employment opportunities for those who make use of it (Goldblatt, 2009). However, users are faced with administrative problems, inconsistent practices and procedures, difficulties negotiating across government departments and perhaps most worrying, inadequate facilities. The very system that is supposed to assist people with disabilities is not actually physically accessible to people with disabilities as there are often no

ramps for wheelchair users and no accommodations made for people who accompany those seeking grants (Goldblatt, 2009). There are also the costs associated with travelling to these offices only to not be assisted adequately and being told to travel further to certify documents or undergo a medical examination. Goldblatt (2009) also explores the gendered experience of applying for a grant that disproportionately affects women due to women with disabilities generally having less income and being more vulnerable to issues with safety, as well as social construction of gender roles when applying for grants. Although some of the barriers were found to equally affect men as they did women, men tend to face differing barriers due to the social construction of gender. The barriers affecting men include the idea that men should be strong contributing to men not seeking assistance. Often men experience poorer health outcomes which either lead to further injury or death. This situation is attributed to dominant constructions of masculinity, as these cultural norms encourage men to participate in risky behaviours that can impact health while simultaneously discouraging men from seeking health assistance (Mansfield et al., 2003; Ricks et al., 2020).

There has been a vast number of disability studies conducted over the years including those around resilience, which focus on the social aspect of disability and redefining what resilience is for disabled people (Ranswick-Cole & Goodley, 2013) and disability and social access during natural disasters (Hemingway & Priestley, 2006). Within the South African context Pretorius et al. (2011) explored access to higher education for students with disabilities, and found that although policy changes were in place, they had not yet been implemented sufficiently at higher education institutes. It was also found that people with disabilities were further disadvantaged by attitudes, stereotypes and prejudices that viewed people with a disability as dependent. This finding speaks to the overall attitude towards disability in South Africa. Although policies have been implemented, access for people with a disability remains limited and is further exacerbated by demeaning attitudes towards people with a disability

(Pretorius et al., 2011). While disability and masculinity studies are limited, especially in the global south, existing literature is discussed in the following sections.

2.2 Conceptualisation of Key Concepts

Power, Privilege and Marginalisation

Theories of power and marginalisation provide an overarching understanding of masculine identity especially in the case of men with physical disabilities. Watermeyer (2012) argues in her work on the essential need for a psychology of disability, that we need to understand how power works in order to imagine change. There are various theories of power. Weber's theory of power conceptualised power as a commodity, something that can be taken from or given (Masterson & Owen, 2006). Kumar (2000) notes that the Weberian power would deter those who hold power from empowering others, as empowering others would mean losing their own sense of power. Luke's theorising of power describes power as having three dimensions that takes into consideration the hidden practices of power such as withholding information or manipulation of certain groups to accept situations, identities and roles (Masterson & Owen, 2006). An example of the third dimension of power would be the medical model of mental illness which applies subjective labels of non-normative or social deviance to people with mental conditions. Through labelling social control is facilitated (Masterson & Owen, 2006). Foucault's theory of power speaks to Luke's third dimension of power. His theory is based on the relationship between truth, knowledge and power. Foucault argues that truth, knowledge and power converge resulting in the control of people in modern society (Masterson & Owen, 2006). Control is attained through disciplines, for example medicine and psychology, which are based on knowledge. These disciplines use discourses some of which become dominant (the medical model for example) and then dictate the socially acceptable ways of viewing reality (Masterson & Owen, 2006). Prilleltensky's (2008) theory of power

moves towards a more integrated theory that is applied to the understanding of the current research topic. He maintains that power is both psychological and political, omnipresent and multifaceted. For Prilleltensky, "power is a combination of ability and opportunity to influence a course of events" (2008, p.119). He speaks also of inner autonomy and social factors. One can have the autonomy and the self-motivation to do something but may also not be afforded the opportunity to exercise this power.

Power, privilege and marginalisation are intertwined. If someone or some group has power, membership of that group affords one privileges, and where there are privileged persons there are bound to marginalised persons who are not afforded the same privileges as those who hold power. Ratts (2017) asserts that identity, marginalisation and privilege are interconnected. Identities can converge to create a net of privilege and marginalisation that influences the individual's access to resources such as quality of education, health care and employment. Hall and Carlson (2016) define marginalisation as the process in which individuals or groups are socio-politically peripheralised from dominant experiences. These individuals are stripped of control of their self-will and critical resources; they are humiliated, exposed to toxic environments and exploited mentally and physically (Hall & Carlson, 2016). There are various marginalising ideologies that contribute to supporting marginalisation. These ideologies include colonialism, racism, sexism, classicism, and heteronormativity to name a few (Hall & Carlson, 2016). Ways in which marginalisation is performed include stigmatisation, scapegoating, deprivation of basic resources, bullying and exclusion amongst others (Hall & Carlson, 2016). Status is another important aspect to understand and refers to whether one's identity leads to privilege or marginalisation in society (Ratts, 2017). An individual can be both privileged by some identities and marginalised through others (Ratts, 2017). An example of this situation in the current study is that men with disabilities are privileged by way of gender, as in a patriarchal society, men are favoured and hold more power. However, their identity as

men with a disability may be less privileged than their male identity in a world that favours ablism. Furthermore, the participants were all people of colour, the majority being black. In a South African context these groups were marginalised due to race and therefore marginalised through socio-economic status. This example brings to the forefront the idea of proxy privilege where privilege is restricted to certain physical spaces (Liu, 2017), for example a woman of colour in a university space may hold privilege as an intellectual but at home in her patriarchal family the privilege she held at university is no longer valid. This anomaly is similar for participants who are valued for their intellect in university spaces but perceived as vulnerable due to physical disabilities outside of the university space.

Theories of power, privilege and marginalisation inform how one understands the treatment of men with physical disabilities, how traditional masculinity feeds the dominant discourses on masculine ideals and how differing identities can hold varying degrees of power depending on the context. These concepts are important in understanding how men with disabilities negotiate their identities in their various spaces.

Hegemonic Masculinities

Connell's theorising of masculinity draws largely on the work of Gramsci's who defined the concept of hegemony as the dominance of one group over another through legitimating norms and ideas (Joseph & Lindegger, 2007). Hegemonic masculinity can then be defined as attitudes amongst men that perpetuate gender inequality, such as men's domination and power over women and other minority groups of men (Jewkes et al., 2015). One of the central elements of hegemonic masculinity is heterosexuality (Jewkes et al., 2015) although hegemonic masculinities exist through various intersections with not only sexuality but race, class, gender, age and as Joseph and Lindegger (2007) suggests we could add disability to this list. The purpose of hegemonic forms of masculinity in society is to uphold and legitimise the role of the patriarchy and its sustaining of men's power over women and other men such as gay

men, men of colour and disabled men. Other masculinities are seen as subordinate because they do not conform to the ideals of the dominating masculinity (Morrell, Jewkes & Lindegger, 2012), which has been one of hypermasculinity where emphasis is placed on physical strength, virility, aggression and independence.

Hegemonic masculinity can be seen as a set of ideals and social norms with which men consciously or unconsciously try to align themselves even if these norms are unattainable (Joseph & Lindegger, 2007). The result is the perpetuation of hegemonic forms of masculinity. Mankowski and Maton (2010) highlight the paradox that performing masculinity both benefits and damages men as they try to reach and maintain the standards of hegemonic masculinity. As mentioned previously, men as a group have had significant social and economic privilege over women, particularly white heterosexual men who have held positions of power in government, media and business sectors (Mankowski & Maton, 2010). However, the social processes needed for the maintenance of this power structure damage both men and women alike. Men are damaged by masculine socialisation and due to this socialisation men cause damage to others and to themselves (Mankowski & Maton, 2010). For example, stereotypical characteristics of masculinity like aggression, homophobia, stoicism and competition are implicated in various social issues including homicide, intimate partner violence, unemployment, aggressive driving, alcohol abuse and environmental degradation (Mankowski & Maton, 2010). The male gender itself is not to blame for these outcomes but rather "the extent to which individual men endorse beliefs and behaviours that define traditional or hegemonic masculinity" is to blame for the perpetuation of harmful behaviours (Mankowski & Maton, 2010, p.75).

It is evident that certain groups of men would not meet the standards of hegemonic masculinity; disabled men may struggle with meeting these ideals due to their physical impairments, creating yet another site of tension for men with disabilities who are both

privileged as men but often marginalised due to not meeting hegemonic standards of masculinity.

2.3. Masculinity Studies

Gender activism had historically focused on women but in the last two decades began to shift focus towards men (Morrell, Jewkes & Lindegger, 2012). Studies had focused on the victims but never the perpetrators, theory had looked at the consequences of men's domination and women's experience of this domination and had rarely theorised men themselves (Hearn, 1998 as cited in Howson & Hearn, 2020). Connell (2014) suggested that the answer to ending oppression of women was to change gender relations and therefore to look at those groups that hold the power in institutions and public arenas, namely men.

Multiple Masculinities

As mentioned previously, Connell is one of the most notable writers of masculinity research. She contributed the theory of multiple masculinities to the field (Morrell, Jewkes & Lindegger, 2012). The theory of multiple masculinities is further explained by hegemonic masculinity. When these forms of masculinity do not share the same characteristics of the dominant masculinity they are subordinated and measured against the dominant masculinity creating an othering process of any masculinity different to the one with power (Morrell et al., 2012). Research has shown that masculinities can change; hence there is no single masculinity. This finding challenged the media's tendency to treat men as a homogenous group and masculinity as something fixed (Connell, 2014). Howson and Hearn (2020) discuss the aims of hegemonic masculinity and how its "objective" is to create a perception of purity of masculinity and its practices, and thereby legitimating its authority. They mention that this perception is unattainable and that it raises the questions *whether masculinity needs to be defined in global or national terms and whether there are multiple hegemonic masculinities?*

As Connell suggested, there are multiple masculinities but there can also be multiple hegemonic masculinities as concluded by in Morrell, Jewkes and Lindegger (2012).

Morrell et al. (2012) have identified three types of hegemonic masculinities in South Africa. The first being a 'white' masculinity representative of the economic and historical social dominance of the white ruling class, an 'African' masculinity that was based in rural areas perpetuating masculinity through chieftainship and customary law, and a 'black' masculinity that had emerged through urbanisation and the development of separate distinct African townships (Morrell et al., 2012). Their research explored how each of these hegemonic masculinities co-existed and the hierarchy that governed them. It illustrates in a South African context how multiple masculinities emerge and how there can be more than one type of hegemonic masculinity in one geographical area.

Historically in South Africa constructions of masculinity have been implicated in inequalities and injustices observed in the high levels of violence against women and children, domination of corporate and state to the exclusion of women, and violence against outsider or minority groups (often other men) through xenophobic, homophobic and racist acts of violence (Morrel, 2005).

Ratele (2020) highlights the effects of colonialism on masculinity, particularly masculinity of African and black men. He discusses how colonialism rendered black men as something other than human, only 'biologically a man' but a non-human under colonialism. He urges us to take this aspect into consideration and examine how it affected black men's formulation of masculinity, which is important to explore and acknowledge because although colonialism's legitimacy has ended its effects still remain and influence how African and black men formulate a sense of masculinity.

Masculinity and Fatherhood

According to Morrell (2006, p.23) "fatherhood is an integral element in the construction of masculinities, but it is interpreted in different ways. The mere fact of having a child may be used to claim the status of manhood. For men who accept that fathering goes beyond their contribution to conception, there are many ways of interpreting fatherhood." Before continuing it is important to make a distinction between the concepts of father and fatherhood. Although they are used interchangeably a biological connection does not equate to successful fathering but rather love, reliability, availability, dependability and support are important in the role of fatherhood (Morell, 2005). The distinction is therefore made between biologically fathering (providing the gamete) and taking on the role of father which is defined in terms of an emotional relationship and presence in a child's life.

In South Africa, apartheid ensured that workplaces and residential areas were racially divided which meant that South African men have very different experiences of fatherhood (Richter & Morrell, 2006). Black fathers were separated from their children, having to work in distant places which permitted only annual visits back home (Richter & Morrell, 2006). The work they did was physically hard, and the environment was cruel, which produced men who were accustomed to hardship, violence and pain (Richter & Morrell, 2006). In addition, South Africa was and is still largely a patriarchal society, caring was for the most part expected from women and was almost exclusively a women's task (Richter & Morrell, 2006). Fatherhood under those circumstances was limited. However, other studies have found that providing and being a responsible father was a strong feature of migrant labourer's opinions on working in the gold mines (Morrell, 2005). This finding implies that although migrant workers were not able to be emotionally and physically present in their children's lives, providing financially formed a part of their identities as fathers and men.

Results from a national survey illustrated that family and parenthood were important to young South Africans and young men were increasingly speaking about their desire to be good fathers (Emmett et al., 2004 as cited in Richter & Morrell, 2006). In contexts where men were not earning and were unable to meet the expectations of 'provider', men still held onto the idea that being a good man involved being a good father (Silberschmidt, 1999). Various studies have revealed that young men often foster a strong emotional connection with their children. Especially when their own experiences with their fathers were negative, they tend to be strongly motivated to give their children a positive experience of fatherhood (Glikman, 2004; Lemay et al. 2010; Wilkes et al. 2011 as cited in Enderstein & Boonzaier, 2015).

Enderstein and Boonzaier's (2015) analysis found that fatherhood may be a potential site for the development of alternative masculinities. The participants in their study purposefully shifted their life focus from being economic providers to that of caring for and taking responsibility for their children. Through this approach, men are redefining their masculine identity to include masculine identities that give importance to active involvement, care and respect (Enderstein & Boonzaier, 2015), which is alternative to the masculine traits of hegemonic masculinity. This change causes tension between the aspiration towards hegemonic ideals and responsible fatherhood. Participation of young men in the economic sphere is an essential part of developing a masculine identity in relation to family (father as provider discourse). These capitalist ideals especially for young black South African men is also drawn from traditional models of masculinity where accumulation of cattle was important for a man's reputation as head of the household (*umnumzana*). In post-apartheid that translated into the need for men to find employment in order to support their families (Lipenga, 2014). The participants in Enderstein and Boonzaier 's (2015) study defined themselves as acceptably masculine by creating an alternative masculine identity by "paring caring and emotional

investment, decidedly non-hegemonic constructions, with strong hegemonic norm of father-provider…" (Enderstein & Boonzaier, 2015, p.514).

Research on masculinities has addressed issues such as gender-based violence, boy's education, war and peacemaking, men's health and political change (Connell, 2014). Certain marginalised masculinities and their experiences have also been studied (Connell, 2014); disabled masculinities included (Connell, 2014; Shakespeare, 1999). Masculinity studies have explored certain aspects of gender relations and it is recognised that addressing issues of masculinity can contribute to promoting gender equity, as it is noted that the rights of women and other marginalised genders cannot be promoted without involving men (Morrel, 2005). Research has encouraged discourse on social change and often leads to practical interventions (Connell, 2014). This situation was the case for gender-based violence where violence prevention programmes were created for boys and men and education for boys was further developed (Connell, 2014). It may be possible for studies that examine the intersection of masculinity and disability to contribute to promoting gender equality as well as non-discriminatory attitudes within the male gender towards non-hegemonic masculinities. The intersection of masculinity and disability are explored further in the following sections.

2.4. The Intersection of Disability, Race, Gender and Poverty

Moodley and Graham (2015) investigated the intersection of disability, race, gender and poverty in South African populations. They note that poverty outcomes are shaped by varying factors including class, race, gender and severity of impairment. For example, the access to social and material assets that come from being middle class can mitigate vulnerabilities of disability (Moodley & Graham, 2015) such as being able to afford to go to schools that provide aid and are environmentally inclusive of students with disabilities. The link between poverty and disability has been found to have causal links in both directions meaning that living in poverty increases the risk of disability and disability may increase the

risk of poverty (Moodley & Graham, 2015). Disability may increase the risk of poverty because research has shown that a person with a disability is less likely to have benefitted from formal education and is likely to be unemployed. On average it emerged that people with disabilities had 2.5 years less education than non-disabled people with race being the largest factor amongst those with a lower education level (Moodley & Graham, 2015). This finding is of course attributed to the quality of education provided to people of colour during apartheid and the continued lack of resources seen in some of these schools even today. People with disabilities were less likely to be employed and more likely to not be economically active either due to lower levels of education, less access or discriminating attitudes in the workplace. Race was found to interacts both with disability and poverty. These researchers found that a white woman with a disability was more likely to be employed than a non-disabled black man. Black individuals with disabilities face a double exclusion based on race and disability status with black women faring the worst (Moodley & Graham, 2015). While men with disabilities may be disadvantaged in other ways, they are still slightly more likely to be employed than non-disabled women. This finding can be explained by the gendered attitudes towards household care responsibilities and employment which sees women as the main carers of the household and men as breadwinners. Here gender and disability were found to intersect producing negative outcomes for women with disabilities and non-disabled women (Moodley & Graham, 2015) with slightly more positive outcomes for men with disabilities except for men of colour with disabilities who are often excluded.

In terms of poverty and masculine identity construction, research has found that young men construct a subordinated masculinity based on heterosexuality and violence in order to build their self-worth and position themselves within the gender order (Gibbs et al., 2015). Gibbs et al. (2015) explored respect and identity construction in two South African urban informal settlements. They found that men aspired to a ‘traditional’ masculinity which hinged

on economic stability and control of a household but due to not being able to provide economically they constructed a youthful masculinity which emphasised respect through multiple partners and violence against partners (Gibbs et al., 2015). Their research commented on poverty and its relation to masculine identity construction in a South African context as well as masculine identity construction in relation to women and girls. They demonstrated that there were sometimes opportunities to draw from various discourses on masculinity that were suggested by the participants' emotional investment with main female sexual partners which contrasted with their youthful masculinities.

For the current research it was important to be cognisant of and use intersectionality as an analytical tool as it allows for the acknowledgement that multiple identities exist in an individual that influence experiences of advantages and disadvantages (Moodley & Graham, 2015), as well as being cognisant that contrasting masculinities can exist in different relationships (Gibbs et al., 2015). In addition, intersectionality can be used to understand how different identities compound the effects of poverty and disability, which can both result in reduced education levels and therefore reduced employability therefore perpetuating the cycle of poverty and increasing the risk of disability.

2.5. The Intersection of Masculinity and Disability

There are limited studies on the intersection of masculinity and disability. One of the first most notable studies was conducted by Gerschick and Miller (1994) who studied men with disabilities and their sense of masculinity (Shuttleworth et al.,2012).

Gerschick and Miller (1994) as cited in Shuttleworth et al. (2012) developed three categories of responses to hegemonic masculinity namely reliance, reformulation and rejection. This conceptualisation is referred to as the *three R framework.* The study found that men either rely on hegemonic masculinity to construct their identity or they reformulate the hegemonic ideals taking into consideration their own limitations (reformulating hegemonic ideals so that

they may work even with the individual's limitations) or they completely reject hegemonic masculinity ideas and create an alternative masculinity (Shuttleworth et al., 2021). They concluded that men who subscribed to hegemonic masculinity were more likely to internalise feelings of inadequacy and to believe that the problem was with themselves and not a larger social structure (Shuttleworth et al., 2012). Men who reformulated ideals separated themselves from hegemonic masculinity by rejecting some of the ideals but still did not challenge the gender hierarchy (Shuttleworth et al., 2012). According to the authors, those who rejected hegemonic masculinity ideals offered the most hope when it came to changing these masculine ideals. Gerschick and Miller (1994 as cited in Shuttleworth et al., 2012) noted that the men participating in their study did not fit into just one of the response types.

Samuels (2002) highlights the gendering of disability and how often disability is equated with femininity. Aristotle had positioned women as "deformed males" (Samuels, 2002, p. 65) which ultimately led to the later depictions of women as deformed men or less than men. The conception led to the development of the pathologising of woman and their bodily functions such as menopause and pregnancy and the de-masculinisation of disabled men who are then grouped with women, children and the elderly as dependent and abject bodies (Samuels, 2002). Disability and masculinity are therefore in conflict with each other because masculinity is associated with physical strength and being autonomous whereas disability is associated with dependence and fragility, which creates a "lived embodied dilemma" for disabled men (Shuttleworth et al., 2012, p. 175)

The complexities of gender identities amongst people with a disability were explored further by Tom Shakespeare (1999) when he examined the sexual politics of disabled masculinity. This study explored how men with a disability navigate their sexual lives. Masculinity is often equated with characteristics of strength and virility which are generally not terms afforded to people with impairments. Shakespeare (1999) discussed how an 'absence'

of these characteristics emasculated some men. The study suggested that different impairments not only produce differing embodiments of masculinity but also that disabled men embody and receive confusing and contradictory messages (Shakespeare, 1999). For example, a participant noted that people with a disability are expected to be meek and childlike but as a man, he is expected to be a leader and "get angry" (Shakespeare, 1999, p.60), illustrating the contradictions within the male individual.

The author explored how having an impairment impinged on participants' masculine identity in this sense and how these men recreated their masculinity or re-enacted hegemonic masculinity in other ways. Shakespeare (1999) found that men who tried to re-enact hegemonic masculinity encountered more problems such as depression, anger and frustration due to their inability to meet societal constructions of masculinity, which provides support for earlier work by Gerschick and Miller (1994).

2.6. Embodiment of Masculinity

Watson (2000, as cited in Robertson, 2006) interviewed and observed 30 men. He proposed a model to explain four different modes of male embodiment in relation to health. This 'male body schema' consists of *Normative embodiment* which is the ideal healthy male body, form or shape, *Visceral embodiment* which refers to the underlying physiological and biological processes that support bodily function, *Experiential embodiment*, which is the experience of well-being, feeling good and the place of contact between the social and physical aspects of embodying maleness in relation to health, and *Pragmatic embodiment*, which refers to the normal use of the body to fulfill specific male gender roles like father and husband. His work highlighted the fact that healthcare workers emphasized visceral embodiment, but men were more concerned with pragmatic embodiment such as maintaining a functioning healthy body in everyday life (Robertson, 2006).

Past theoretical work on embodiment and masculinity has explored the complexities of the relationship between men and their bodies. In the age of enlightenment men became associated with the mind and reason while women were associated with nature and the body, leading to the disembodiment of masculinity. Connell (1995, as cited in Robertson, 2006) proposed that masculinity is actually intertwined with the male body and that masculinity comes from men's bodies. However, this notion poses a difficulty for describing men of colour and disabled men's embodiment of masculinity because the norm by which other male bodies are measured against, is the white heterosexual body. Under hegemonic masculinity anything 'other' is often seen as less worthy (Robertson, 2006). Robertson's (2006) study explored the narratives of straight men, gay men and men with a disability on health, maintaining health and being a man. Robertson's (2006) work highlighted how the body becomes representative of identity. However, traditional representations of hegemonic masculinity presented men as unconcerned about appearance which was something mostly women and gay men were concerned about. This difference then created some tension in identity formation. For some men this tension was resolved through working on the body through gendered activities, whether through gym, sports or abstaining from harmful activities (Robertson, 2006). For the men with disabilities in this study their marginalization was not only representational but experienced through the body in systems and structures having direct consequences (Robertson, 2006). For all the participants with a disability, buildings were inaccessible even those meant for people with disabilities. His participants brought to light how masculinities impact on how men embody their gender and gender roles which then impacts on men's health both physically and emotionally. The process of male identity formation is therefore not only intrapsychic but also built and sustained socially through interactions of the body in space and also influenced by the normative representations of the body and 'how men should be' (Robertson, 2006).

2.6.1 Sports, Disability and Embodying Masculinity

Sport is one of the traditional arenas where men display the male body. For many men playing a sport or becoming an athlete is an important mark of masculinity and the male experience (Sparkes & Silvennoinen, 1999). However, not all men play sport or even enjoy sport; for some it may even be a source of shame for those who may feel inferior. Connell (1995, as cited in Sparkes and Silvennoinen, 1999, p.5) suggests that masculinity is displayed through bodily performance and that "gender is vulnerable when the performance cannot be sustained – for instance, as a result of physical disability". The book follows the narratives of men with disabilities and their relationship with sports and their body. In Andrew Sparkes's chapter on *The Fragile Body-Self* he explores his experience with a debilitating condition that cut his sports career short. He discusses his body as a working-class body and notes that sport became a way for working class men to bond and talk about the body in a specific way. Here his identity as a working-class man is highlighted and performed through sport. Later he speaks of the transition from being an elite athlete in school to a man whose body no longer worked for him. The narratives within the book highlight how some men grapple with their bodies, disability and sports as an arena to display masculinity.

Contrary to other narratives and theorising around disability being equated with femininity and rendered unable to meet the standards of hegemonic masculinity, Hickey-Moody (2015) speaks of carbon fibre as a tool of dominant masculinity where it extends the performance of masculinity. It does this by providing a material extension of the global competitive sporting and engineering industries. It is valued because it helps men move faster, stronger and further and bonds them in masculine cultures of performance. In order to further understand this claim, Homosociality is explored. Homosocial relationships are intimate relationships between men; the relationship is misogynist and is based on the denial of the possibility of their sexual desire for each other. It is argued that homosocial masculinity is

perpetuated through interaction; to be a man one learns appropriate ways to exercise economic, social and cultural power (Hickey-Moody, 2015). The culture of sports and car enthusiast meetings are areas where homosocial relationships are formed, and masculinity is performed.

The example used to illustrate carbon fibre as an extension of masculinity, is Oscar Pistorius and his carbon fibre prosthetics. Hickey-Moody sees carbon fibre as a site that supresses disability. In the case of prosthetics, they actually allowed Oscar Pistorius to compete against non-disabled men therefore 'supressing' disability as he was deemed "too good" and "too specialised" to compete against non-disabled athletes (Hickey-Moody, 2015, p.15). Hickey-Moody (2015) argues that carbon fibre is used to make various machines like cars and other technology which is essentially used by men to hold power in society. In much simplified terms using this material in certain ways extends the performance of masculinity. Carbon fibre is the material that moved Pistorius beyond the cultural politics of disability and connected him to sporting masculinity (Hickey-Moody, 2015).

In understanding how carbon fibre can be an extension of masculinity it is useful to explore Actor-network theory and Interobjectivity theory. These theories are used to understand the social world at a deeper level. An actor-network refers to the concept that for any actor to act, others must act as well forming a network where action is shared with a multitude of people and objects (Bencherki, 2017). Society exists in constantly shifting networks of relationships. These relationships take place between social actors. The status of social actor is extended not only to non-human beings like animals but also inanimate objects such as buildings and technology (Latour, 1996). Therefore, the role of actor can be extended to assistive technologies that are used by people with disabilities. Social actors are in constant negotiation with others and environments around them where a number of variables are considered simultaneously (Latour, 1996). Latour (1996) puts forward the idea that social interaction happens when there are at least two actors who are linked by behaviour, which is

considered communication. He notes that unlike Simians, human interaction does not have to rely solely on the work of living actors, but that interaction takes place between human and object. The example used is that when meeting face-to-face there are other factors impacting on the interaction like our clothes that were made somewhere else at a different time, the words we use were not formed for that specific occasion, the walls created for a different client by an architect and constructed by workers. The actors are absent today, but their actions are felt. The person being addressed is a product of history that goes beyond the interaction (1996). In terms of objects, they transmit social intention without adding or subtracting from anything; they form infrastructures and form a continuous material base over which social world representations and signs subsequently flow (Latour, 1996). Objects are actors in themselves e.g., a fence to keep flock of sheep in was interacted with, but it acts even once the human leaves. Any time an interaction has temporal and spatial extensions, it is because one has shared it with non-humans. Applying this idea to the current study, assistive technologies are objects that convey certain meaning in society. The wheelchair for example has become the prototype symbol for disability (Dirth & Branscombe, 2018) but sometimes, as a strategy to manage stigma, an individual would opt to use crutches instead as these objects convey a different meaning and social status to the wheelchair. They convey a message of independence and self-competence whereas sometimes using a wheelchair calls for assistance to push it at times conveying a message of dependence (Dirth & Branscombe, 2018).

Sport becomes a site where masculinity is performed and embodied. For men with disabilities this activity could either become a space of tension due to disabilities possibly limiting their bodily performance of masculinity or in certain cases be a space where one ‘transcends’ disability due to assistive technologies and their potential as a tool for masculine and disabled identity expression.

Staples (2011) conducted an ethnographic study in India exploring gender and bodily difference amongst men who were affected by leprosy and cerebral palsy. His study found that different kind of impairments were context-defined and had different implications for how masculinity and disability intersect. Instead of diminishing masculinity disability sometimes resulted in a hypermasculine enactment. For example, a man affected by leprosy who had lost all of the fingers on one hand used his affected fist as a show of strength and warning. By shaking his affected hand in other people's faces he was regarded as someone to be feared rather than someone to be pitied. Conversely men sometimes took on submissive roles when begging in order to be the bread winner (bringing home more money than their wives) and to be head of the household, a more dominant role, at home. Staples's (2011) study demonstrated how impairments can sometimes reshape masculinity and how masculinity can sometimes be enacted in unexpected ways.

2.7. The Intersection of Disability, Gender and Transitioning to Adulthood

With the advances in medicine children with chronic conditions who were thought to be limited to a shorter life, are now able to live past their teenage years. Gibson et al. (2013) argue that literature has not examined the experience of boys with disabilities becoming men. Hence, their study investigated the intersectionality of disability, gender and transitioning to adulthood. The authors drew from Pierre Bourdieu's concept of habitus which can be described as a set of qualities that incline an individual to certain practices in a certain context such as within the family, education or healthcare (Gibson et al., 2013). These social microcosms discredit or give value to particular forms of being (Gibson et al., 2013). Identity formation can then be described as a process of accepting and rejecting membership of particular social groups. The participants in Gibson et al's (2013) study negotiated their identities as disabled young men transitioning into adulthood.

In western societies entrance to adulthood is achieved through financial and residential independence as well as cognitive and emotional self-reliance (Gibson et al., 2013). Gibson et al. (2013) notes that children internalise these ideas and this internalisation can have an effect on children who do not conform to the typical physical or social transitions. The study found that the participants often distanced themselves from their identities as persons with a disability in order to realign their identities with that of "normal guy" (Gibson et al., 2013, p. 7). In the participants' dominant social order, becoming a successful adult male was to minimize disability and emphasise independence even though they had to acknowledge that due to their disability they were unable to live without assistance. The young men in the study constructed their masculine identities around themes of intelligence, scholastic achievement and heterosexuality. Some traits that were contrary to hegemonic masculinity included an emphasis on positivity, kindness and care (Gibson et al., 2013).

In the South African context Joseph and Lindegger (2007) studied visually impaired adolescents and their construction of masculinity. Masculinity was often constructed in relation to girls and women and other masculinities. The study's results showed that these adolescent boys tried to align themselves with hegemonic masculinity ideals but due to their impairments they often fell short causing them anxiety due to their awareness of being unable to successfully align themselves with hegemonic masculinity ideals. The participants of this study did not create their own way in which to enact masculinity as did the participants in Shakespeare (1999) and Staples's (2011) studies but rather drew from existing hegemonic ideals.

Constructing masculinity in relation to girls and women is a common motif in the literature. William Zulu in his autosomotography about his life as a man with a disability, describes his wedding day as the day he truly became a man. Here his masculinity is also constructed in relation to a woman. His sentiments reflect the community's valuation of a man when he finds a wife. Musa Zulu's memoir reflects these attitudes where he describes

'surviving' the social world of men and gaining respect from other men by relying on his skills of attracting women as a man who also lived with a disability (Lipenga, 2014). In line with the three R's framework of Gershick and Miller, they are reliant on the hegemonic and heteronormative models of masculinity that involve the performance of masculinity through heterosexuality and wooing a woman (Lipenga, 2014).

Continuing the exploration of physical disability, masculinity and sexuality of Shakespeare (1999), South African researchers Swartz et al. (2021) explored physical disability and masculinity with particular emphasis on hegemony, exclusion and disabled men's sexuality. They note that disability has often been excluded from masculinity theory even from that of inclusive masculinity theory (Swartz et al., 2021). The authors argue that men with disabilities experience 'double erasure' referring to disabled men not fitting in with hegemonic masculinity and even when theorists reformulate theories on masculinity they are still excluded (Swartz et al., 2021). Participants in their study noted pressure to be financially independent performing a role of primary breadwinner. Although this pressure is not unique to men with disabilities, they found that financial independence meant also being able to support dependents where men with disabilities are usually thought of as dependents themselves. The participants spoke in a way that suggested that qualifying as a man was to be financially strong as a provider (Swartz et al., 2021). For South African men in post-apartheid times being able to gain economic independence presents as a significant victory when the odds of finding profitable employment are slim for those with disabilities and for those from previously disadvantaged groups (Ratele, 2008). Self-reliance is valued in hegemonic masculinity (Lipenga, 2014) therefore being self-reliant aligns men with the dominant conditions of masculinity.

On the issue of sexuality and disability participants articulated their concerns about being able to perform sexually and to satisfy their partners which they associated with being a man. Some men may even measure their own level of masculinity by how well they can pleasure

women sexually (Swartz et al., 2021). Some men reclaimed their masculinity and sexuality through choosing how to present themselves through their dress (taking good care of their appearance and dressing to impress females) and their attitude towards themselves.

Previous studies have examined adult disabled men and adolescents' construction of masculinity. The current study therefore explored the age group between these two groups, namely disabled young men within the 18-35 age group.

2.6. The relevance of Masculinity and Disability Studies in the Global South

Masculinity studies have become 'internationalised'; the field is now global but according to Connell (2014) the effects of a globalized field are not recognized because of the continued domination by the global north in academia including their domination in theory, methodology and academic systems. Connell (2014) calls for the decolonization of masculinity studies and contends that impairment has to be understood in the context of the violence of colonialism; moreover, the global dynamics of capitalism and gender relations change the meaning of disability (Connell, 2011). For Connell (2011) science does not exist outside the context of its culture and society. Therefore, to extend the application of theory to the global south it should be studied in a global south context. Likewise, disability studies have also been called upon to include the global south as some scholars note that disability studies have rarely included people of colour despite disability studies emerging with racial studies, gender studies and its activism being inspired by the civil rights movement (Blum, 2020).

In South Africa some studies have focused on masculinity (Langa, 2008; Shefer et al., 2008; Shefer et al., 2010), but few have examined the intersection of masculinity and disability. This study will add to the body of knowledge on masculinity and its intersection with disability specifically from a global south perspective, therefore contributing to the decolonization of masculinity studies. It may incite dialogue on the lived experiences and social barriers that

individuals with ‘marginalised’ masculinities may face and how these social barriers affect the psychological well-being of these men.

Chapter 3: Methodology

This chapter discusses the research design outlining the paradigm of interpretivism that informed the research study. Sampling procedures and participant characteristics are explicated as well as the procedure of semi-structured interviews, data collection methods, data collection procedure and data analysis using Interpretive phenomenological analysis (IPA) of which the principles are described. Lastly, ethical considerations are discussed as well as reflexivity.

3.1. Research Design

This research took the form of a qualitative study as qualitative studies are suited to understanding complex psychosocial matters and are useful in answering the humanistic 'how' and 'why' questions (Marshall, 1996). The researcher collected original data and the research design followed a descriptive research design as the project aimed to describe how physically disabled men navigate masculinity. The paradigm through which the research can be understood was an interpretivist paradigm. An interpretive paradigm allows researchers to view the world from their participants' perspective and through their perceptions and experiences (Thanh & Thanh, 2015). This approach also allows for the researcher's own background and experiences to contribute to the understanding of phenomena (Thanh & Thanh, 2015). The researcher analyses the experiences of the participants to construct and understand the data gathered (Thanh & Thanh, 2015). One of the core beliefs of the interpretivist paradigm is that reality is socially constructed (Thanh & Thanh, 2015). This paradigm was deemed particularly suitable for the current research study as it constructs meanings of phenomena around the experiences of the participants themselves and acknowledges the importance of the social world. This aspect was considered important as the study aimed to explore how the social reality of men with disabilities influences their construction of self, in particular their construction of masculinity.

3.1.1. Theoretical Framework

A theoretical framework is comprised of concepts and theories that provide the grounding of the research, with the theories being logically connected and related to the study being carried out (Varpio et al., 2020). Ecological systems theory provides an understanding of the social pressure men might feel to conform to the dominant masculine identity, while gender role strain theory provides an understanding for the impact of social pressure to conform which is known as strain. Lastly, social identity theory (SIT) explains how disabled and masculine identities are negotiated through group interaction. The following theories were used as a lens to understand and analyse the current research:

Ecological Systems Theory

The social pressure to conform or achieve the dominant masculine identity is learnt and can be explained by ecological systems theory. The social pressure is learnt through environments ranging from the immediate family (microlevel) to macrolevels like society and culture. The basic assumption of the ecological perspective is that human behaviour is a product of the interactions between individuals and their environment throughout their life span (Bronfenbrenner, 1977). This ecological system consists of four systems: (1) microsystems include settings like home, school or workplace, where individuals take on particular roles in these systems like daughter and student; (2) mesosystems refer to interactions between two or more microsystems, for example between school and family; (3) exosystems are systems that indirectly impact the individual like mass media or the community; (4) macrosystems refer to overarching systems which are explicit and implicit societal norms like culture, legal and political systems (Bronfenbrenner, 1977; Henfield, 2012). As individuals interact in these environments they learn about the world and themselves.

Spencer et al. (1997) expanded on ecological systems theory to create a framework (Phenomenological Variant of Ecological Systems Theory or PVEST) that integrates an individual's intersubjective experiences with the ecological systems theory. It takes into account how meaning making is made prior to adulthood and how context-specific experiences lead to belief systems and behaviours (Henfield, 2012). It is the interplay between an individual's world view and the impact of socio-cultural influences. Within each microsystem and macrosystem as defined by Bronfenbrenner (1977) the PVEST process takes place where individuals are vulnerable to the influences of the system. There are either risks or protective factors which can lead to stress or support, which result in adaptive or maladaptive coping processes that affect identities either positively or negatively thus leading to productive or unproductive outcomes.

This model assists in understanding how individuals' perceptions interact with identities including race and masculine identities (Henfield, 2012). The first component, *risk contributor*, is a self-appraisal process where perceptions of self are linked to and formed through what people think others think of them (Henfield, 2012). Physical appearance, race, gender and class are all factors that may have positive or negative attributes based on others' perceptions (Henfield, 2012). The second component is *stress engagement* which refers to the act of attempting to understand personal characteristics in relation to how others perceive these characteristics and is considered an experience of stress. An example would be understanding personal characteristics of being a black male and how others may perceive these characteristics. For example, the person may be perceived as someone from a lower socio-economic background. They would then navigate their own personal characteristics and compare those to other perceptions. This process can be considered an experience of stress especially when the viewpoints do not align. The third component is *reactive coping methods* which refers to the corrective-problem solving techniques used to reduce the stress engagement

(Henfield, 2012). Reactive coping methods can be considered adaptive or maladaptive; adaptive methods would be perceived as resilience or self-efficacy whereas maladaptive methods may be viewed as underachievement, isolation or dropping out of school (Henfield, 2012). The fourth component is the development of *stable coping responses* which is linked to *emerging identities;* this process is also based on self-appraisal that is influenced by what others think of the individual (Henfield, 2012). The final component is *life stage outcome* which is a combination of how an individual copes with stress and the behaviours that have health-related outcomes which are either productive or adverse (Henfield, 2012).

Past research has applied ecological systems theory to exploring the masculine identity of gifted young black men and its relevance to supporting them in gifted education (Henfield, 2012) as well as exploring identity development and its intersections with disability and race (Ellis-Robinson, 2021). This theory was considered beneficial to the current study in that it provides the lens with which identity development and its relation to environment can be understood.

Gender Role Strain Theory

More contemporary psychological frameworks of men and masculinity have distinguished sex from gender and moved towards viewing masculinity as a social role shaped by stereotypes and norms where gender can be enacted by bodies (Levant, 2011). Gender role strain theory (GRSP) was formulated by Joseph Pleck in 1981. GRSP views gender roles as psychologically and socially constructed which allows for certain advantages and disadvantages and a fluidity about it as opposed to the view that gender roles are biologically determined and unchanging (Levant, 2011). GRSP differs from the older gender role identity paradigm in that it proposes that gender roles are contradictory and inconsistent, and that actual or imaged violation of gender roles can lead people to overconform or cause psychological

stress while many act outside of these gender roles (Levant, 2011). Gender ideologies are the beliefs about roles thought to be appropriate for each gender; the dominant gender ideology is what influences how children are socialised by parents, teachers and peers (Levant, 2011). The dominant ideology around masculinity (hegemonic masculinity) is one that upholds gender-based power structures which privileges men, particularly white heterosexual men (Levant, 2011). This dominant ideology is reinforced specifically through social interaction resulting in observational learning and punishment if one does not adopt socially sanctioned masculine behaviours or does not avoid certain behaviours (Levant, 2011). This social interaction can be explained by ecological system theory described in the preceding section.

There are three types of male gender role strain as proposed by Pleck. Firstly, there is *Discrepancy strain* which results when one fails to live up to one's internalised ideal version of manhood (often closely resembling the dominant ideology Discrepancy strain can lead to lowered self-esteem or negative social feedback from others, with men who don't qualify for certain aspects of gender roles being likely to view themselves as inferior (Fontaine, 2019). Secondly, there is *dysfunction strain* which is when one fulfils the requirements of the masculine norms because they are seen as desirable, but they have negative effects on men and others. Studies have shown a correlation between conforming to gender role standards and poor psychological wellbeing (Fontaine, 2019). Lastly there is *trauma strain* which refers to the trauma boys experience during gender socialisation (Fontaine, 2019) and is applied to certain groups of men (men of colour and queer men) who experience particularly harsh gender role strain (Levant, 2011). Trauma can lead to an overreliance on aggression and difficulties with emotional intimacy. An example would be that of the almost universal phenomenon of socialising boys to be alexithymic which is the inability to put emotions into words (Fontaine, 2019; Levant, 2011).

Previous research has used GRSP and integrated it with general strain theory to help explain males' higher rates of criminal involvement as well as highlighting their lack of access to mechanisms for addressing the strains that are culturally approved (Fontaine, 2019). Levant (2011) and Levant and Richmond (2016) explore the gender role strain paradigm and ideologies of masculinity. Various books have explored gender role strain and war veterans (Meyers, 2012) and reintegrating into society after traumatic brain injury (Gutman, 2014). However, there appeared to be a lack of research exploring gender role strain theory in relation to men with congenital physical disabilities. Research had thus far mainly focused on men with acquired disabilities. The current research included men with congenital disabilities as well as those who acquired them.

GRSP theory assists in explaining the result of social pressure that men feel in order to achieve a viable masculine identity. The inability to achieve this viable masculine identity due to disability, class and race causes strain to the individual. There is also strain between identities as some intersecting identities hold more privilege than others.

Social Identity Theory

Masculine and disabled identity and belonging can be further explained by social identity theory (SIT). Social identity theory has its roots in a time when social psychologists were urgently trying to explain the events around World War II and the holocaust and to develop measures to prevent violent intergroup conflicts (Dirth & Branscombe, 2018). SIT and self-categorisation theory (SCT) fall under the social identity approach (SIA) which seeks to explain the interplay between the individual psyche and social reality that produces group phenomena. The idea is that social identities are important to an individual's self-concept; it defines and gives meaning to individuals' self-concept as well as enables them to navigate the social world (Tajifel & Turner, 1979). The theory proposes that people are motivated to

positively distinguish their social identity from outgroups. Identity determines how one acts when alone, playing a role or in a group and social identity refers to the meanings actors attribute to their identity when they identify with groups or categories (Carter, 2014). Gender forms part of one's identity, there are various theories around gender socialisation. The current study made use of performativity as theorised by Judith Butler and others. Performativity refers to the act of doing gender rather than being ones gender (Carter, 2014; Salih, 2002). In this perspective gender is understood as being created and maintained by roles we play in society. These roles tend to be gendered. Gender is therefore created and maintained through practicing gendered tasks; in this way an individual is said to be acting out or doing gender (Carter, 2014). This perspective highlights the constructionist aspect of gender and how gender identities are dynamic and are continually formed in social interactions (Carter, 2014). This perspective of gender is compatible with identity theory and ecological systems theory; the more one acts out gender or does gender the more one's identity becomes committed and salient. Identity commitment refers to the degree that relationships depend on specific roles and identities (Carter, 2014). The more committed one is to these roles and identities the more salient they become; therefore, the individual becomes more likely to perform roles that are consistent with that identity (Carter, 2014).

The social identity approach has acquired well over forty years of research and recently there have been more attempts at addressing disability with this approach (Dirth & Branscombe, 2018). Disabled social identity is the aspect of self-concept derived from disability group membership. Disability is considered to occupy a relatively lower status across economic, educational, health and labour domains and there has been substantial research on the unfavourable social perceptions people have of people with disabilities (Dirth & Branscombe, 2018). It could be expected that people with disabilities would rarely experience positive self-worth from disability group membership. SIT proposes that people with

disabilities make use of strategies to protect their personal and social identities (Dirth & Branscombe, 2018). At an individual level the strategy is called *social mobility,* while at a group level the strategies are *social creativity* or *social competition.* In order to be socially mobile one has to believe that the group boundaries are permeable. If boundaries are permeable one can graduate into a higher status group to protect one's personal identity. An example would be someone who has broken a leg and is on crutches may see the boundaries of the group as permeable as they are only temporarily disabled as compared to someone who has a spinal cord injury where the disability is more permanent. Other examples of social mobility include attempting to pass as nondisabled, emphasising abled bodied qualities, seeking cures and making intra-group comparisons (Dirth & Branscombe, 2018) in order to appear different to other people with disabilities. Impairment characteristics like the visibility, severity, disruptiveness and origin of the disability contribute to the stigma people with disabilities face and therefore create the desire to protect their social identity through social mobility. Social mobility is a stigma management strategy; therefore, treatment to mitigate pain and to improve functioning cannot be considered as social mobility unless it was done to manage stigma felt through the disabled identity.

SIT's emphasis on being cognisant of broader social norms and dominant discourses acknowledges that the biomedical model positions people with disabilities as patients aiming to transition back to nondisabled status (Dirth & Branscombe, 2018). However, there are people who do not desire to transition to nondisabled status but are rather interested in change at a group level. Social creativity refers to creating positive distinctiveness of the in-group by adjusting what it means to belong to that group or changing the comparative dimensions. Some examples of this social creativity are when people emphasise resilience and creativity through reclaiming derogatory terms like "Crip" as a term that conveys pride or in the case of the deaf community seeing themselves as a linguistic minority rather than disabled (Dirth &

Branscombe, 2018). Social competition aims to change the low status of the in-group some examples of which include the Disability Rights Movement and confrontation of discrimination.

Social identity theory provides the framework for understanding how young men construct their disabled identity as well as their gender identity and how they navigate these roles.

The aforementioned theories provided the lens through which analysis of the data was made possible. The social pressure to achieve a masculine identity and the inability to do so due to disability, class or race causes gender role strain and strain between different identities where some hold more power than others. The social pressure to conform or achieve the dominant masculine identity is learnt and can be explained by ecological systems theory, particularly phenomenological ecological systems theory. Achievement and maintenance of masculine identity and feeling a part of those groups can be further explained by social identity theory. In order to achieve this identity, acts and behaviours are undertaken to meet the expectations of this category, and through these acts we are able to examine how masculinity is embodied.

3.2. Sampling and Participants

The sample size comprised seven men with varying physical disabilities. A small sample size was appropriate for this study as it allowed for a more detailed analysis of the experiences of each participant in the sample. According to Marshall (1996), the size of the sample should be one that is able to adequately answer the research question; for complex research questions a smaller sample size is more beneficial. The study explored the lived experience of men with a disability; hence the sampling technique that was used was non-probability purposive sampling and snowballing approach. Non-probability sampling refers to sampling that is not left to chance, as participants are chosen (Sharma, 2017). Purposive refers to the fact that participants were chosen for their particular characteristics and is based on the judgement of

the researcher (Sharma, 2017). Snowball sampling is often used when participants are difficult to identify (Sharma, 2017). It refers to a method that uses participants and their social circles to recruit other participants, where a participant was asked to send the invite to other people, they knew who met the criteria for the study. Participants were selected based on their interest in participation, availability and their compliance with the requirements.

Participants were recruited through an email sent to students at the University of the Witwatersrand (Wits), students with disabilities at the University of Pretoria as well as the University of Johannesburg. Participants were also recruited through social media posts on Instagram (including the Wits Disability Rights Unit [DRU] page), Facebook (Including Facebook groups aimed at people with disabilities), Twitter and LinkedIn. Printed flyers were also placed in the Wits Disability Unit. The research call was circulated amongst South African Ocularists and posted on a WhatsApp group for professionals working with patients with low vision. In addition, through snowball sampling participants were asked to extend the participation invite to others they knew who met the criteria. Participants who met the criteria and were willing to participate contacted the researcher and were sent further information. The participants had to identify as male, no matter their sexuality, have a physical disability and be between the ages of 18-35. The age range was chosen as youth in South Africa are defined as persons aged 18 years to 35 years. The study allowed for men with varying degrees of impairment to participate with the condition that the impairment be physical and not developmental (e.g., autism spectrum disorders) or cognitive. Furthermore, participants should not have presented with a physical disability that was comorbid with a cognitive or developmental disability. Participants with either an acquired disability or congenital disability were able to participate.

3.3. Research Procedure

Ethical clearance was sought from the Human Research Ethics Committee of the University of the Witwatersrand. Thereafter, participants were contacted via email from the various universities' disability units, with the purpose and the aims of the research outlined in this email. If students were interested in participating, they were requested to contact the researcher after which they were sent an email with the Participant Information Sheet (PIS) attached (see Appendix A). The PIS explained what the research entailed. If the student agreed to participate a consent form was emailed and signed before commencement of the interview (see Appendix B). The interview was conducted over Zoom/Teams or in-person. Provided the COVID-19 regulations allowed for it, participants were given the option to be interviewed on Wits campus in a well-ventilated room. Masks or face shields were to be worn for the duration of the interview and hands were required to be sanitized before entry into the room. The interviewer and interviewee were expected to adhere to social distancing with a 1,5 m physical space between them. After the interview the surfaces were sanitised. Participants were allowed to request a summary of the research upon completion.

3.4. Data Collection Method

The instrument that was used was a semi-structured interview schedule (see Appendix C). It consisted of four sections: demographic and biographical information, general ideas about masculinity and what it means to the participants, disability and masculinity, and relationships and interaction with women and other men. The questions were phrased as open-ended questions that allow for participants to answer authentically whereas close-ended questions have a limited set of responses (Mclafferty, 2010). In order to assist in beginning the conversation on masculinity participants were asked to view a set of twelve images specifically chosen to represent a variety of different types of men including non-disabled men, men with disabilities, men who wear makeup and dresses, men of different races and men interacting

with others. Participants were asked three questions pertaining to which images they thought depicted masculinity for them, why it depicted masculinity and why not (See appendix C). The exercise served as an opportunity for the participant to begin thinking about the topic, to build rapport with the researcher and as a projective exercise (by association) to understand the participants' original biases or thoughts on masculinity and the role of men without it being directly asked. Rogers and Beal (1958) found that their stimulus pictures helped with rapport-building as well as avoiding socially acceptable answers and anxiety. By having participants answer from a third person perspective on stimulus pictures instead of their own lives, participants were less anxious and more likely to answer honestly rather than providing a sociably acceptable answer (Greenbaum, 2000 as cited in Comi et al., 2014; Rogers & Beal, 1958). A similar outcome was achieved in the current research with the use of the twelve images.

3.5. Data Collection Procedure

Data were collected through online semi-structured interviews over Zoom or MS Teams as all participants opted for the method even when COVID-19 restrictions were lifted. Semi-structured interviews are frequently used in healthcare as it defines the important areas that need to be explored and provides a starting point for participants to begin engaging in the process (Gill et al., 2008). This type of interview was chosen for its flexibility. Compared to structured interviews a semi-structured interview allows for a more directive interview while still allowing for the elaboration of information important to participants that may not have been seen as important or overlooked by the researchers (Gill et al., 2008). The interviews were audio and video-recorded and subsequently transcribed using the transcription application Otter AI. Should a participant have needed an interpreter to communicate, one would have been sought out by the researcher and any such person would have been covered by the project's ethical clearance; however, none of the participants required an interpreter.

3.5.1 Data Analysis

Interpretive phenomenological analysis (IPA) was used to analyse the data. The primary goal of IPA is to explore how individuals make sense of their experiences and to achieve this goal IPA draws from three principles, namely, phenomenology, hermeneutics, and idiography (Pietkiewicz & Smith, 2014). Phenomenological studies focus on how individuals talk about and perceive objects and phenomena, and attempts to recognize what makes the phenomena unique instead of merely describing the phenomena. The fundamental principle of hermeneutics, meaning to interpret or make clear, is to attempt to understand the language and the mindset of the person. As an IPA researcher one would attempt to understand what it would be like to be in the participant's context while acknowledging that that can never be fully possible (Pietkiewicz & Smith, 2014). The process of analysis in IPA is often called a double hermeneutic process because as the participant makes meaning of their world the researcher will try to make sense of the participant's meaning making (Smith & Osborn, 2008). The third theoretical orientation is idiography, which refers to an in-depth analysis of a single case in its context; where each participant's case is explored thoroughly before wide sweeping statements are made (Pietkiewicz & Smith, 2014). Therefore, a phenomenological, hermeneutic and idiographic theoretical approach informed the current research. Although IPA is similar to Thematic Analysis, outlined by Braun and Clarke (2006), IPA was regarded as better suited to this research project as its aim is to generate thick descriptions of how people experience phenomena by analysing the language used (Pietkiewicz & Smith, 2014). The research focused on the lived experience of men with a disability and how they construct masculinity; therefore, Interpretive phenomenological analysis was considered to satisfy the research aims.

The first step of IPA is to immerse oneself in the data, which involves close reading and re-reading of the transcripts (Pietkiewicz & Smith, 2014). The researcher can focus on the content, language use and context while writing the initial interpretive comments (Pietkiewicz

& Smith, 2014). The second step is to reorder the data into themes by creating a concise phrase as the theme. The third step is to group the themes and try to find connections between the themes. The themes are grouped together according to conceptual similarities and provide each group with a label (Pietkiewicz & Smith, 2014). Each grouped theme is illustrated with quotes from the transcript and interpretive notes from the researcher. These steps were followed once transcripts were generated and edited. Microsoft Excel was used to organise and code the data. Each line of each transcript was analysed, and interpretation notes were made as well as collections of important quotes. Themes for each individual transcript were created as they arose through interpretation of the data and later group trends were noted between transcripts which formed the final themes. The projective exercise was analysed by recording each participants' answer to the three questions. The most common options chosen for each question was highlighted and the participants reasoning explained based on the answers the participants gave. Connections between participants' reasoning and common themes between the type of pictures chosen for each category were also identified and summarized.

Writing up the analysis took the form of a narrative; each theme was described and illustrated via quotes as well as analytical comments by the author (Pietkiewicz & Smith, 2014). According to Pietkiewicz and Smith (2014), the narrative account may provide various levels of interpretation from lower-level interpretation to one that requires a higher more theoretical interpretation, which may generate many new insights.

3.5.2 Trustworthiness

Trustworthiness refers to the degree of confidence in the data, the methods used and the interpretation of the findings (Connelly, 2016). Researchers would have to establish the protocols and procedures necessary for the study to be considered worthy by its readers (Connelly, 2016). There are five factors that contribute to the trustworthiness of a study, namely, credibility, dependability, confirmability, transferability and authenticity. *Credibility*

is likened to internal validity in quantitative research and refers to whether the study used standard procedures indicated in the qualitative approach applied or whether there was adequate justification provided for any variations (Connelly, 2016). The research in question was conducted in line with qualitative research that utilises semi-structured interviews and followed the procedures of interpretive phenomenological analysis as outlined above. *Dependability* refers to the stability of the data over the conditions of the study and the duration of the study (Connelly, 2016). In order to ensure dependability of this study the researcher kept process logs which detailed the activities of the research. *Confirmability* refers to the degree to which findings are consistent and can be repeated (Connelly, 2016). For this particular study procedures may be able to be repeated but due to the personal nature of studying 'lived experiences' the results may vary when applied to a different population. *Transferability* refers to the level at which findings are useful to people in other settings (Connelly, 2016). Once again due to the personal nature of 'lived experience' this study's results may not be transferable to other populations. IPA as an analysis method also meant that the researcher was focused on the particular rather than the universal (Pietkiewicz & Smith, 2014). However, the results may be transferable to populations in other universities, provinces or countries where the age and socio-economic status of young men with a disability is similar for example, it may be transferrable to another university setting like that of the University of Johannesburg. *Authenticity* refers to the degree to which the research shows a range of different realities and realistically illustrates participants' lives (Connelly, 2016). The research aimed to recruit a number of participants with varying physical disabilities, while the semi-structured interview questions aimed to explore relevant aspects of each participant's life. The questions were open ended and therefore allowed for answers rich in content and where participants highlighted aspects that were important to them.

3.6. Ethical Considerations

Ethical clearance was obtained from the School of Human and Community Development before commencement of the project. Participants were provided with information about the study in written and verbal form and were asked to sign a consent form; therefore, verbal and written consent were sought from participants. Participants were made aware that should they choose to participate they had the right to withdraw from the study at any time or refuse to answer certain questions with no negative consequences. All participants were of a consenting age and cognitively able to give their own consent ensuring voluntary participation. Formal written consent was obtained for participation in the interview process and the recording of interviews. Only the supervisor, researcher and a secure transcription application had access to the recorded interviews and transcripts, thereby maintaining confidentiality. The recordings and transcripts were stored on a password protected laptop that was always kept in a secure location. The interviews were confidential; however, anonymity could not be maintained through face-to-face or video interviews, although identities were protected as only the researcher knew the names of participants and these do not appear in the final report. No identifying information of a personal nature was disclosed in the report and an alpha code was used to identify participants (e.g., Participant A).

The population was not considered a vulnerable population and the interview questions were not of a sensitive nature but, useful contacts were provided at the end of the PIS such as the University of the Witwatersrand CCDU counselling services and other services provided by the University of the Witwatersrand Disability Rights Unit as well as the SADAG (South African Depression and Anxiety group) toll free helpline for participants outside of Wits, should there have been any emotional or psychological discomfort caused during the course of the interview. These services are provided free of charge. The supervisor's and researcher's contact details were also provided should the participant have had any further queries.

3.7. Reflexivity

Reflexivity refers to the researcher's role in shaping the research and how the research shapes them. According to Palaganas, Sanchez, Molintas and Caricativo (2017) researchers need to be aware of how they contribute to the construction of meanings and lived experiences through the research process, as they believe that it is not possible to remain separate from one's research. Positionality can be described as the standpoint of the researcher in relation to the context of the study both social and political (Coghlan & Brydon Miller, 2014). Our intellectual history, our gender, sex, ethnicity, spatial locations and lived experience all shape our understandings about the world and how we produce knowledge (Qin, 2016). It is therefore important for researchers to examine their positionality especially in qualitative research as it makes for a more complete picture of the power dynamics and social factors that may affect the research.

I am a partially sighted Indian female from a middle-income family. I differ from the participants in both gender/sex and also disability status. Although I am partially sighted, from a social model perspective, I am not disabled as I have not experienced social exclusion to the extent that some of the participants have. My impairment has not barred me from any activity, my prosthetic eye has mostly gone unnoticed or uncommented on in my adult life and I have had access to resources that have allowed me to participate in the world as a fully sighted person would. The research process allowed me to reflect on my own identity. Watermeyer and Swartz (2015) noted that the majority of people with impairments choose to distance themselves from a disabled identity which made me think about how I may have essentially also distanced myself from this identity. However, as stated above, I believe my experience cannot be wholly compared to that of some of the participants, based on the privilege I have held as passing as a mostly non-disabled woman.

The definition of positionality has been expanded to include considering other reactions to us as the researchers, our presence as researchers and the response from participants which

affects the information collected (Qin, 2016). Having an impairment that has not been debilitating and the fact that I am female made me an outsider to the experience of men with a disability. This possibly made it more difficult for my participants to open up to me about their own experiences. It was hypothesized that they might not have felt pressured to uphold hegemonic masculinity standards because I am not a man and therefore, they might be able to answer authentically. From past research it would seem that men often situate their masculinity in relation to women and girls (Joseph & Lindegger, 2007; Staples, 2011) and for that reason being female may have had an adverse effect. However, my gender appeared to have a minimal effect on the way participants answered. Some participants chose to address and include women when speaking about masculinity but there was no way to measure if this type of response was indeed prompted by the researcher's gender or whether it was a line of thought that originated organically. In order to navigate possible problems, I attempted to build rapport in the beginning of the interview to ensure my participants were able to comfortably talk about their experiences. I did not foresee my own experiences impacting the research; however, journaling was useful for my own reflections throughout the research process.

Chapter 4: Results and Interpretation

This chapter discusses the key findings in relation to the aim and research questions of this study. All participants opted for virtual interviewing; online interviews were conducted with seven men with physical disabilities. The interviews were recorded and transcribed for analysis using the IPA method. Five participants identified as Black and two identified as Indian. Participants' age ranged from 23-28 with the average age being 26 years old at the time of interviewing. Biographical information of participants is captured in table 1 below. The themes that arose from the projective exercise will first be discussed followed by the major themes from the interviews. The themes and subthemes will be discussed with their interpretations and implications to the study.

Table 1

Biographical Information of Participants

Biographical Info (race, age, SES, Education, Acquired vs Congenital)

Participant	Race	Age	SES	Education	Acquired vs Congenital	Type of Disability	Location	Religion/Culture
P1	Indian	23	Emerging middle	Hons	Congenital but started affecting most at age 13	Degenerative Muscle Weakness (motor neuron disease). Wheelchair user	Gauteng	Muslim
P2	Black	25	Lower middle (higher than emerging)	Phd	Acquired most affected at 10 or 11	Transverse myelitis / Wheelchair user	Gauteng	Non-conforming (family Christian)
P3	Indian	24	Low emerging middle	Undergrad 2nd yr.	Acquired at birth	Palsy on one side	Gauteng	Hinduism/ Gujarati
P4	Black	28	Lower SES	Diploma (engineering)	Acquired	Paraplegic wheelchair user	Limpopo	Christian/ Venda
P5	Black	28	Lower SES	Learnership (BAdmin)	Acquired (superstition)/ Congenital	Paraplegic wheelchair user	Northwest	Christian/Setswana
P6	Black	26	Emerging middle class	Masters	Congenital	Muscular Dystrophy Wheelchair user	KwaZulu-Natal	Christian/ Zulu
P7	Black	28	Emerging middle class	Post grad	Acquired	Partially sighted , prosthetic eye shell wearer	Gauteng	Zulu

** SES was established using table reported in BusinessTech 2016 which used data from the Bureau of Market Research (BMR) https://businesstech.co.za/news/banking/123511/what-you-need-to-know-about-south-africas-middle-class/*

4.1 Projective Exercise

The projective exercise served as a method to build rapport and to begin the conversation around masculinity. Twelve images of a variety of men were viewed by the participants. Participants were asked three questions pertaining to the images *1) Which image depicts masculinity the most for you and why? 2) Which image depicts masculinity the least for you and why? 3) Which other images stood out for you and why?* The responses were analysed by recognising the most common themes in each category. The participants' reasoning around the images they chose provided insight into how their thoughts about masculinity, gender roles and how disability may or may not fit into these ideas. The results are summarised in the table below.

Table 2

Summary of Projective Exercise Responses

Participant	**Images Chosen as Most Masculine**	**Images Chosen as Least Masculine**	**Other Noteworthy Images**
P1	None	None	1. Family 5. Gym couple 10. Man with baby
P2	1.Family	1.Man in dress, 9.Man in makeup	3. Blind man 8. Man in electric wheelchair 11. Fit man in wheelchair
P3	7. Fight club	2. Man in dress	8. Man in electric wheelchair 11. Fit man in wheelchair 1. Family 3. Blind man
P4	1.Family	9. Man with makeup 8. Man in electric wheelchair	9. Man in makeup but meant number 8. Man in electric wheelchair
P5	8. Man in electric wheelchair	7. fight club	None
P6	1.Family 3.Blind man 4.Construction worker 5.* Gym couple 7.Fight club	8. Man in electric wheelchair	None

	11.Fit man in wheelchair 12.Business man		
P7	4.Construction worker 7. Fight club	2. Man in dress 6. Man with flowers 9. Man with make up	3. Blind man 8.Man in electric wheelchair 11. Fit man in wheelchair 1. Family

* asterisk used to show P6's emphasis of the choice

Most participants found it easier to choose pictures which matched the definitions they had in mind rather than to talk about the concept of masculinity immediately. One participant found it particularly difficult to choose an image as he was aware of his own biases which excluded men with disabilities from his image of masculinity, which created tension for him as he identified as a man with a disability. Another participant was hesitant to choose any image at all as he felt that masculinity should not exist in a way that polarised gender roles. Most participants were unable to choose just one image and spoke about multiple images meeting the criteria for each category.

Images Chosen as Depicting Masculinity the Most

Participant one (P1) maintained that he did not believe in gender roles as he believed that there were no particular traits or behaviours one needed in order to be a man. He felt that none of the images depicted masculinity the most or the least but when prompted about any other images that stood out for him, he noted that the image of the family stood out for him. A total of four participants chose this image as depicting masculinity the most, citing attributes such as being able to protect and provide for family, being comfortable around others, taking responsibility and having dependents. For most participants, if the image of the family was not chosen as depicting masculinity it was mentioned when talking about other images that stood out for them. Participant five (P5) was the only participant to choose a man with disabilities for this category. His reasoning was that he, a wheelchair user himself, identified with the image. Three participants chose the image from the movie Fight Club as the most masculine.

For Participant Seven (P7) it was most masculine because the image was not posed, and the context of the movie (underground fighting) was something masculine. Participant six (P6) found the image most masculine because of the man's muscular appearance. For P6 his open shirt represented confidence and being surrounded by men was reminiscent of "masculine energy". For the Fight Club image, the participants who chose it noted physical features which they believed were masculine. The image of the gym couple was also mentioned by some participants for the appearance of the man being muscular and in a gym which they perceived to be a masculine activity as well as being with a woman relating masculinity to being able to attract women. Two participants mentioned the construction worker as depicting masculinity the most as this job implied danger, risk, physical strength and hard work which for them implied masculinity.

The responses spoke to typical traits of men while some embraced non typical ideas of masculinity by choosing a man in a wheelchair or maintaining that most of the actions in the images could be considered "neutral" neither masculine nor feminine.

Images Chosen as Depicting Masculinity the Least

Most participants chose the images of a man in a dress and a man wearing make-up as images that depicted masculinity the least. For some this choice had to do with cultural beliefs that men should not wear dresses or make up as those practices were reserved for women. For others it was because these men appeared "too soft, like they wouldn't be able to protect you"(P6) or that their images appeared too posed or staged, which for them was not very masculine. Here participants appeared to draw a distinction between masculinity and femininity and saw certain accessories as being less masculine. One participant noted that the man in the dress appeared gay and that in his culture this practice was frowned upon and was not considered manly. He also noted that the man wearing make-up would be most likely to

face violence in prison due to his feminine appearance, highlighting hegemonic masculinities' exclusion of minority men and violence against them and women.

Other Noteworthy Images

Most participants pointed out the images depicting men with varying disabilities. For some it was because they identified with these men; for others it was traits like having facial hair or a muscular build that drew them to the images. P7 who has an impairment that is not always apparent appeared to distance himself from the category of 'disabled' when talking about the images of men with disabilities. He believed that they were neither "masculine or not masculine" because their disabilities were out of their control and therefore, he felt it was unfair to rate their images on a scale of most to least masculine. Other noteworthy images included the images of the family for much of the same reasons highlighted above.

4.2 Themes

Five major themes were constructed from the data after interpretive phenomenological analysis: 1) How masculinity is defined 2) Challenges of not meeting hegemonic masculine ideals 3) Disability and its contribution to identity formation 4) Relationship with others: Living with a disability and its effects on Masculine identity 5) Embodying masculinity. Three sub-themes were identified in the first theme, namely, reformulation of masculine ideals, rejection of hegemonic masculine ideals and reliance on hegemonic masculine ideals. Each of the three sub-themes consisted of multiple smaller sections. The second theme did not have any sub-themes. The third theme consisted of two sub-themes, Experience of othering and stigma towards disability, and Triumph through disability seen as heroic. Two sub-themes were identified in the fourth theme - those being family relations and masculinity in relation to girls and women.

4.2.1 Theme 1: How Young Men with Disabilities Define Their Masculinity

In line with Gerschick and Miller's (1994) *Three R Framework,* participants reformulated their sense of masculine ideals in order for them to maintain a viable masculine identity as a man living with a disability. Some rejected hegemonic masculinity, some relied on hegemonic ideals to define masculinity, while others attempted to reformulate the hegemonic ideals to consider their physical limitations as men with disabilities. Three sub-themes were identified as part of how participants defined masculinity.

Sub-theme 1: Rejection of Hegemonic Masculine Ideals

Two participants appeared to openly reject hegemonic masculine ideals at some point in the interview. For P1 defining masculinity was an unnecessary task as he did not believe in masculinity, essentially, he did not believe in gender roles. The following quotes illustrate his rejection of the idea of masculinity itself.

> "I kind of don't believe in like masculinity at all. I mean like I don't think that there are like certain traits or behaviours that one should have in order to be like a man or even a woman. I just believe everyone should be like who they want to be." (P1)

> "I actually kind of want, I actually don't like, I actually want the words [masculinity] to be removed. Masculinity, I just want it to be removed…again I just don't like the idea that society says this is what a man should be, and you have to have those traits in order to be a man…I believe we are created men and women and that's enough . Again, you don't have to have a certain way, be in a certain career or act a certain way, have certain traits, different hobbies in order to be a man."

The participant went on to give an example where gender roles and the notion of masculinity did not need to apply. Referring to the image of a couple in the gym from the

projective exercise he noted that taking care of one's body was not necessarily a "manly thing…it also can be a womanly thing as well" (P1). On the subject of gender roles P1 noted that while men and women are biologically different women are able to work in jobs previously thought to be reserved for men and vice versa. He used the example of nursing being female-dominated and computer science being male-dominated. He noted that the gendered view on certain careers was changing and that interests should not depend on one's gender. He also spoke of the gender roles in the home noting that men are thought to be protectors of the house but was of the view that "in the same way women can do all of those things". Image one gave him the impression of equality and "share[ed] responsibilities …and equal standing in the house". In another instance referring to the image of a man holding and feeding a baby he remarked,

> "I think it's [masculinity] variant…I just think everyone should be whatever they want to be regardless of like what society thinks and what society expects them to do, to be…looking at this man taking care of I mean feeding the baby probably his own child, some milk. That can be a manly or womanly thing to do. I don't think it's either or…"

Masculinity for P1 is something that cannot be defined and evidently something personal as he believed it varies from person to person. P1 commented particularly on gender roles in the home especially those pertaining to family. In this extract he rejected the gender role that puts mothers at the forefront of childcare, P1 had moved beyond this expectation and showed an acknowledgement of how social systems influence the creation of gender roles. He spoke of his religion having distinct roles for men and women but commented that in his own family his parents shared the roles equally. He further commented on the wider Indian and Islamic community that has generally been known to ascribe to a hegemonic view on masculinity

where men are the leaders of the house and "domineering". However, he did not believe that it was manly to be domineering which differed from the beliefs of his culture.

For P2 defining masculinity at all was challenging as he acknowledged how the definition changes in different contexts. On answering what makes a man, the participant referred to a changed "landscape" where "how we define men traditionally has changed drastically among the years" (P2). He found the question interesting and suggested that for him what makes a man is the same as having a sense of masculinity and that he has pondered this question for years without reaching an answer.

> "That's a very difficult question…It's very broad. But essentially…it's something to do with the men and how men see themselves…what makes a man…essentially masculinity is features and characteristics that make men. And honestly in this ever-changing environment, you know looking at these pictures anyone, any one of them can be correct." (P2)

In the above quote P2, referring to the projective exercise, noted that any of the images could be considered masculine lending itself to the idea that for him masculinity cannot be defined. In the quote below he noted that masculinity was different for each person and almost lamented that there was no universal truth for what makes a man. Later he re-evaluated this idea (see section on good moral standing makes a man).

> "So, one of my favourite songs ever …is *what makes a man* and he asked that question, but he never gives answers. And I've always wanted to meet him and ask him what makes a man so yeah, it's a question I've been pondering on for years, because its

different for everyone, you know? It's gonna be different. So, I just want a universal truth of what makes a man." (P2)

In another quote P2 when responding to the question, "do you think you would fit the criteria of what makes a man if there was just one definition?" noted that he feels there are a lot of gaps, that he is missing some of the characteristics and that he is trying to grow and become that man. He also stated, "I really want to be the manliest man, you know…I don't need all the muscles and stuff for me … this universal ideal of men, holistic man." In this quote he appeared to aspire to being considered "manly" but also denounced the hegemonic ideal of men being physically strong and favoured a view of men that was "holistic".

P2 was able to give the academic definition of masculinity, but his rejection of hegemonic ideals, took the form of masculinity being undefinable and/or something personal for him which deterred from the idea that masculine identity is formed through outside factors, learning from others and wider society. However, if we closely examine this response, it appears that this participant was engaging in *reactive coping methods* as described by Henfield (2012). While he spoke of his family and his hometown (micro ecological systems) influencing how he thought about the world and himself, here he saw masculinity as an individual measure as opposed to a group identity. This response could be viewed as an adaptive coping method as it encourages further self-efficacy; if masculinity is something personal one would not need to aspire to dominant masculine ideals that can be difficult to acquire as a man with disabilities.

It is interesting to note that the two individuals with the highest level of education were the two individuals who at times rejected hegemonic masculinity ideals and appeared more flexible in their thoughts around gender roles. However, not everyone with a higher education felt the same. P6 holds a master's degree but often found himself drawing from hegemonic ideals, although he was aware of how he and other men with disabilities sometimes did not fit

these ideals. Like Gerschick and Miller's (1994) participants, participants 1 and 2 did not wholly fit into one category. Their attempts to reformulate and/or rely on hegemonic masculinity is explored further with the responses of the other participants in the following sections.

Sub-theme 2: Reformulation of Masculine Ideals

In later work by Gershick (1998) the three R framework was adjusted. His paper noted that the difference between rejection and reformulation of masculinity was not as distinct as previously thought. He noted that men with disabilities were either complicit or resisted hegemonic masculinity and that resistance could take the form of rejection of hegemonic ideals or reformulation of these ideals as the distinction is not always evident in everyday contexts.

As it pertains to the current research, participants often used both tactics to negotiate their identity. The reformulation of masculine ideals was articulated mostly when speaking about how they were perceived by others and how they would want to be perceived. Instead of only using the hegemonic masculine ideals against which to measure themselves, they highlighted other qualities they believed were important in the definition of what makes a man and how as a man they wanted to be perceived, thus, reformulating masculine ideals to include qualities they could achieve as disabled men. Some of these qualities included intellectual prowess, being emotionally strong instead of physically strong, having a good moral standing makes a man, financially powerful instead of physically powerful, being independent, capable and having dependents as well as being partners and fathers.

Intellectual Prowess. Similar to the adolescents in Gibson et al's (2013) study, some participants valued intelligence highly and emphasised this quality about themselves over physical ability. P1 held narratives around rejecting masculine ideals but also reformulated them through emphasising intellectual prowess. Intelligence was highly favoured by P1 as noted in the way the spoke of his academic achievements and work at his new job. He spoke

of his experience at school "I did really well in school …but I was quite arrogant about it, and I believed I was better than everybody" (P1). Here intelligence possibly became a way for P1 to exert his institutionalised cultural capital as described by Huang (2019) and use it to hold some power amongst his able-bodied peers, where physically he could not as a boy with disabilities. As P1 matured he still valued his intelligence but saw it as a quality he could use to uplift others (through tutoring) instead of a quality used to make himself feel better than others as he drew inspiration from his lecturer who he believed was a good man.

> "My lecturer who I just mentioned, has taught me even though how smart you are and how intelligent you are you can still be humble …I'm trying to get the arrogance out of me and try to be humble and more understanding…In tutoring like not being arrogant with what I know and trying to talk to students from like their level" (P1)

Both P1 and P2 chose to emphasise their identity as intellectuals thus rendering this part of their identity more salient than their disabled identity. P2 commented on his logical way of thinking and his intelligence that has protected him against the way others perceived him. Social identity theory asserts that threats to self-esteem can be mitigated by identifying more with a group that is perceived to have a higher-level status (Tajfel & Turner, 1979). It appears that P2 chose to align himself with his intellectual identity rather than his disabled identity in order to mitigate threats to his self-esteem.

> "I think I'm such a case. You know…I have this ability to filter out things…Like my brain reacts differently…I have this ability to not care about things or people, But I guess it helps you know. I'm where I am today because of that." (P2)

In another quote that demonstrates intellectuality as a reformulation of masculine ideals, P2 commented when speaking about how others perceive him,

> "I think it's mostly intimidated and confused …how and why I behave the way I do…traditional people think that disabled people are lesser in society. And something I've been thinking a lot about and when trying to devise a way to like combat that idea…and that's why I guess I'm a PhD in physics and doing all these things because I want to change the status quo." (P2)

In combating the idea that people with disabilities are of lesser value, he was simultaneously combating the idea that disabled men are lesser than non-disabled men by emphasising his intellectual ability to achieve the highest level of tertiary education.

P3's quote illustrates how some men with disabilities choose to emphasise what they are able to do (rather than emphasising inability) as a form of protecting their identity and reformulating ideals. When speaking about how others might perceive him, he remarked,

> "…I'm just doing what I need to do focusing on my studies focusing on my job…there is no point in me proving myself to others. As long as I'm a better person than I was yesterday, I am okay with that." (P3)

P6 emphasised his intellectual qualities and wanting to be perceived as a competitive highly skilled person rather than just a man with a disability. Although, he wanted his condition to be acknowledged, he expressed the desire to be treated in the same way as non-disabled people.

> "I want to be perceived as a human being, definitely acknowledged that I live with a condition but that doesn't mean I should be treated differently. I'm very competitive…I

> play chess, I play most musical instruments. I'm in any space where my disability allows me to occupy that space. I like to be competitive." (P6)

It appears that P6 in this instance made use of the strategy of social creativity as described by Dirth and Branscombe (2018). He reclaimed his disabled identity by wanting it to be acknowledged, while also reformulating the hegemonic definition of a man by emphasising other skills instead of hegemonic physicality. It can be argued that while there was an element of social creativity, social mobility was achieved through emphasising the able-bodied qualities of being able to play many musical instruments and to be competitive. For the South African autosomatography authors Musa Zulu and William Zulu, reformulation entailed a new definition of masculinity that was historically not emphasised and was evident in the authors' emphasis on creativity (Lipenga, 2014). Likewise, the participants of this study reformulated their masculine identities along new lines by emphasising their intellectual prowess.

Emotionally Strong Instead of Physically Strong. Some participants in speaking about their male role models or themselves emphasised qualities of being emotionally strong as opposed to physically strong. P2 spoke of who he believes is "the perfect version of a man". For this participant Christiano Ronaldo's qualities of "determination, desire to be the best, ability to not falter to criticism and to always rise up" was applauded. P2 also likened himself to Ronaldo as he doesn't give up despite challenges. These qualities can be considered those of an emotionally strong person. Therefore, P2 emphasised resilience and being emotionally strong in himself and his role model (Ronaldo) even more than his highly physical career as a sportsman.

Much like P2, P3 emphasised being emotionally strong instead of physically strong in his acceptance of his disability. He appeared to emphasise his resilience despite what others around him have said.

> "I think once I understood that you know nothing is going to change. I'm not going to wake up one day and be abled and I'm not going to wake up in a society where everything is sunshine and rainbows. I think once I understood that it gave me a realistic approach to look at things… I think it helped me focus on my goal…I made sure I did it…I couldn't care less what people think especially family…" (P3)

In his definition of what masculinity is, P3 remarked that staying emotionally strong even during hardships can be considered a masculine trait. The following quote illustrates this idea:

> "I do know some people that just fell off completely…people sometimes have silly reasons why they fell off. I mean if that was the case, I'd be dead by now honestly…So a person chooses to not move on with life because something bad happened to them. That's not masculine. If I can put it to you that way." (P3)

P5 commented on what masculinity means to him; for this participant the definition of masculinity emphasised resilience as demonstrated in the quote "Yeah it [masculinity] means a man who loves himself, to get through everything". Most participants gave prominence to emotional strength especially resilience.

The idea that men should be emotionally strong appeared to be emphasised by participants as they often did not have the capacity to be regarded as physically strong. While this reformulation of masculinity was framed as a way in which men with disabilities navigate a masculine identity that may differ from hegemonic masculinity, the reformulation appeared to have arisen from *discrepancy strain* as described by Fontaine (2019). Where physically disabled men could not live up to the gender role expectation that emphasises physical strength, they chose instead to emphasise emotional strength. However, it can be argued that this idea

while allowing for men with disabilities to highlight other strengths could also cause *dysfunction strain.* Where some participants met hegemonic standards that affirm men, they were not being able to be emotionally vulnerable (Fontaine, 2019). P7 commented on this point when he mentioned that men do not like to speak "when you tell them to speak, we don't like it being made to feel formal". Here he was referring to men not liking therapy. He later went on to comment that gym was all the therapy he needed. There appeared to be a resistance to being emotionally vulnerable with someone else, which may prevent one from gaining professional help. This inability to be emotionally vulnerable would affect their relationships with others therefore causing dysfunction/harm to their own lives and those around them because emotional vulnerability is frowned upon. However, emotional resilience appeared to be a positive outcome for the reformulation of masculine ideals.

Good Moral Standing Makes a Man. Participants highlighted other traits which they valued and believed men should have, including the idea that having a 'good' moral standing is what makes a man. In other words, men should possess qualities and values that can be considered ideal and most beneficial to society. P1 remarked that "…being kind, compassionate, understanding…it's probably more important than being a hero. You can be a hero to someone by just being kind, compassionate, able to comfort them and support them" (P1). P1 highlighted qualities that are opposite to those of hegemonic masculinity. He rather chose to emphasise qualities that are considered nurturing qualities often associated with women and femininity; however, P1 used them to describe his version of a good man. These qualities can be considered those of a 'positive masculinity' as described by Morrell (2006). Morrell (2006) describes positive masculinities as democratic, tolerant, respectful and peace-loving traits.

P2 in discussing what makes a man, remarked on humans having a sort of generalisation or universal "median" truth that defines a man. However, he still held that what makes a man

is quite personal and differs in different cultures. He proposed that for him what makes a man should be based on core values. The following quote illustrates his thoughts. “But I really believe there shouldn’t be one uniform way of making a man. It’s what core values that make a man, you know. I think society would be better that way”. P2’s comment pointed to the ideal of certain values; therefore, a certain moral standing most probably a good moral standing, makes a man.

P3 appeared to also believe that good moral standing makes a man. When asked what being a man means to him, he replied that, “after all its just being honest …like straightforward being straight forward, don’t lie and like lead someone on…just basic honesty…”. For this participant being a man was not defined by physical strength but rather by good qualities such as honesty and being straight forward. He later went on to add that when he thinks of the word masculinity, he thinks of someone

> “that takes pride in themselves, make sure that they look neat. You know they are well behaved. They don’t behave like a thug…He looks after himself. He looks well…like someone that you know does something with themselves …not wasting his life smoking drugs and drinking himself to death…” (P3)

Again, he appeared to list qualities that could be considered ideal and beneficial to society, therefore emphasising a masculinity that was morally ‘good’. In his discussion about the projective exercise P5 chose image number seven (Fight Club) as the least masculine image. His reasoning for choosing this image as least masculine was due to the man smoking and not wearing a shirt. The participant seemed to draw a parallel between what men should and shouldn’t do; smoking and not wearing a shirt fell into what men shouldn’t do category which speaks to moral standing contributing to what makes a man. The acts in the image were morally something the participant did not regard as being masculine. This response was of interest as it

contrasted with other participants who chose this particular image as most masculine. Galvin (2002) calls attention to how individuals with physical impairments may feel more obligated to present themselves as moral and virtuous and more concerned about their health. It appears that some of the participants in the current study experienced the same motivation as illustrated by P5's choice of least masculine image and his reasoning behind it.

In answering the question what being a man means to him, P5 remarked, "A man means like you have to love yourself and respect and take care of your family". Here he spoke about being respectful, which could have double intention for the participant, meaning to be masculine one should respect others and be respected. His response appeared to be building on the image of a moral man being masculine. Furthermore, P5's message was one of upliftment. When asked if he had any further comments on the topic, he mentioned that he believed that men should help each other. He reiterated that he was still working on a taxi company that accommodates people with disabilities as well as teaching others with disabilities how to fix their wheelchairs and doing this service for free. When asked if he believed he was an example of a good man, he agreed and reflected on wanting to go to schools to give advice and to take children off the streets. This participant's version of a man was someone who helps the community, a man whose morals are beneficial to society and can therefore be considered a morally 'good' man.

In line with P5's beliefs, P6 also highlighted the importance of being moral. P6 remarked on how he defines masculinity. He felt that he learnt more about masculinity through observing the males in his family "So, masculinity I've witnessed it. That someone has to take responsibility. They have to be in service not of self but also of others." Only later did he learn about masculinity through books and internet sources. He further commented on seeing these traits being taken up by his younger brothers.

> "I think the one main expectation, the very big theme …is what I said about responsibility and taking care of something …I have two younger brothers and the youngest one I can already see those teachings through behaviour that I spoke about now that I observed growing up…As a man you need to take care, even if it's just doing your bed and taking care of your room." (P6)

P6 commented here both on the expectations of men being observed through social learning in his micro ecological system of family (Bronfenbrenner, 1977; Henfield, 2012) and highlighted that a man should be in service of others not just himself which speaks to being morally good. In this way, P6 has illustrated how he has interacted with his environment and learnt about what it means to be a man and how this learning has come to form part of how he constructs a masculine identity. Similarly, to P5 and P6's sentiments, P7 remarked on what being a man means to him. For this participant respect also plays a major role in being a man. He believed that being a provider and protector and being respected was what most men desire, as reflected in the following quote:

> "I think through treating others the way you want to be treated and through treating your family with respect. And just yeah, I think the main one would be treating people how you would want to be treated. I think that's how people respect you. And yeah, if you love yourself enough people can see that ah nah this person is not a person that you can mess around with or something. Because yeah he values himself and his family…"

Treating others and oneself with respect speaks again to being a morally decent person. It is apparent that most participants chose to highlight certain personal traits especially those that included how one treats others. It was apparent that participants learnt these behaviours as appropriate through the various microsystems of which they were a part (Bronfenbrenner,

1977). Galvin (2002) raises the point that the medical field has encouraged the idea that health is an 'individual duty'. She highlights how those with physical impairment or chronic illness may feel under pressure to present themselves as moral or virtuous in order to counter the threat of stigma as health in itself has become a measure of good character (Galvin, 2002; Robertson, 2006). The participants as men with physical disabilities may have felt the need to counter the perception of their disability by presenting and emphasising a morally good persona.

Financially Powerful Instead of Physically Powerful. In formulating their masculinity participants often emphasised financial wellbeing or being financially powerful instead of being physically powerful. Being in South Africa, a country ravaged by high unemployment rates and poverty may have played a part in participants' desire for financial freedom. A study of multidimensional poverty (poverty dimensions including health, educational deprivation, physical and social isolation amongst others) in South Africa found that although over the years levels of multidimensional poverty have declined, unemployment, years of schooling and disability were top contributors to multidimensional poverty (Fransman & Yu, 2019). The fact that participants were disabled puts them at risk for multidimensional poverty. In fact, participant 4 had momentarily stopped studying after acquiring his disability; he was also no longer able to work in that particular field due to his disability. Physical strength is often lauded as one of the key qualities of a man; however, for most of the participants their physical strength was limited by their disabilities. It can be presumed that participants felt *discrepancy strain* when it came to physical strength. Where participants did not meet the standards of being physically strong men, they emphasised financial power. This sub-theme is closely related to the theme of *Being capable, independent and having dependents* which is explored in subsequent sections.

In P1's case financial power and being able to afford certain services would allow him the ability to be independent from his parents. Financial security quite literally had physical

implications for this participant. P1 has degenerative muscle weakness and often requires assistance which he currently gets from his parents. The following quote alludes to his valuing of financial security.

> "With my parents getting older as well. I'm worried that they might not be able to physically be able to do as much …so I want to actually, I can hire like a physical caretaker to help me around and pay them really well…" (P1)

Being able to pay a caretaker "really well" was the participant's medium to long term goal and alludes to being sufficiently financially powerful that it allows him to be physically empowered through assistance of a caretaker. For P2 this sub-theme was subtly touched on in his discussion about his male role model when he noted, "…he's my biggest role model ever and apart from that I don't know him as a man, but I know he's what a lot of men want to be based on looks and success…". P2 acknowledged that having the kind of success that Ronaldo has is admirable, but he went on to emphasise that he admires him for even more than just his financial and sporting success.

P3 valued financial independence greatly, and recalled having to work hard to earn money for luxury items.

> "My father told me, you want something we have to work. Because my father told me straight the lights come on in your room, the TV that goes on in the lounge we got DSTV we get Netflix we got whatever…I don't pull money off the tree and then pay for it. I go to work and I earn money. So, I said okay, fine that's what I will do." (P3)

P3 went on to explain how he learnt how to manage money while working. When asked if he viewed having financial independence as a particular masculine quality, he noted that it was not particularly masculine but that everyone should aspire to be financially independent.

P3 did mention taking care of his physical appearance although, financial power and independence were qualities that P3 emphasised over physical strength. He was disapproving of his peers and cousins who would wake up late, did not want to find a job and relied on their parents for everything as demonstrated in the extract below.

> "…I really couldn't care about waking up late and watching movies all day…your parents are there to support you and stuff but that doesn't mean you must take advantage of them and then ask them for money and then ask them for this and that and expect them to give you things for your birthday…you must go and get it yourself. The sooner you stand on your own two feet, the better." (P3)

This extract ties into the following theme of being independent and capable. The participant really emphasised his ability to do things on his own and financial independence. P5's sentiments tied in with having dependents and providing financially for them. When talking about the characteristics that are associated with being a man, he remarked that "uh men they have to like maintain their house buying clothes for the children and take them for school. Unlike other men they just have children and they just run away for no reason." (P5) Here financially providing through clothes and maintenance of the house was a major theme for the participant as well as being a father that was physically present. The theme of fatherhood is explored in subsequent sections. P6 answered that he believed masculinity was different for people with disabilities; he noted that with the projective exercise he could reflect on the differences. He highlighted how he was physically different; as a paraplegic man he felt he did not fit society's standard of a man physically. He mentioned that he displays his masculinity in other ways, with the following extract presenting some of those ways.

> "Yeah, so I do you know participate at home like chores but also with life and life's sorrows and life's responsibilities. I can say me doing those things it makes me feel like I am a man. You know, going out getting an education, looking for work whether it's in line with what I studied or not. Trying to build a social life, and maintaining those friendships. I am taking care of stuff inside the house and outside and to me that's how I display my masculinity, is by participation, by being responsible…" (P6)

In addition to being able to be social, participating in the home and outside of it, and valuing intellectual prowess through education, P6 cited looking for work as a way in which he displays his masculinity. Therefore, he appeared to value financial power. He also spoke of this aspect in contrast to not physically fitting the image society expects of a man but compensated through being able to be financially independent as well as through social participation.

When asked if what he earned affected his sense of being a man, P7 agreed that it does. His beliefs are recorded below.

> "Yes, it does. It does especially because everything is expensive. Whether you want to believe it or not, but then money makes the world go 'round. You can't say you want a relationship with you if you don't earn. You can't say you want to start a family if you don't have the finance or financial muscle for that…" (P7)

Financial power was related to his sense of being a man. Here there was something manly about earning; a good man would earn enough to support his family and if not, he should not start a family. Even though his impairment was less severe than other participants he held and emphasised the same idea of financial strength. He even used the metaphor of "financial

muscle" to illustrate his point. His quote speaks to the importance for men to join society through participation in work, although for this particular participant financial power was not favoured over physical strength as it was for some of the other participants. His less visible impairment allowed him to participate in society as a fully abled person would, except for the loss of vision in one eye. It may have been due to the ability to be socially mobile as described by Dirth and Branscombe (2018) that allowed this participant to still highly value physical strength as seen in his sentiments about gym (highly valuing gym and finding solace in it) as well as financial power.

Similarly, respondents for Swartz et al. (2021, p.93) shared the same sentiments as participants in the current study. These authors reflected, "the men we spoke to all in various ways suggested that one way to qualify to enter the realm of being a man was through being financially strong, a provider or breadwinner". The ability to be economically independent is viewed as a triumph especially when finding decent employment is rare for disabled men but also the majority of black South African men (Ratele, 2008). This statement rings true for the participants in the current study.

Being Independent, Capable and Having Dependents. Most participants spoke of being independent and capable; they also commented often on having dependents. Participants emphasised their capability and independence over impairments. P1's opening comments discussed the nature of his disability and his use of a wheelchair, but he made a point of highlighting that although he is a wheelchair user, he is able to move around independently at home. "I mean at home I still do walk around". P1 was emphasising his independence here as well as possibly distancing himself from a fully disabled identity. In another excerpt P1 discussed his desire to have more independence

> "My parents would like help like basic things like getting around the house, like getting my clothes, showering all that… I'm hoping that one day I can …once I can afford it, I want like a place on my own …It's pretty far to travel to everyday so I kind of want to get a place on my own that's closer to my work…With my parents getting older as well I'm worried that they might not be able to physically be able to do as much…living on my own…I can hire like a physical caretaker…So that's, that's kind of like my medium to long-term goal right now to get a place on my own and trying to become as independent as I possibly can." (P1)

There was acknowledgement and tension around the fact that he needed assistance with daily tasks and an intense desire for a life more independent of his parents which is highlighted by him mentioning the words "on my own" three times within the excerpt. The desire for independent living and the tension around needing assistance was similar to the sentiments of participants in Gibson et al's (2013) study. The discrepancy strain was noticeable in P1's need for assistance but he asserted that he would have money to pay a caretaker and that not having his parents as caretakers would make him feel independent, which was all possible for P1 through his financial independence.

For other participants independence was more physical. P2 another wheelchair user spoke about how others perceive him. He remarked that in a different space where people do not know him, he may be perceived as vulnerable especially if he is using a manual wheelchair whereas with his motorised wheelchair, he maintained that it would be more difficult to perceive him as vulnerable. He commented here on his physical independence.

> "Right now, I'm using a motorised wheelchair, so it's harder for people to you know look at me and say do you need help? Because I'm moving freely by myself…usually,

> it was someone pushing me or I'm pushing myself and people who you know they see that as vulnerability you know maybe they feel like this person needs help. So, I guess maybe a device you use also plays a huge role in that." (P2)

Interestingly, P2 commented on assistive devices as actors in society; here the type of wheelchair he uses conveys a certain message to others without the use of words (Latour, 1996). His manual wheelchair projects an image of dependence and vulnerability while his motorised wheelchair, a high-tech piece of equipment, projects an image of independence and possibly even success as it costs more than a non-motorised wheelchair. In a similar vein to P1, P6 remarked on not being solely dependent on his wheelchair and that he was mobile with a walking stick inside his house. His valuing of independence and capability was implied in the reasoning for his choice of most masculine image during the projective exercise. P6 chose image 11 of a man in a wheelchair; his reasoning being that the man in the image was engaging with his environment and society. This speaks to being capable and able to participate in the environment. The participant assumed that this man was probably working which speaks to his valuation of financial independence. It appears that being able to participate in society and having financial independence were important to P6's definition of what constitutes masculinity.

P3's desire to be perceived as capable was implied by his comment regarding people seeing him as incapable. In response to a question about how he would like to be perceived he replied, "like normal I suppose…not getting looked at funny and or this guy's like this, so he can't do like this" (P3). Being capable and having dependents was a quality that P3 admired in other men. When asked to give an example of someone he believed is a good man he responded with.

> "My uncle…there's nothing he can't do. He can cook, he looks after his daughters, he looks after his wife, he paints the walls, he fixes the furniture …he knows his cars. He knows how…to enjoy himself … He's like the best. I tell my cousins the same thing I say before I die, I must be like this man or something like this man. No, no one beats that guy…its him and my cousins that I look up to." (P3)

Like P1, P3 also valued financial independence and working hard to earn that independence. He commented " I mean you can't be 50 and 30 and 40 years old and be depending on your parents. There's one thing to look after your parents but then there's another to be dependent on them." P7's valuing of independence can be seen in his comment about his male role model. P7 chose the characteristics of a fictional character Harvey Spectre (from the legal series Suits). He particularly highlighted Harvey's independence.

> "Harvey, yeah Harvey Spectre I like his independence and how direct he is. I think that's what masculinity is. Yeah, Harvey I think he doesn't put dependence on anyone. I know they say a man can't be an island, but then I think he is." (P7)

P7's relatively less severe disability has led him to reformulate his masculine identity by distancing himself from a disabled identity. It can be argued that distancing from a disabled identity is achieved here through emphasising able-bodied qualities of hyper-independence (Dirth & Branscombe, 2018).

Most participants reformulated and asserted their masculine identity through emphasising their independence and capability in various spheres of life. Although P4 desired independence and to be viewed as capable, there was tension between what he believed about himself and that of other men with disabilities. This tension was observed through his

discussion during the projective exercise. In answering *which image is the least masculine?* P4 chose the image of the man in an electric wheelchair and the image of the muscular man in a wheelchair. He remarked, "Even this one you can like no, like you cannot see much masculinity because that guy cannot fend for himself and no, like you see he's using a …in wheelchair cannot have that thing like masculinity" (P4). Although he was remarking on how the men in the images appeared to him to not be capable, his comments illustrate that being capable was something he valued. Masculinity for P4 was centred around being able to take care of oneself and being able to provide for others.

P4 a wheelchair user himself, had acquired his disability relatively more recently than other participants and it was evident that he made use of *social mobility strategy* which saw him distancing himself from the disabled identity. Where he saw weakness in images of other disabled men, he believed he was different (Dirth & Branscombe, 2018). His case speaks to the time of onset of disability and the claiming of a disabled identity. It appeared that P4 had not accepted this identity and therefore did not identify with other men with a disability.

Throughout the larger theme of 'how masculinity is defined', the theme of 'men as partners and fathers' was central to most of the participants' responses. Four participants chose image one - the image of a family - as an image that was the most masculine and those that did not choose it as the most masculine image, mentioned it in their noteworthy images. This finding alludes to a heavy emphasis on men as partners and fathers as being integral to their sense of masculinity. Most participants at some point in the interview referred to masculinity and the role of men as being providers and protectors. They often referred to taking care of a family and spouse.

P1 was hesitant to choose any image in the projective test but the one that stood out for him was the first picture of the family. He however, noted that he doesn't think that looking

after children and taking care of a family is not solely a manly thing but rather a "womanly thing as well". P1 described the type of married man he would want to be

> "I wouldn't want to be like, like a man who just calls the shots and just gets control of the house. I wouldn't want that at all. I would want an equal. I would want my partner to have an equal say as much as I do and where neither of us control each other or control the family…" (P1)

P1's view on men as partners and fathers was one where they both share an equal standing in the home. P2 also chose image one as the image depicting masculinity the most, his reasoning being that

> "A man should be someone comfortable in their surroundings and comfortable around people they love, especially family and being able to be there for their family and protecting their family. And for me that's why one is, you know, seeing this man so happy with his family. Yeah, I think…that's according to me like that that's what would make a man." (P2)

Family and especially the acts of taking care of and protecting the family was considered something integral to being a man for P2. Like P1 and P2, P6 mentioned that image one was his favourite as he thinks of responsibility, being with family, taking care of family and being happy. Having dependents was seen as masculine here. He cited his father and brothers as an example of good men as they were confident and able to take care of the family. A major theme for P6 was the idea that masculinity and being a man meant to take responsibility and care for others outside of themselves. P3 chose image one as an image that stood out for him because he liked the idea of a family man because he cared deeply for his family. "I'd die for my family especially my brother and my sister …this guy or they just look like a happy family. So that

means a lot to me". P3 desired a family but did not believe he deserved one. He attributed his lack of deservingness to acquiring the disability and how it has made him more frustrated, and quick to anger. This viewpoint was illustrated by the extract below.

> "I believe I should have a family…I don't feel like I'd be a good fit as a father or husband…cause there's a lot of bad qualities about me…I'm not a nice person…I don't know that's just how I feel. I think because of what happened to me and stuff." (P3)

Although P3 valued being a family man, due to his disability and the emotional consequences of it, he has shunned the idea that he could fulfil this 'masculine role' due to personal qualities. P4 also highlighted qualities of being a provider and protector to one's family as well as being independent and capable of taking care of oneself. In answering what being a man means to him, he responded, "well for me being a man okay you're you have to be strong like so that you cannot… you can – you can take care of yourself and take care of your family". In defining masculinity, he remarked,

> "like you must have, you must like I feel like you must go to be fit like to defend for yourself and for your family and able to use the muscle - muscle to work like so that you can provide for your family and stuff." (P4)

Again, it was evident that P4 experienced discrepancy strain as he discussed what masculinity is and isn't. As a wheelchair user who recently acquired a disability, he appeared to struggle to see people with disabilities as meeting the standards of masculinity he believed in (Fontaine, 2019). He felt that to be a man one should have muscles that work while acknowledging that some of his own muscles no longer work. It was also evident in the images

he chose as least masculine, that P4 chose image 8 - a man in an electric wheelchair - his reason being that the man looked like he could not provide and could not take care of himself in the way that P4 assumed the interviewer could.

P5 valued financial power in order to provide for a family. For this participant, characteristics of a man included someone who maintains their house and buys clothes for their children. He highlighted the fact that some men have children and disappear. For P5 fatherhood was a masculine trait and a trait that good men possess.

> "Yeah, as for me, I want to be a good man because like I grew up without knowing my father. So, they didn't do everything, the time I was young and then they didn't accept me with my disability so that's why I don't want to be like my father I want to be a good man." (P5)

Various studies have revealed that young men often foster a strong emotional connection with their children. Especially when their own experiences with their fathers were negative, they tend to be strongly motivated to give their children a positive experience of fatherhood (Enderstein & Boonzaier, 2015; Glikman, 2004; Lemay et al. 2010; Wilkes et al. 2011). It appeared that P5's experience had influenced him to want to foster a connection with his children should he have them. Similarly, P7 did not grow up with a father as his father was incarcerated after he acquired his impairment. The only father figures he had were his uncles who were not as present in his life because they had their own families to look after. P7's idea of what makes a man included the qualities of being a "provider, protector and respected". Furthermore, P7 raised an interesting point around the pressures men face to be providers.

> "I think they taught me what not to become. I think most of them suffered from that thing of …You know what I said earlier on, a man needs to be a provider, protector but then I think they dwell too much on that. Providing they want to be the only ones doing that whereas if you married it needs to be a partnership …I think the partner I want is a partner that it's a partnership more than me being the only one going out to fetch…the house or the cars as well she can pay the school fees for the kids, groceries you see so I wouldn't have to bare the whole burden on myself. I think that's what kills most guys…" (P7)

P7 referred to dysfunction strain as described by Fontaine (2019) where men fulfil the requirements of the masculine ideal in this case being the breadwinner and providing for dependents; however, this role has negative effects such as feeling immense pressure to live up to the expectation so much so that they do not accept assistance from their spouses. Interestingly, while P7 was more progressive and would prefer to share responsibilities with his partner he still appeared to take on a typically male role reserving child rearing and matters of the home (groceries) for his female partner. He reformulated a masculine identity to include being able to rely on a spouse as a masculine trait while simultaneously drawing from and relying on hegemonic masculine ideals all while being cognisant of how this ideal has burdened men.

We live in a society that has a very gendered view on independence and dependence; socially we are more likely to think of women as dependent and of successful men as independent (Held, 2018 as cited in Swartz et al., 2021). Men with disabilities have to contend with being perceived as being dependent, which reflects negatively on their worth as men. However, the participants chose to highlight their independence and their ability to take care of dependents as ways of asserting their masculine identity. Enderstein and Boonzaier (2015,

p. 524) assert that "in an attempt to frame a narrative of a caring masculinity men simultaneously draw upon long established ways of constructing masculinity, which involve taking responsibility, protection and provision". This statement rings true for some of the participants. While participants were creating a different narrative around masculinity being more caring, they still tended to draw from older hegemonic ideals that place men as protectors and providers while simultaneously wanting their female partners to share equal say and responsibility in the relationship rather than subscribing to the hegemonic ideal of a submissive woman. Some participants did not feel that being a provider and protector was a role they could personally achieve but they valued it as a quality of masculinity. Therefore, men as partners and fathers in this research represented both a reformulation of hegemonic masculinity as well as a reliance on older hegemonic ideals.

Sub-theme 3: Reliance on Hegemonic Masculine Ideals

As much as participants reformulated and rejected hegemonic masculine ideals, they also sometimes relied on these ideals to construct their masculine identity and therefore their definition of masculinity. As mentioned previously, men as partners and fathers could be viewed as a reformulation of hegemonic masculinity but also relied on hegemonic ideals. Other instances where there was reliance on hegemonic masculine ideals are discussed below.

Influenced by Society's Messaging About Being a Man. According to ecological systems theory, human behaviour is a product of interactions between individuals and their environment (Bronfenbrenner, 1977). Social pressure to conform to a certain way of being is learnt through environments or systems and can therefore be explained by ecological systems theory. Some participants noted instances where they realised that they were influenced by society's messaging about being a man and some sought not to be pressured by this messaging. P1 talked about his experience as a young boy and modelling his sense of masculinity to match that of the heroic main character in the book series Percy Jackson by Rick Riordan.

> "I guess I was kind of influenced by society's attributions of a man, like when I saw Percy's traits I kind of thought okay I gotta be brave because I gotta be strong in order to be a man …and as I got older, I realised that okay I think this whole project is flawed." (P1)

In this extract, he spoke to the idea that having a good moral standing was more important than being heroic (see sub-theme 2: Reformulation of Masculine Ideals). P2 did not have an image he would have chosen as the least masculine but noted that the most common option would be image two (man in a dress) and nine (man wearing make-up). Although this participant felt that there was no image that was least masculine his eventual choice was influenced by society's idea about what is feminine and what is masculine as he chose images of men partaking in activities that were traditionally believed to be reserved for women. Another instance that showcased P2's awareness of society's influence was when asked if there were other images that stood out for him, his response was that the images of men with disabilities stood out for him "because it's not like, you know, traditionally what you know people would be comfortable around the idea of masculinity as well". Here he commented on how society does not deem men with disabilities as being fully capable of masculinity (Shuttleworth et al., 2012).

The influence of society's messaging could be seen in participants' responses about what is masculine and what is not. P3 chose image two (a man in a dress) as the image that was least masculine; his reasoning, however, was not the expected comment on the man's appearance. For P3 performing for a camera was considered less masculine. He remarked that he did not believe photos that came from events because "media is fake". The participant believed that the man in the image was trying to prove a point. "I think he's just doing it for the camera's sake and for the magazine's sake and the pay check's sake". It is possible that P3 was

influenced by the idea that men do not dress in this way and that if one does it is only a pretence for the camera. Likewise, P4 was influenced by gender norms of appearance as he chose image nine (man wearing makeup) as the least masculine image.

In another instance P3 when talking about the difference between how disabled and non-disabled men define masculinity, he remarked that it is different but that "I've also had a few two runs with vodka and stuff". He appeared to relate to a masculinity that was defined by engaging in activities like drinking, which was in contrast to some of the other participants who saw these activities as less masculine. However, his view on drinking being a masculine trait is in line with a South African culture of male alcohol consumption. Alcohol dependence was found to be amongst the top three most common disorders in South Africa with men being more likely to be implicated (Williams et al., 2008). Traditionally in rural areas of South Africa alcohol served as a means of payment, strengthening friendships and beer was associated with manhood and strengthening of the body (Setlalentoa et al., 2010). This symbolism is still relevant today, while urbanisation has increased the volume and the type of product being consumed (Setlalentoa et al., 2010). P3 showed evidence of being influenced by society's messaging about what is attractive for a man. In defining how masculinity might be different he remarked on his attractiveness in the following extract.

P3: "I don't know. I walk with a limp so that's not attractive."

Researcher: "Okay, so does that make you feel like you're less masculine?"

P3: "No, it doesn't make me feel like that it's just that's how I feel people look at it." (P3)

It appeared that P3 was experiencing *stress engagement* as he was attempting to understand his personal characteristics in relation to how others perceive him. He had however developed *reactive coping methods* by trying not to care about what others thought (Henfield,

2012). While he felt that his disability does not make him feel less masculine, but he noted that he believes others perceived him this way.

P7 appeared to be influenced by the messages relayed by culture. In relation to the least masculine image during the projective exercise P7 commented on image two (man in a dress) saying that it was the least masculine image. “When you’re raised a typical Zulu guy, you hear them say men don’t cry. There’s a man he's supposed to be a protector and provider and so forth". Because he was raised with these cultural ideas, he felt that to some extent he supported these notions. However, he was of the opinion that people shouldn’t be excluded or treated differently especially since he knows how it felt for him with his impairment. But he still stood behind the message of being a provider and protector and that with everything else, one should keep an open mind.

P7 held patriarchal hegemonic masculinity ideas about what a man is. Furthermore, he chose image six (man with flowers) as least masculine. P7 did not associate men with flowers, the issue of effort being made in the picture as well as his posture and make-up lighting did not suggest masculinity to P7. P7 commented again on feminine appearance when he chose image nine as the least masculine, his reasoning being “people will feel as if it’s what females do”. He mentioned that he might be contradicting himself, but he believed the man in the image has done over and above what the average man would do. Although he recognised that men do take care of their appearance these days, for him this image suggested, "I'm soft I won’t be able to protect you or provide for you". He notes that he would describe this man as pretty and mentioned that if they were in prison together the man would be more likely to get picked on. This comment drew attention to the violence men face who do not subscribe to hegemonic masculinity as well as what women face (Connell, 1995). Connell’s (1995) theory states that hegemonic masculinity asserts control over women and other males like homosexual men, which is often achieved through violence. There are various studies that have investigated

masculinity and violence (Bhana et al., 2021; Bozkurt et al., 2015). Bozkurt et al. (2015) hypothesised that masculinity was positively related to violence endorsement and that femininity was negatively related to violence endorsement; their data confirmed a positive relation between masculinity and violence endorsement. Furthermore, like P7 the participants in their study mentioned that men should be able to protect their families and be able to fight to protect their families (Bozkurt et al., 2015) and these abilities were seen as masculine traits. The implication is that P7 was influenced by the messages around what is masculine and feminine; the closer one is to femininity the more danger one might be in and the closer one is to masculinity the more likely one is to accept violence and strength as a show of masculinity.

For this participant it appeared that anything that involved being too concerned with appearance was possibly associated with women and therefore not manly enough, which was in line with P3's ideas about performing for a camera. Masculinity for P7 was something effortless and not having to put on a show.

P2 attempted at times to remain uninfluenced by society's idea of masculinity when speaking about how others perceived him. He believed that people were intimidated by him and how comfortable he was in his masculinity. He grew up with the idea that "for me nothing was ever wrong with me. It's just how the outside environment looks at me and then the moment I start to see myself in that perspective then things start to change for me". He remarked that he was mostly comfortable in his sense of masculinity but if he thinks too much about what others think he may start to impose those thoughts on himself. He attempted to avoid the messages society relays about men with a disability through confidence in himself.

Acceptance of Hegemonic Masculinity. While it is evident that structuring what masculinity is to men with disabilities is multifaceted and nuanced, rejection/reformulation are possible within the same person. There were instances where participants accepted hegemonic masculine ideals. For P3 this acceptance took the form of favouring a hyper masculine image,

with the most masculine image for him being image seven (image from fight club). He believed "they looked cool". This viewpoint may show an acceptance of hegemonic masculine ideals which sees men as physically strong (the men have muscles) and are engaging in risky behaviour and are praised for it (underground fighting, smoking). Violence is therefore seen as an expression of power reinforcing a masculine identity (Bozkurt et al., 2015). Images like the fight club image evoke ideas of strength and violence (underground fighting) and therefore choosing it can be seen as an acceptance of hegemonic masculine ideals. For P4 physical strength was important as his reasoning for the images he chose were around having muscles and being able to provide for a family. This reasoning may have been influenced by the profession he was in, being civil engineering, and possibly the sudden loss of his strength through disability. Physicality was more prominent in his mind and his sense of masculinity was derived from a hegemonic masculinity ideal of a physically strong man who provides for family. His idea about the type of characteristics he associated with being a man included providing for a family and being the decision maker, which ties into the patriarchal society of South Africa where men are favoured as the heads of the household. Men's ideas of successful masculinity have been linked to their role as economic providers for their family, but men are finding it increasingly difficult to assume these roles leading to a crisis in their gender identity (Boonzaier, 2006). As mentioned previously, men as partners and fathers featured heavily in participants' responses; while this notion adds to a positive masculinity it draws from hegemonic ideals. P5 appeared to accept the role men are placed in, in a patriarchal society where one has to protect and provide for one's family. Even though he was aware of his limitations he still strived to achieve these ideals. In a similar vein to P3 and P4, based on the images he chose as most masculine, P6 valued a strong body which is an acceptance of a hegemonic masculine ideal. However, accepting hegemonic masculine ideals led to tension

around how he defined his masculinity if he does not meet these standards, which is discussed further in the following theme.

P7 on describing masculinity and discussing image 5 (man in a gym) remarked, “If maybe I try and explain this masculine thing in like a spectrum one being the least masculine being maybe gay. Then four being the most masculine, this guy I’d place him right in the middle”. Here he used an interesting analogy to describe being masculine with the least masculine being homosexual men. This choice follows a hegemonic view on masculinity where homosexual men are marginalised and assumed to be less masculine (Morrell, Jewkes & Lindegger, 2012). In another instance when discussing whether the definition of masculinity may be different for people with disabilities he remarked, “No, no I wouldn’t say that but then I know it’ll certainly be harder for them. Yeah, but then I think it still remains the same provider, protector and uh respect”. In answering how most people define masculinity he believed that society and the Zulu community would not see disabled men as lesser men but would see men who are in touch with their feelings and who cry as lesser men because they expect a man to be “a provider, leader and protector someone you can turn to”.

> “Yeah, I think society or even the Zulu community that’s how they view it because I don’t think they’ll see you as being a lesser man. If they see you crying or complaining or you know that thing around guys being in touch with their feelings or feels. Yeah, I think they see you less of a man if you’re in touch with that side…” (P7)

Here he appeared to accept hegemonic masculinity ideals as he did not believe that one can provide and protect while still being in touch with one’s feelings.

For the participants, masculinity was defined in various ways. Some participants chose to reject hegemonic masculine ideals especially polarised gender roles. As Gershick (1998)

realised, participants could be complacent in hegemonic masculinity or they could reject/ reformulate hegemonic masculinity ideals. It was evident amongst some of the participants that while some engaged in rejecting/reformulating, participants still drew from hegemonic ideals to construct new narratives around masculinity. This theme was particularly relevant under the theme of having dependents where participants emphasised a more nurturing present masculinity while simultaneously drawing from hegemonic ideals of men being protectors and providers, confirming Enderstein and Boonzaier's (2015) findings. In reformulating masculine ideals participants highlighted other qualities they believed were important in the definition of what makes a man and how as a man they wanted to be perceived. These qualities were often different to what hegemonic masculinity favours often due to the fact that many participants could not attain these ideals due to disability. Qualities emphasised included intellectual prowess, being emotionally strong instead of physically strong, having a good moral standing, being financially powerful instead of physically powerful, being independent, capable and having dependents as well as being partners and fathers. For some participants masculinity was on a spectrum with typical masculine traits being higher on the spectrum towards masculinity. For others there was more of a reliance on what we have come to know as typical masculine traits like masculinity equating to being providers, protectors and being physically strong. Defining masculinity is a multifaceted task and participants engaged in rejection/reformulation and reliance on hegemonic masculinity to define their masculine identity.

4.2.2 Theme 2: Challenges of not Meeting Hegemonic Masculinity Standards and Coping Strategies Used to Manage These Challenges

Being men with physical disabilities, a theme that became apparent was the challenge of not being able to meet hegemonic standards. Participants sometimes felt they were not meeting the standards of being men. This idea usually took the form of participants feeling like they could not meet the physical expectations of hegemonic masculinity and being seen as

vulnerable and needing help. Not being able to meet these standards caused considerable strain for participants; however, many had developed coping mechanisms to combat this strain.

P1 reflected on his challenge of not meeting hegemonic standards when it came to men's positioning in the home. He spoke about not wanting to be the only one in control of the house and that he would prefer that his partner to have an equal say. He displayed here an understanding of how hegemonic masculinity subordinates other genders. He commented on what society expects and his physical 'shortcomings'.

> "It's also like this thinking now that in society men are expected to protect right? Like protective and protect the wife, protect the kids because of my disability I'm actually physically unable to protect right so…you asked a question that…does that make me less of a man than others? I don't think so. That tells me that maybe that the whole idea is kind of flawed that men have to protect, men have to yeah just kind of flawed, and that man and a woman can both protect, and both together give counsel…" (P1)

Because of his disability he felt unable to live up to the expectation that men are supposed to protect their family. Through his words about the idea being flawed we can see his rejection of the idea of masculinity and the gender roles that are placed on men and women. In another instance P1 talked about his experience as a man with a disability growing up, reiterating his challenge around physically meeting certain standards expected of men.

> "Uhm so growing up I guess it was kind of difficult, because I did kind of believe when I was younger in the whole idea of like men...like society's view on men…It was kind of difficult because they didn't make sense to me. Like with my disability I was unable to actually take on those hobbies that other men might do, get into different sports, be

> able to protect as I mentioned …It kind of at first made me feel like maybe like I'm not as a man as others and it did kind of make me feel a bit bad about it." (P1)

P1 was aware at a young age what was expected of men and that due to his disability he could not participate in certain activities which he realised in various cultural contexts like school and the community. Although it is evident that as he grew older P1 developed stable coping responses as described by Henfield (2012), his emergent identity as a disabled man was influenced by what others thought and what he thought of himself, but also the reactive coping methods he developed to adapt. A display of his stable coping response is seen in the following extract.

> "As I got older, I realised that wait a minute it's not my fault that I'm like this, that I'm unable to protect, I'm unable to take on more manly careers and so on. There's nothing wrong with that. That just makes me made me believe there's a flaw in what society expects them to meet …" (P1)

He reconciled with his identity by noting that there was nothing 'wrong' in being disabled, that it was not his fault and that society was flawed for making people believe they are less than due to forces beyond their control. P1 still faces these expectations and challenges of not meeting hegemonic masculinity even in his young adult life. He spoke about how others perceive him and their possible opinion of him not meeting standards of masculinity. He felt that his friends take pity on him and feel sympathy for him; he believed they see him as less of a man particularly because he cannot join in when they talk about gym and their bodies.

> " I have some friends, like to go to gym a lot and they try to build their body up and that's something that I can't do…I believe maybe they'd believe that working on your

> body become…going to the gym getting strong, being able to fight, and so on is what makes them men kind of…they kind of do subconsciously see me as like kind of less of a man than them"(P1)

He coped by noting that people are entitled to their opinions and that his own opinion of himself mattered more than other's opinions. P3 has had similar experiences of physically not being able to join in on certain male bonding activities. On how others perceive him, he felt that they do not behave normally around him due to his disability.

> "I just feel like they can behave like how they normally would. You know because I'm not because like I don't play ball obviously I don't. I go to the gym but like that's it physically you know. So, like I don't play ball so naturally I don't watch soccer too much. Cause you have a team and stuff but I'm not like into it. I'm more into racing…" (P3)

In keeping with the challenge of not meeting physical standards P4 discussed whether the definition of masculinity was different for people with disabilities. He commented on men with disabilities not being physically strong. He equated masculinity with being able to work out and have muscles in one's whole body. "Okay, like if I'm talking about an abled person like it can work out like to have muscles like the whole body. For us disables like there are some parts on our body that doesn't work like that…". Here he lamented not being able to work out his whole body and not being as physically strong as non-disabled people.

P2 reflected that when he is in a manual wheelchair and someone else is pushing him that people around him see him as vulnerable and needing help. He contrasted this position with when he uses an electric wheelchair; in this instance he faces the challenge of not meeting

the standards of men being physically strong and independent. He further commented that this perception of him was often context dependent; at university and around people who know him he is seen as a success story but in other contexts he is seen as someone needing help. P3 also commented on being seen as vulnerable and his desire to be treated as anyone else when describing how he would like to be perceived.

> "Just accept that, I suppose, for who I am you know. Not treated differently because I have a broken hand and leg or not felt sorry for 'oh this child is like oh' what's the word ? Sympathy? Or like when you feel sorry for the child or sorry for someone 'like it must be so hard for you'. That's all nonsense. life is not easy for everyone, me having a disability doesn't change that." (P3)

P3 spoke of being infantilised implied by the use of the word 'child' he used to illustrate how others speak of him. The implication is that others see him as vulnerable as a child. Like many of the other participants, he did not appreciate the sympathy and pity from others. P5 in speaking about the definition of masculinity being different for people with disabilities noted that "normal people" bully people who are lesbian and gay. He mentioned that you can also be gay even if you are disabled. It appeared that P5 was saying that masculinity actually can or should be the same for non-disabled people as it is for people with disabilities. He picked up here on the challenges that he and other minorities face in trying to exist under hegemonic masculinity. He appeared to be saying that those who are different are singled out in some way compared to non-disabled people. For some participants the challenge was realised during the interview. P6 found the projective exercise particularly challenging as he thought about masculinity; he found that he did not fit the definition of masculinity he had in his mind. This realisation is depicted below.

> "As I'm talking, I can hear it's because I am the guy in the wheelchair you know. I'm almost 100% at home, I don't fit in the construction site. You know it's not maybe wheelchair friendly, maybe or even the gym, you know. So, I wouldn't go to those places. Yet I know I display my masculinity. I don't feel less masculine. But there's this conflict in my mind that these are they display the least masculinity. (P6)

P6 displayed a conflict within himself when he viewed some of the images of men with disabilities. The learnt definition of what he knows masculinity to be, goes against his own feelings as a man with a disability. Society's idea of what men should be has not included people like himself and he therefore feels conflicted; even though he is secure in his sense of masculinity he is aware that he doesn't meet hegemonic masculinity standards. This feeling of not meeting certain standards was felt by P6 in his romantic relationships. He felt physically limited as illustrated by the quote below.

> "These were internal feelings that came up when I was in the relationship. Feelings like I can. A silly example I can't pick this person up or like not like with the car or anything like physically. So, I felt internally it had little to do with what they did or said. I felt limited in the romantic space physically though not like emotionally…" (P6)

In another instance P6 conveyed the idea that not meeting hegemonic standards of masculinity had left him feeling like there were no role models for him.

> "…to be honest I don't have. Again, with the image of masculinity and how I feel like, based on society's standards…I feel like I don't fit in that box. So, because I don't fit in that box …I don't have a role model … I don't have someone, I'm not saying you

> have to have my condition to know what I've been through, but I don't have someone in my life who I can say that person represents disability and struggles of being in a space that is not built for us." (P6)

P6 was very aware of how he physically does not meet hegemonic standards and consequently, he faces the challenge of not having someone around him that understands the disabled experience; he therefore feels like he does not have a male role model. He may also choose not to elect someone non-disabled as a role model because he fears never being able to be like the role model due to physical limitations, thus cementing the challenge of not meeting hegemonic standards.

Most participants felt the challenge of not meeting hegemonic standards physically and this challenge played out in their relationships with friends where certain male bonding activities involved being physical. This challenge also played out in romantic relationships or imagined romantic futures. Some participants were able to develop coping skills but acknowledging that even though they did not meet these standards their sense of masculinity was their own to define.

4.2.3 Theme 3: Disability and its Contribution to Identity Formation

The third theme which was formulated from the data deals with a disabled identity that was often formed in relation to how others perceived the participants as well as cultural and religious ideas about disability. Participants often faced stigma and articulated a feeling of being different to others. This feeling led some participants to see their coping with disability as heroic while others turned to distancing themselves from a disabled identity in order to protect themselves from the stigma and othering they faced as a person with a disability.

Sub-theme 1: Stigma, Disability and Being Othered

The feeling of being othered was central to most of the participants narratives around living with a disability. P1 felt his difference especially in relation to other men, specifically his peers at school. His difficulty was a gradual onset of being unable to be as physical as he used to be although he recalled that his friends were very understanding that he would rather talk to them than play physically. As he got older, he noted that friends did not see him as an "equal man" because he was not able to participate in physical activities like them. He remarked,

> "It's something that probably affected me a lot and made me feel bad when I was younger …it's gotten better over time and now I just really don't care what other men might think when they see me. It's more about what I think about myself and as long as I know that I'm a man just as much as anyone…yeah that's enough for me." (P1)

Here his disability status appeared to impinge on his identity as a man in the eyes of other men; however, P1 has come to draw his sense of masculinity from within rather than what he can do physically. Although they see him as different, he is no longer affected as much by this perception. His owning of disability status was again demonstrated in his comment on the preference of terms between 'man with a disability' or 'disabled man', " I think it's just a term that defines …I don't think that there's any negative connotations about the word disability…". For P1 either term was acceptable because it is "factual words to describe". P2's family did not treat him differently and he began to feel his difference first in relation to school peers. As his condition progressed, he was unable to run around as much until he was a full-time wheelchair user. He talked about not experiencing outright bullying but also not fitting in.

> "I can't say I've experienced bullying…kids in high school try to be popular, be the best they can be and obviously I didn't fit that bracket so that you know, you feel that. People in my community were mostly scared you know of how to deal with someone like myself. So, people will distance themselves rather. Yeah, they look over me like maybe it's like pity rather than let's stand up with him and be violent with him …" (P2)

While P2 experienced othering it did not appear to have a profound effect on how he saw himself and his disabled identity. It appears that P3 experienced considerably more bullying than P1 and P2 as he attended ten schools in his twelve years of schooling due to bullying or unfair treatment from teachers. He was acutely aware of feeling different from others but later accepted that he would be treated differently noting that his disability "looked funny" and that "children would be children". P3 appeared to not have a positive outlook on his disabled identity. He appears to feel saddened by how he is perceived by others although he claimed to not be bothered by it, or the stigma he and others with disabilities have faced.

> "I mean you know people don't change. The society doesn't change. You know it doesn't matter what I do, what I accomplish, what I achieve whatever. I'm still a disabled boy at the end of the day, that they look down on. Family, friends, other people that I don't know. I mean it doesn't bother me. I'm still doing what I need to do or whatever but that's just the sad truth of our society…" (P3)

The use of the words "disabled boy" instead of man shows the infantilisation of people with disabilities that this participant has internalised and taken on. Watermeyer and Swartz (2015) asserts that the category of 'disabled' allows non-disabled groups to project unwanted parts of themselves onto people with disabilities. They maintain that people with disabilities

come to internalise the weakness that was projected onto them (Watermeyer & Swartz, 2015). P3 mentioned that he has been treated like a child and was often viewed as one due to his disability and it appeared that he had come to internalise these thoughts about himself as he referred to himself as a "disabled boy". His disabled identity was not one he displayed with pride when speaking about the stigma he has experienced although in other parts of the interview he was seen claiming his disabled identity. Interestingly, he felt that people with disabilities treated him "as normal" while "normal people don't". Here he viewed people with disabilities as divergent from others but also expressed how he felt more comfortable and accepted around people with disabilities compared to being othered by non-disabled people. The othering he experienced made him feel that he may end up alone. When asked about the claimed indifference to how he was perceived, he commented, "It's not so bad to be alone in life…".

P5 through othering felt a sense of being alone. When discussing how living with a disability has affected him, he remarked, "Ja my disability doesn't affect me, it's just because I was just – I end up with myself because the time I was in the normal school the people like to laugh at me saying he can't walk properly…" he recalls being teased about his disability and the teachers suggesting to his mother that they send him to a "special school". Being sent to a school for children with disabilities, P5 met his lifelong friends and was able to participate in activities that allowed a positive disabled identity specifically his participation in sports. Although being sent to a special school had positive effects on P5's disabled identity, special education further excludes disabled children as they are moved away from mainstream schooling and placed in a programme that runs parallel to mainstream schooling instead of being integrated into mainstream schooling (Karisa et al., 2020). Special education has traditionally viewed disability from a medical model aiming to treat an individual trait that requires remediation (Karisa et al., 2020). This approach places students in a certain category

which treats and perceives them in a certain way and often leads individuals to spend their whole schooling careers within the confines of this category (Karisa et al., 2020). P5 through schooling was segregated from his non-disabled peers.

P5 commented further on stigma and othering that he and his peers faced with some of his peers being locked up at home and left there for days. He also raised the point of accessibility as he described how people with disabilities have to pay double for taxis because of their wheelchairs. P5 aimed to tackle this problem by creating his own taxi company for people with disabilities. P5's experiences confirm data collected in Vanderschuren and Nnene (2021) study where they found that people with disabilities were structurally excluded through various ways including transport that did not accommodate their needs. The study showed that people with disabilities therefore lived less integrated and more isolated lives because of lack of accommodation. P5 was forced to pay more to accommodate him and his wheelchair which essentially excluded him from transport and forced him to live a less integrated life with non-disabled people in his community.

When discussing if P5 was perceived in the way he would like to be perceived he commented on how people do not see or care about him and how they ostracised him due to his disability but once he was on TV, they all wanted to be friends with him adding to his feelings of being alone.

His situation also illustrates how people with a disability are removed from mainstream society and pushed to peripherals seen in his teacher's suggestion to send him to a different school and having to pay double to use transport as a wheelchair user, although his experience has resulted in a positive disabled identity through sports and canvasing for accessibility to public transport.

P6's family like P2's did not treat him any differently as well as the people in his class. It was only around people that he was not close to that he felt, "dude something is up…I would

feel how they would feel bad for me". He felt othered especially because he did not have others he could relate to with similar experiences, there was no one he could lean on for advice on how to navigate being a disabled man although later he found a book written by a man with a disability from which he drew advice. P6 also spoke of structural exclusion in the university space. While there was a disability unit that was wheelchair friendly, he felt a sense that he was the only disabled person in the university it was only after his second year when he met other students with disabilities and the university started to build ramps and elevators. While policy changes have taken place a large majority of people with disabilities in South Africa still face challenges in these spaces (Pretorius et al., 2011) as seen with P6's experience of higher education.

Unlike P1, P6 had a preference for the terms used to refer to him. He noted that he had had to educate himself on the debates and has since preferred person first terms because "[he's] someone, [he's] a person with a disability". P6's disabled identity was important to him and he preferred it to be acknowledged; however, it came second to his personal identity beyond his disability. This identification was consistent with Sharif et al. (2022) findings where people with mobility disabilities preferred terms that were person first rather than disabled identity first.

P7 started to feel different in high school. He went 15 years without wearing a lens to cover his eye defect; he wore the same lens into his adult life which became too small and as he described "unappealing". This experience affected him specifically in his professional life as it affected his confidence. He noted that once people noted his impairment, they would not make any eye contact. He also noticed that people treated him differently in school once he came back after his injury; he felt people were "too nice" or felt pity for him, but he desired to not be treated any differently.

P7 reported sometimes forgetting about his impairment until he sees pictures of himself; he has been able to assimilate with non-disabled groups as described by Dirth and Branscombe (2018) and his alignment was evident in the way he referred to people with disabilities as "them". This perception was seen during the projective exercise that showed that P7 did not consider himself fully a part of disabled groups. His impairment is largely unnoticeable and does not affect his accessibility as much, he is seen subscribing to the dominant discourse on men more than some of the participants, although, P7 sums up what most other participants have attempted in their reformulation of their masculine identities as men with disabilities. Even though he would not say he struggled with confidence he stated that "because you sometimes doubt yourself but then I always tried to leverage on my other qualities". When speaking about dating he further commented that he had to work harder than a person people would perceive as "normal", " …you make sure that you're smarter than people around you , physically try to dress appropriately, look presentable , have a good sense of humour… ". He talked here about enhancing his other qualities in order to compete for partners with non-disabled people, which is essentially how most participants reformulated their masculine identity through emphasising other qualities.

Sub-theme 2: Triumph Through Disability Seen as Heroic or Something to be Praised

McDougall (2006) discusses the stereotype of people with disabilities being painted as superheroes especially in media; however, this 'positive' portrayal ends up implying that those who do not fit the superhero mould (doing extraordinary things with a disability) are failures. Participants in the current research saw themselves in this light at times when their ability to cope with their disability was seen as praiseworthy. It can be argued that while it is positive that participants were able to cope with various challenges that having a disability presented them with, their emphasis on coping can be seen as resilience or as trying to distance

themselves from a disabled identity as the narrative of living a normal life 'despite' their disability is founded on the idea that disability is deviant (McDougall, 2006).

P1 demonstrated coping 'despite' his disability in one of his first comments. He remarked, "for the most part I'm a wheelchair user but despite that I've excelled at school, I've managed to go into [university], I've earned a degree in honours …and now I'm working …at a really cool company". P2 commented on how others perceive him; his comment hinged on people perceiving him as extraordinary.

> "People that know me they know like who I am what I do and what I'm capable of and they really admire that and see the greatness in me that I do you know. And other people, it's two different places where other people have seen me like you know they've seen me somewhere maybe in the news or anywhere else and you know there's that sense of admiration and stuff…" (P2)

Although P2 did not seem to mind embodying the stereotype, he has taken this stereotype and quite literally turned it into something that can be used to inspire future generations. He has achieved this goal by becoming the face and inspiration for a superhero comic book. P2 noted that he was used to having attention on him while he is in his wheelchair, and he further commented that how he is perceived is based on people's background and how they view people with disabilities in general as there is stigma around people with disabilities. P3 identified with the images of men with disabilities. In the projective exercise, he spoke of coping despite disability.

Researcher: "Okay, and why do these images stand out for you?"

P3: "Just shows me that it doesn't matter what situation you're in. You can still do stuff just maybe in a different way. Like the guy in number eight he's in a wheelchair and stuff

> but I mean he's still dressed, and he still looks neat he's probably smarter than me….and even eleven he's in a wheelchair but doesn't look like that's stopping him. I mean he looks bigger than most normal guys. Look at his arms…doesn't matter if you're in a wheelchair …it shouldn't stop us doing anything that a normal person would." (P3)

Instead of trying to align himself with a non-disabled identity he seemed to own his disabled identity by grouping himself with the other disabled men in the images; however, even in his narrative people with disabilities were positioned as deviant from "normal". P5 has experienced this stereotype placed upon him. When asked how other men perceive him, he remarked, "yeah for me other men they just like they like to chill with me cause like uh they said I inspire them". He appeared to identify with this role in which people have placed him. When discussing his experience as a man living with a disability, he commented,

> "Yeah, as a man with disability we have to show other people that life is not life is not like that we can just tell yourself, I'm tired of living because I'm disability or what. Just be yourself and love the way you are." (P5)

He felt that he had to show people that even though he has a disability he cannot just give up; he appeared to want to send an inspiring message to others.

While this stereotype can be harmful to people with disabilities, it appeared to have acted as a method of showing resilience for the participants. It has not appeared to detract from their disabled identity but rather strengthened it.

Sub-theme 3: Culture and Religious Influences

People hold multiple identities within themselves that shape their responses to different circumstances (Ysseldyk et al., 2010). Religiosity provides a social group and an identity that

is often unmatched with other social groups. From a social identity perspective individuals perceive their membership of the group as central to their self-concept, thereby gaining a sense of self-esteem from that membership (Ysseldyk et al., 2010). While participants' disabled and masculine identities took the forefront in the current research, culture and religion contributed to the way participants viewed their disabled identity.

P1's religion viewed culture as a test from God for him and the people around him. "God made me this way for a reason and I just have to have faith and just keep going. We have to try to do the best we can with what happened to me". P1 commented that he is a practicing Muslim and that he tries his best. Disability for him was something that was planned by God and that he and his family have learnt to cope with it while remaining faithful. Religiosity had assisted P1 in accepting and living with his disability.

P2 differed from P1 as he did not connect his disability to religion. While his family is Christian, he does not "conform to culture or religion" as he believed in an unbounded universe. For P2 his identity as a scientist was more salient and therefore religion did not influence his disabled identity. P4 held similar sentiments to P1, noting that Christianity sees people with disabilities as "in the image of God" and that there is a reason for why "God allowed like these things to happen to [him]". His Venda culture however viewed disability differently "…like they see you like as someone who cannot do anything like just like I can say eh like a baby sort of they have to do anything and everything for you…". P4 tended to side with his religion as he did not see himself as a baby and did not agree when his family treated him as such. P4 commented here on the patronising and infantilising of people with disabilities. Their needs are often denigrated or patronised leading to people with disabilities being treated or perceived as dependent and childlike (Asch & Fine, 1988; Watermeyer & Swartz, 2015).

P5 believed that his disability arose from practices that violated cultural beliefs. He spoke of his disability as being attributed to his mother attending a funeral while pregnant with

him, which is considered bad luck in his culture. He then mentioned that his mother was kicked in the stomach while at this funeral. He attributed his disability to his young mother not obeying cultural cautioning. P6's family was also Christian, and when he was diagnosed his disability was seen as an illness and something that should be prayed away as there was no cure.

> "So, the response initially was this is not good, this is an illness, this is a sickness, and a good thing would be prayer and you know to cast this thing aside or get [religious] healing because medicine there isn't a cure. We relied on prayer…" (P6)

He was seen as someone who needed "fixing", which may have been internalised by the participant resulting in him often seeing himself and others with disability as not meeting the standards of 'real' men as explored in theme two. This idea is similar to Watermeyer and Swartz's (2015) discussion on internalising what society projects onto people with disabilities. P3 did not know his religion's view on disability; however, he mentioned that an astrologer once told him he would have deformed children, which seemed to be something he had considered and consequently believed that he shouldn't have children. P3 was also not as religious in his understanding of his disability and therefore his religion did not have as much influence on his disabled identity.

Participants experienced multiple instances of othering, or being praised for achieving while living with disability and sometimes religion and culture influenced their disabled identities and the meaning they attached to their disability. Their experiences played a part in how they constructed their disabled identity; some took pride in it while others attempted to distance themselves from it.

4.2.4 Theme 4: Relationship with Others While Living with a Disability and its Effect on Masculine Identity

Relationships with others while living with a disability had some influence on participants' masculine identity, particularly relationships with family, other men and women. In this way participants used the perceptions of other and their self-perceptions to construct their identity (Henfield, 2012).

Sub-theme 1: Relationship with Family

Participants' relationships with their families gave insight into their first experiences with others and how others perceived and reacted to their disability and how that may have impacted their sense of masculinity. Some participants' families were very supportive while others perpetuated stigmas felt outside of the family. P1's family was very supportive. His sister has the same condition that he has except that hers is less severe and she is able to assist him. He emphasised how supportive his family was yet there was a sense of guilt for having to rely on them. The warm understanding environment fostered by his family coupled with his own inner resilience and early onset of disability put P1 on a path to being able to cope with his disability without desiring to change it. P2's family also did not treat him differently and he felt that he did not experience outright bullying in his community. Even though he grew up without a father P2 drew inspiration from sports stars and other male role models. P3's immediate family was somewhat supportive although he recalled them giving him "tough love" as they preferred that he acted strong and did not cry. P3 attributed his intense frustration with himself, when he was unable to do things due to disability, to his parents' treatment of him.

> "…There was no *oh my child I'm sorry, it will get better* it was just like… even if I fell or got hurt …you know there's no sympathy and all that. It was shut up and do whatever you need to do. *Stop crying, for what y'all crying for* it was like that." (P3)

The voice he used to speak to himself was the stern voice his parents used, illustrating the typical way that boys are socialised to not cry and to not show emotion. The researcher was interested to see if his sister was treated in the same way. This treatment did not extend to his sister and brother. “I mean they were fine so there was no need to worry about them”. It appeared that his parents tried to instil resilience in P3 through tough love due to his disability; however, it resulted in him being very hard on himself when he was unable to achieve. P3 also appeared to compare himself to his siblings. He was proud that they were excelling but he saw himself as “a huge headache and a huge waste of money …because of the treatments ... and all the schools…”. His extended family appear to have othered him due to his disability. He recalled, “I was told some pretty discouraging things growing up from family people I’m supposed to look up to, people I’m supposed to rely on”. He also mentioned that they complement him, but it did not appear to be sincere as he knows that they talk about him and his disability behind his back. He further commented that in the Indian community “everything is about status… what job I got, what qualification I got …” he feels that his family do not view him as a whole person. Outside of what he can do they often only see “this disabled boy”. His sense of masculinity based on his relationship with family appeared to be tied to what he can do as he often iterated minding his business and doing what he could. P4’s family was quite supportive; however, he experienced it as overbearing. He felt stripped of his autonomy and was treated like a child not a capable man as his mother often sends people to check up on him. His disability has diminished his sense of masculinity within his family as they no longer treat him as a man.

Sub-theme 2: Relationship with Other Men

Through relationships with other men, men learn how to be men and what is acceptable in their community. Having strong relationships with other men allows one to join and identify

with male groups. Some participants felt accepted by other non-disabled men while most often they felt othered at times by non-disabled men.

P1 felt that his friends at university treated him equally; he did not feel othered by men as much but noted that their interests were not always the same especially since he did not gym. This difference did not make P1 feel like less of a man as his sense of masculinity was displayed for him in other ways. P2 commented on his experience during school. He remarked that people knew him before the onset of his disability which made it easier for him once the disability was acquired whereas in high school it was "scary" because it was new people who did not know him before the disability. It appeared that with people who knew him before he was able to hold on to the identity and sense of masculinity he had before acquiring the disability but with new people it was harder to draw from that previous knowledge as they only saw the current man with a disability. Later in life he developed a coping mechanism "this ability to just not care about things and people" which is why he did not care about what other men thought of him. For the most part he found that other men were intimidated by his confidence. P2's sense of masculinity was also displayed in various other ways especially through intellectual prowess. Like P2, P5 did not report any difficulty in relating to other men and women. He noted that they did not see him as disabled. P5's masculinity was often displayed through his sporting endeavours. P6 reflected that his family and other men treat him with kindness, they acknowledge his disability, but he never feels looked down upon or experiences any power play. He noted that this was different to how women treated him.

P3 felt that other men were not able to act "normally" around him and he felt that sometimes people felt threatened by him which he attributed to the colour of his skin being "fair". He noted that other men gave him dirty looks. While he does have a good set of friends, he commented that he feels disappointed and unsure of the strength of the relationship. He

indicated that in some spaces he feels like insider to the masculine group and in others he is unsure if he does fit in mostly due to his disability.

P4 conveyed that no longer feels like an insider to masculine groups. He discussed his previous work environment of construction sites being inaccessible to him in a wheelchair, and noted how men in those spaces also no longer viewed him as capable. Most of P4's friends have also abandoned him as he feels that he cannot give them anything; hence they no longer value his friendship. He does however have some friends who visit him from time to time. P6 reported that he felt a sense of competition coming from other men as they would try to bring him down by making him the butt of jokes which he combated through humour. P6 emphasised that he had learnt to stand his ground as a man amongst other men.

Sub-theme 3: Relationship with Women

Some participants measured their sense of masculinity in relation to girls and women like those in Joseph and Lindegger's (2007) study. Research conducted in the Eastern Cape indicates that economic marginalisation of young men has led to a distinctive youth masculinity emerging, where masculinity becomes centred on controlling main female sexual partners, with violence used if necessary (Gibbs et al, 2013). While participants in the current study constructed their masculinity in relation to girls and women, they did not rely on controlling women through violence or other action but rather through gaining the affections of women.

P1 felt that women were more sympathetic towards him and he was unsure whether they saw him as an equal as with them he feels like a pet or a child. Their treatment of him made him feel different and he commented,

> "I don't want to be treated differently in any way; I don't want like more sympathy from anyone. Just cause, when people are really nice to me and like really sympathetic

> with me and give me words of wisdom behind their words of kindness to kind of like make me feel better, but I wasn't actually feeling bad in the first place"(P1)

It appears that he may have felt emasculated by the way women treated him as seen in the use of the words "like a pet or a child". He insisted that he would prefer to just be another person for both men and women. Although like most other participants he thought of masculinity in relation to girls and women as seen in his valuing of men being providers for family and taking care of a wife and children. P1 desired the affection of women but his insecurities have stopped him from having relationships in the past. His insecurities were physical and appeared to relate to a typical masculine ideal that he felt he did not meet.

> "I lack a lot of muscle mass and I'm really small for someone my age which has made me feel a bit insecure… I don't have the confidence, self-worth I lack a lot of self-love as well because of the way I look like how small I am compared to people of my age I also have a rounded back which makes me quite insecure." (P1)

P2 reported being very confident around both men and women and that often women in the university space would be amazed that he was able to speak to people. He believed that people found it more difficult to form an idea of attraction towards disabled men's masculinity. Although he was never rejected outright for his disability, he assumed that the romantic partners he had pursued may have been uncomfortable with the idea of being with a disabled man. He was currently in a relationship and noted that they often got stares from strangers; however, they are used to that. He appeared to be very proud to be dating a model and his girlfriend's attractiveness appeared to be important to him. Having gained the attraction of a beautiful woman gave P2 credibility to his masculinity in the eyes of other men.

In P3's definition of masculinity he stated amongst other attributes that a man has a family and looks after his wife and family. Here we see the theme of men as partners and fathers where masculinity is constructed in relation to women and girls. In another instance he explained masculinity for the majority in terms of women's desires. He noticed that if he was sitting with someone with "a fade, earrings, oka pipe and a beard", women were more attracted to that man rather than him. He commented on the type of man that seen as desirable in his community. When asked how women perceive him, he remarked that women did not like him. He went on to speak about his past relationships where his disability became the topic of conversation when an ex-girlfriend was concerned that if they had children the child would also be disabled. Like P1, P3 desired the affection of women and measured his sense of masculinity in relation to women but felt that he does not meet their standards although he still tries to speak to women even though he feels they are judging his disability. He also stated, that when speaking about people in his life that have qualities associated with being a man, that "a man is someone who is not scared to speak to girls". He appeared to be saying that being desirable to women makes one more masculine in the eyes of majority of society. P6 also did not feel that he meets the standards of what women want, "when people have the idea of what a prince charming looks like, I doubt prince charming is in a wheelchair". He did not outright appear to construct his masculinity around his desirability to women, but he does desire to have dependents and finds that having dependents is a masculine trait. Like P7 he found that women appeared to be overly kind to him which felt to be fake; he felt that they saw him as a baby and he could see the difference in how they treated other men. He felt the kindness from men to be more genuine.

For P4 his sense of masculinity in relation to women was tied to sexual performance. Swartz et al. (2021) reported that woman's orgasms and pleasure in sexual experience may be used by men as a way of measuring their own level of masculinity. Lipenga (2014) quotes

Robert F. Murphy who remarked that being a man does not just mean having a penis it means having a sexually useful one. For the authors in Lipenga (2014) having a penis represented male identity. This idea is representative of most forms of hegemonic masculinity where if a man were to move beyond his penis featuring strongly as his sense of masculinity, he would need to adopt alternative models of masculinity. P4's acquired disability being fairly new may have contributed to the fact that he had not yet adopted an alternative model of masculinity. He commented when speaking about how his previous relationship ended.

> "yeah, but for now it's difficult I think that's because like now paraplegic like even like ehh… I can say you are sexually dysfunctioned…yeah that's the biggest challenge because like most …how can I put it to keep it in relationship like most people… like think about sex and everything… so almost no longer…" (P4)

He was concerned about not being able to perform sexually in that way and worried that he would come across as too dependent on a partner. This idea implies that masculinity in some sense was connected to performing sexually for this participant and the lack thereof impacted on his sense of masculinity as Swartz et al. (2021) report.

4.2.5 Theme 5: Embodying Masculinity

The word embodying in this research is used to describe how men express or give a tangible form to a sense of masculinity and in the more literal sense how their bodies relay masculinity. Like previous research (Robertson, 2006; Sparkes & Silvennoinen, 1999) masculinity for many of the participants was tied to their bodies in some sense even though most acknowledged that basing their masculinity solely on physicality was not something that worked for men with physical disabilities. For some participants certain tools and attitudes assisted in embodying a masculine identity.

While mostly denouncing gender roles, P1's views on masculinity were also informed by his religion. P1 commented that "people are men or people are women biologically" when asked if men could be men without biologically being a man. He noted that men and women are biologically determined and that while function in society (such as jobs) can be shared between the sexes, biologically men and women are different. "I believe God created men and women. I believe there is a distinction between men and women biologically more than that I don't differentiate between the two down to personality character traits…". It appears that P1 believed in the gender binary and that he was implying that masculinity was biologically inherent but did not believe that there are certain traits and personalities that a masculine man should have. This view placed masculinity in the body and was more biologically determined for P1 rather than a learnt gender identity. P1 when discussing how masculinity may look different for people with disabilities, believed there were no particular traits that were needed for someone to identify as a man but noted that if people believe in that "they might be able to find different ways of embodying…". He drew attention to the image of a construction worker as being typically how someone might embody their masculinity through a "manly job" but acknowledged that this route would not be feasible for people with disabilities. P1 did not explicitly state how he embodied masculinity, but from his comments it seems that his masculinity was inherent as he was born a male and as explored earlier his emphasis on independence and intelligence was how he asserts his masculine identity. For P2 assistive technologies helped him embody a sense of masculinity as previously discussed independence is tied to masculinity for men with disabilities. Lipenga (2014) describes how the author Zulu regained his independence after becoming a wheelchair user through driving. For Zulu the car freed him from the immobility of disability; he would feel 'in control' when driving. Similarly, P2 felt independent and believed he was perceived as less vulnerable when he used his

motorised wheelchair as opposed to having someone push him. P2 used his motorised wheelchair to assist him in embodying his independence and masculinity.

Some participants felt that confidence and body posture conveyed a strong sense of masculinity, which was true for P2, P3 and P6. P2 commented on how non-disabled people perceived him with confusion because he felt they wondered why he was so comfortable in himself. Throughout the interview process confidence was a key characteristic he attributed to masculinity and to himself. When asked about his experience as a man with a disability, P3 remarked on his own confidence in making friends easily as well as furthering his education while having fun. P6 similarly chose certain images as most masculine due to their body language seeming confident such as image seven. He stated that the man being shirtless "just speaks confidence". In addition to P6 suggesting that confidence was a way to embody masculinity he also placed masculinity in the body when he noted that facial hair was a way in which he embodied his masculine identity, which he identified as a masculine trait in the projective exercise. These participants embodied masculinity through confidence and were more likely to perceive confident men as manly.

P4's sense of masculinity was quite literally placed in the body. In his definition of masculinity P4 sometimes used the word "muscularity" and emphasised traits of physical strength being important to masculinity. Physical appearance also seemed to be of importance. In discussing one of the projective exercise images he stated that "even with masculinity you have to like to help you like to look good and stuff…" when referring to why he was second guessing his choice of image nine as least masculine. Robertson (2006) maintains that the body is representative of who we are and that working on the body and oneself we can retain some control, although cultural representations of hegemonic masculinity maintain that men are unconcerned with bodily appearance and that that is reserved for women and gay men. This idea persists for many men creating tension in identity formation. This tension is sometimes

resolved by men linking bodily appearance with specifically gendered activities like sport and work (Robertson, 2006). This notion was related to participants who pointed out that the men who wore make-up, posed and wore a dress were less manly because they were accepting the hegemonic masculinity's cultural representations of men being unbothered about appearance. It was also a source of tension for these participants including P4 because they felt that good men appear to look good yet were also not vain. This idea was illustrated in P4's reconsidering of his choice of the man in make up being the least masculine image. For P4 an attractive face and body relayed masculinity. P5 embodied masculinity through sport and his involvement in wheelchair basketball and soccer was the topic of conversation; he appeared to be very proud of his achievements as he displayed his medals. P5 chose to embody masculinity through gendered activity of his sport, where he was able to display his physical strength despite his disability. Like P5, P7 embodied masculinity through sports. He remarked that "everything I've learnt was through gym and sport". While gym may have been a good influence for P7 it is often a space where toxic masculine ideals are perpetuated. Considering gym culture, the gym becomes a space that favours men looking a certain way, men having to be physically strong, and it is all about a certain type of body. For P7 his impairment was less noticeable and did not stop him from participating in this typically manly activity. The type of impairment and his cultural background may help us understand why he appeared to accept hegemonic masculinity and seemingly did not need to reformulate or reject it as much as other participants.

The participants in this research embodied masculinity in various ways including physically through facial hair, through gym and sports, with the help of assistive technologies as well as confidence and body posture. As seen in previous studies (Robertson, 2006; Sparkes & Silvennoinen, 1999) and the current study, masculinity is often tied to the body although not limited to the body for men with disabilities.

Chapter 5: Conclusion

This chapter presents a summary of the key findings in relation to the research aims and research questions. The implications, limitations and recommendations for future studies are also discussed.

5.1 Overview

This research project sought to understand the meaning and lived experience of masculinity for young men with physical disabilities. The research presents important insights into the lived experience of an often marginalised and underrepresented group of men. Using a theoretical framework consisting of Ecological systems theory, Social identity theory and Gender role strain theory, the study employed semi-structured interviews as a method of data collection and Interpretive Phenomenological analysis to analyse the data. In addition, a projective exercise using twelve stimulus images was used to build rapport in the beginning of the interview and gain insight into participants' thoughts about masculinity without the possibility of a leading question. There were four research questions that arose which were addressed throughout the research namely 1) What does masculinity mean to young men with disabilities? 2) How do young men with disabilities embody masculinity? 3) What challenges do young men with disabilities face while trying to maintain a viable masculine identity? and the research briefly touched on 4) How do varying degrees of and age at onset of disability, affect views on masculinity?

The research questions were addressed through the five key themes and their various sub-themes that were extracted from the data. Theme 1: How masculinity is defined answered both the first and second research questions. The research found that like Gerschick and Miller's (1994) and Gerschick's (1998) participants, the current participants defined masculinity through rejection, reformulation or reliance on hegemonic masculine ideals. It was observed that an individual can both reformulate and rely on or draw from hegemonic

masculine ideals. Through reformulation of masculine ideals, it was observed how men with physical disabilities choose to embody masculinity through independence and having dependents, intellectual prowess, being emotionally strong instead of physically strong, having a 'good' moral standing and being financially powerful instead of physically powerful.

The results indicated that participants often faced challenges of not meeting hegemonic ideals (Theme 2) and that participants developed various coping strategies to mitigate this challenge, thereby answering the fourth research question. The coping strategies are either adaptive or maladaptive as described in the phenomenological variant of ecological systems theory by Henfield (2012). The study demonstrated how disability contributed to identity formation and how relationships with others also affected one's masculine identity formation (Themes 3 and 4). The study explored some of the micro (family and relationships with other men and women) and macro (religion, community, and the wider society) ecological systems that influenced identity formation for the participants. Through relationships with others in various communities and spaces participants learnt how to be men and evaluated themselves in relation to how others responded to them as well as what they came to know about themselves as suggested by Henfield (2012). They came to form both masculine and disabled identities although some participants chose to distance themselves at times from their disabled identity. In navigating their masculine and disabled identity participants drew on varying ways to embody their masculinity physically (Theme 5). Themes 3 and 4 answered research question 3 - How does varying degrees and time of onset of disability affect views on masculinity? This impact was particularly evident in the difference between P4 who recently acquired his disability and that of others who had lived with their disability throughout childhood. For those who had acquired the disability later in life, there was a distinct distancing from their disabled identity as well as a deeper reliance on hegemonic masculinity ideals than other participants. Theme 5 contributed to answering research question 2 - How men with disabilities embody

masculinity by describing how participants chose to physically embody their masculinity, which was often done through participation in sports and assuming typical male appearances like growing beards.

While the very personal nature of the research limits the generalisability of the research, this approach provided more insight into young South African men with disabilities and how they navigate a disabled and masculine identity when the two are often seen as opposing identities. The tensions that men with disabilities experience was further investigated; it is evident that identity is complex and nuanced. The research gave voice to an often-marginalised community while exploring gendered identities. This research has contributed to the knowledge originating in the global south about the global south, with a focus on how hegemonic ideals present a challenge to men themselves. The research also highlighted the resilience and flexibility of men with disabilities who have to contend with unattainable ideals and stigma.

5.2 Limitations

The study contributed to the knowledge around how men with disabilities construct their masculinity in a South African context; however, it presents with some limitations. A very small sample was used and while this sample allowed for an in-depth analysis it means that the views and experiences shared by participants may not be representative of all young South African men with disabilities. In addition, participation in the study was voluntary; hence racial diversity depended on the people who were willing to participate. As a result, only Black and Indian men participated in the study, hence limiting the relevance of the findings to two racial groups. Furthermore, the researcher was not fluent in South African vernacular languages which resulted in a minor language barrier for some participants, with some of the questions having to be rephrased to be understood. The projective exercise could also present as a limitation; although there were no blind participants the exercise would have been limited to

sighted participants. Captions describing the images in detail would have had to be used in order for the participation of blind men.

Despite the above-mentioned limitations the study aimed to be as inclusive as possible and to accommodate various participants if and when needed. The study has provided valuable insight into the construction of masculinity for men with disabilities.

5.3 Recommendations

Based on the limitations of this study, future studies should involve a larger sample size and include a more racially diverse sample that would be more representative of the South African population. In addition, researchers or translators with a sound knowledge of South African languages should be utilised to aid the data collection process to avoid having to rephrase questions to avoid obscuring their original meaning. The current research noted that the severity of disability and the time of onset of disability affected participants' views on masculinity, particularly their alliance with hegemonic ideals. Hence, it may be beneficial for future studies to explore a comparative research design exploring in greater detail how the construction of masculinity differs between men with congenital disabilities and those who acquire them, taking into consideration varying degrees of disability. The current research focused on physical impairments only and how these (often very visible) impairments affected construction of a masculine identity, but it may also be beneficial for future studies to explore psychological impairments in relation to masculine identity like less visible and physically debilitating disabilities such as Attention Deficit Disorder, Depression and personality disorders. The research project highlighted some of the social barriers and acts of oppression participants faced such as stigma and inaccessibility to various spaces. Stigma was evidently experienced by most participants in this research project, and it was found to affect the participant's identity as well as relationships with others. Watermeyer and Swartz (2015) explored complicity with oppression in people with disabilities, where society projects

vulnerabilities on people with disabilities as an exclusive feature of disability. They argue that to survive this oppression, people with disabilities internalise this social exclusion and oppression. It may be beneficial for future studies to further explore this internalised oppression and its psychological effects on people with disabilities.

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Psychology
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University of the Witwatersrand
Private bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

APPENDIX A

Participant Information Sheet

Good day,

My name is Michaela Moonsamy, and I am a master's student in Community-Based Counselling Psychology at the University of the Witwatersrand, Johannesburg. In order to obtain this degree, I am required to undertake a research project. I am investigating the intersection of disability and masculinity under the supervision of Prof Malose Langa. The purpose of my research is to explore how young men living with physical disabilities define and embody masculinity.

As part of this project, I would like to invite you to take part in an interview/answering a questionnaire. This will involve questions that range from a personal nature to more general opinions and will take around 60 minutes. With your permission, I would also like to audio record the interview using a digital device. This recording will be stored on a password protected laptop and only the researcher will have access to this recording. It will be deleted after 2 years.

There will be no personal cost to you if you participate in this research, you will not receive any direct benefits from participation but there are no disadvantages or penalties if you do not choose to participate or withdraw from the study. You may withdraw at any time or not answer a question if you do not want to. The interview will be completely confidential and partially anonymous (as the researcher will know your name). The information you give me will be held securely and not disclosed to anyone else. The data will be anonymised and stored in a password protected laptop and may be used in future for secondary analysis. I will be using a pseudonym (e.g., Participant A) to represent your participation in my final research report, and thus final anonymity can be assured. If you experience any distress or discomfort at any point in this process, we will stop the interview or resume another time. If you need support or counselling services following the interview, these are available free of charge at Wits CCDU using 011 717 9140/32 to book a session or the Wits student crisis line 0800 111 331 to speak to a counsellor/ psychologist. For participants not attending Wits the free SADAG helpline is available 24/7 using 0800 456 789.

If you have any questions during or after this research, feel free to contact me on the details listed below. This study will be written up as a research report of which a summary will be available after its completion. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours Sincerely,

Researcher: Michaela Moonsamy, 1449541@students.wits.ac.za, 079 494 2366
Supervisor: Malose Langa, malose.langa@wits.ac.za

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APPENDIX B

Interview Consent Form

Disability and Masculinity: How Young Men Navigate Masculinity

Researcher: Michaela Moonsamy

I, _____ agree to participate in this research project, Disability and Masculinity: How Young Men Navigate Masculinity. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options)

I agree that my participation will remain confidential	YES	NO
I agree that the researcher may use anonymous quotes in her research report	YES	NO
I agree that the interview may be audio recorded	YES.	NO
I agree that the anonymized data may be used in future studies	YES	NO

_____ (Participant Signature, audio recording)

_____ (Participant Signature)

_____ (Participant Name)

_____ (Date)

_____ (Signature)

__Michaela Moonsamy ____ (Name)

_____ (Date)

APPENDIX C

Interview Schedule

These are semi- structured interviews therefore this interview schedule will be used loosely to guide the conversation.

Biographical

1. Name, age, race, religion/culture where they are from?
2. Household income (would like to find out what socio-economic status is and whether that plays a role in constructing masculinity)
3. What they are studying, what year they are in?
4. What is the nature of your disability/impairment?
5. Is your disability/impairment congenital or acquired?

Masculinity

1. What does being a man mean to you?
2. How do you define masculinity?
   - Is it different for disabled men compared to able-bodied men? How do you think most people define masculinity?
3. What characteristics do you associate with being a man?
4. Who in your opinion would be a good example of a man and why?
5. Who are your male role models and why?

Disability

1. How do you feel about the terms “disabled man” and “man with a disability”?
2. What is your experience as a man with disabilities?
   - Do you experience any difficulties?
3. What is your culture/religion’s view on your disability?

Relationships

1. How do you think other men perceive you?
   - Is it different for abled bodied men and other men with disabilities?
   - Examples?
2. How do you think women perceive you?
   - Do you think women perceive you differently to abled bodied men and other men with different disabilities?
   - Examples?
3. Are you perceived in the way that you wish to be perceived?
4. How would you like to be perceived?
5. What is your sexuality gay/straight/bi etc.?
6. How is your relationship with your significant other (if you have one)?

Projective Exercise

1. Which image depicts masculinity the most for you and why?
2. Which image depicts masculinity the least for you and why?
3. Which other images stood out for you and why?

Projective Exercise Images

1

2

3

4

5

6

7

8

9

10

11

12

APPENDIX D

Copy of Research Call for Participants

A COMMUNITY-BASED COUNSELLING PSYCHOLOGY MASTERS STUDY

RESEARCH PARTICIPANTS NEEDED

MASCULINITY AND DISABILITY

HOW YOUNG MEN WITH DISABILITIES CONSTRUCT MASCULINITY

- Are you a man between the ages of 18-35 years old ?
- Do you have a physical disability that is not comorbid with a sensory (Autism spectrum disorders) or intellectual disability?
- Are you a student at university ?
- Share your experience in a 60 min online Zoom /MS Teams interview.

Contact Michaela Moonsamy (researcher) at michaelamoonsamy920@gmail.com or 1449541@students.wits.ac.za

APPENDIX E

University of the Witwatersrand, Johannesburg

Ethics Application Form for Human Research Ethics Committee (HREC Non-Medical)

(SCHOOL ETHICS COMMITTEES: Revised January 2021)

Instructions

1. This form must be completed by Honours (4th year) and Masters by Coursework and Research Report students who require ethics clearance, or for ethics clearance for coursework activities as part of a taught degree. Note that staff non-degree applications, PhD and research Masters students must complete the online form.
2. Completed applications must be submitted to the relevant School Ethics Committee.
3. Applications may be submitted as hard or soft (electronic) copies, but the first page of the application must contain the signatures of the student and supervisor. Final revised versions must be in soft (electronic) copy as all documentation will be archived.
4. Incomplete or handwritten applications will **NOT** be considered, including where signatures are missing.
5. Necessary supporting documents (e.g. *Participant Information Sheet, Consent Form*, copies of instruments, permission letters, etc), must be provided.

SECTION A

Complete this checklist to show what documents you have submitted and that you agree with the conditions of application.

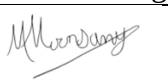
X	Completed ***Ethics Application Form***.
X	Copy of the ***Research proposal.***
X	Copy of proposed ***Research instruments*** (e.g. questionnaires/interview schedules).
X	***Participant Information Sheets*** (for each different sample group and/or instrument used).
X	***Consent forms*** (for each different sample group and/or instrument used).
X	***Relevant permission letters*** if required (from, e.g. company's HR department, National authorities such as Government departments, etc.) - consult the ***Guidance on the Use of Permission Letters*** document.

SIGNATURES (REQUIRED)

Declaration: We, the signatories, declare that all information on this form is correct and that we will strive to maintain the highest ethical standards in this research at all times, according to disciplinary and university expectations, recognising that ethical practice in research is always a continuing process.

I recognise that it is my responsibility to conduct my research in an ethical manner according to Guidelines of the University of the Witwatersrand, according to any laws and/or legal frameworks that may apply, and according to the norms and expectations of my discipline. In preparing this Application for Ethics Clearance form, I have consulted the ***Guidelines for Human Research Ethics Clearance Application/Non-Medical*** (available on this website https://www.wits.ac.za/research/researcher-support/research-ethics/ethics-committees/). In receiving ethics clearance, I agree to abide by the conditions of data collection as outlined in the *Guidelines* document.	X Yes	No

By signing this form, the researcher and supervisor of this project undertake to ensure that any amendments to this project that are required by the Human Research Ethics Committee (Non-Medical) and School Ethics Committees are made before the project commences.

	Date	Name	Signature*
Applicant	31/03/2021	Michaela Moonsamy	
Supervisor	31/03/2021	Prof Malose Langa	

*electronic signatures are permitted but there are requirements governing this – please see *Guidelines for Applicants* document.

SECTION B

1. Summary of risk categories of this research project

1.1 Does this project involve human participants? [X] Yes [ ] No
If NO, an ethics waiver may be appropriate. Please complete the Ethics Waiver application form

1.2 I have read and understood the risk categories table [X] Yes [ ] No
Applicants must have read the table of risk level category definitions on the final page of this document. This table is also available on the University Ethics Committee webpage.

1.3 The applicant must tick the box for the category that best applies to this project:

Risk category	**Tick the appropriate box**
No risk	
Minimal risk	
Low risk	**X**
Medium risk	
High risk	

Medium or high risk applications must be subm
the School Ethics Committee to the University

1.4 Are all of the participants selected as **experts**? [ ] Yes [X] No
See the Guidelines for Applicants *document for the definition of an expert*

1.5 Will human participant research involve **vulnerable categories**? [ ] Yes [X] No

If **YES** state which ones:

N/A

If **YES**, how will **existing vulnerabilities** among research participants be addressed?

N/A

1.6 Does this research expose either the participant(s) or the researcher(s) to any **potential risks or harm** to which they would not otherwise be exposed?	☐ Yes ☒ No
If **YES**, how will **potential risks or harm** be addressed? *See the* Guidelines for Applicants *document for guidance on a distress protocol, if needed*	
NB: Vulnerability is context specific. The term 'vulnerable categories' includes, among others, children under 18, orphans, prisoners, persons with cognitive or communication disorders, people who are traumatised or currently in traumatic situations. Vulnerable categories do not necessarily include poor or marginalised communities, older people, women, people with disabilities (unless it results in diminished capacity to give informed consent). Not all research involving 'vulnerable categories' is Medium or High Risk research: here vulnerability must be considered in terms of the nature of the research and the context in which the research is carried out. Where necessary, include details of steps to be taken to facilitate data collection across language barriers (e.g. interpretation or translation).	

2. Researcher's personal data	
Your family name: Moonsamy	Your first name: Michaela
Title: ☐ Mr ☒ Ms ☐ Other : _____	
School:	School of Human and Community Development
Your student number:	1449541
Your email:	Michaelamoonsamy920@gmail.com / 1449541@students.wits.ac.za
Your tel number:	079 494 2366
Name of supervisor(s):	Prof Malose Langa
Your supervisor's Wits email:	Malose.Langa@wits.ac.za
Your supervisor's Wits tel number:	073 504 9890

2.1 Is this application for a multi-student project (i.e. several students working on exactly the same topic under the same supervisor)? If **YES**: List the names and student numbers of additional students working on this project: N/A	☐ Yes ☒ No

3. Research project	
3.1 Title of research project: Disability and Masculinity: How Young Men Navigate Masculinity	
3.2 Is this research for degree purposes?	☒ Yes ☐ No

If so, for what degree?

☐ Honours ☒ Masters (research report) ☐ Other (specify) _____

3.3 Has the proposal been **approved** by the relevant School or Faculty higher degrees committee or other unit?

☐ Yes ☐ No ☒ Submitted and pending

3.4 Will any **additional researchers** be covered by this ethics protocol (including translators/interpreters, research assistants, etc. but not including supervisors)?

☒ Yes ☐ No

If yes, please specify their names, affiliations and roles:

The names of interpreters are unknown at this point in the project, but should a deaf participant who only speaks sign language want to participate an interpreter will have to be included in the project.

3.5 What are the **aims and objectives** of the research? (Please be specific)

The aim of this research is to explore how young men with disabilities navigate their sense of masculinity. The research aims to explore what masculinity means to these young university going men and how they embody masculinities while living with a physical disability.

3.6 Summary or abstract of the research (100 words maximum)

Give a brief outline of the research plan such that reviewers can understand what the study is about, who the participants are, and how you will collect the data

This study aims to explore how university going male students living with a physical disability construct masculinity. There have been several studies on masculinity but limited studies exploring the intersectionality of masculinity and disability in a global south context. Participants will be between the ages of 18-35, will identify as male and will have a physical disability that is not a sensory or cognitive disability. Data will be collected through online individual interviews over Zoom or MS Teams it will be audio and video recorded and either transcribed manually or using the feature on Zoom. The data collected will be analysed using IPA and results will be written in the form of a narrative.

3.7 Do you have any **financial or material interests or a relationship** associated with your research participants or with the organisations that you will be involved with in your research? (such as a familial relationship; lecturer/student relationship; collegial relationship; employer/employee relationship)

☐ Yes ☒ No

If yes, please explain how you will **manage any existing or potential conflicts of interest and potential coercion** during recruitment and data collection, if applicable:

N/A

4. Formal permission

4.1 Where will the research be carried out? (Please give a specific location and /or the names of specific organisations or institutions)

At the University of Witwatersrand or online via Zoom or MS Teams (in the case of COVID-19 risk increasing)

4.2 Has appropriate **formal permission been obtained**, if required (e.g. employer, government department, land owner, etc.)?

[ ] Yes (attached) [ ] Not required [X] Pending (must be supplied before ethics clearance can be given)

Formal permission will be obtained from the dean of students.

NB: Obtaining permission is often necessary when conducting research *within the premises* of a particular site such as an ethnographic study of the functioning of a supermarket or a school, or the way staff interact with clients in a clinic or how members of a closed social media group interact/post on a specific topic. Permission is also required to use data from personal communication with participants or experts. Please note that any research done on Wits University campuses with employees or students of the University requires formal permission from the Registrar. Please read the detailed guidelines on Permission Letters from the Ethics website https://www.wits.ac.za/research/researcher-support/research-ethics/ethics-committees/

5. How will data on human research participants be collected (instruments, methods, procedures)? (tick all applicable boxes) (**NB:** All applicable instruments must be attached to the application)

	Hard copy questionnaires or diagnostic tests, etc.
	Online instruments (e.g. questionnaires, surveys)
X	Individual interviews (e.g. structured, semi-structured, etc.)
	Personal communication (e.g. email or informal conversation with experts)
	Group interviews (e.g. seminar/discussion groups, focus groups, etc.)
	Ethnographic observation, participant observation, other informal descriptive, and/or interactive methods (you **must explain** the ethnographic methods in the box below)
	Autoethnography
	Community-based methods or techniques such as drama workshops, community theatre, training workshops, participant rural appraisal, rapid rural appraisal, etc. (you **must explain** in the box below)
	Research on/in therapeutic or counselling contexts
	Putting on your own exhibition / public performance
	Observation of public performances, and/or public behaviour observation
	Photography
	Video recording
X	Audio recording (e.g. of interviews)
	Use of data from social media
	Other research methods or techniques (you **must explain** in the box below)

Explanation of **research methods** specified above, and / or explanation of any other **research methods that are not listed** above:

Data will be collected through individual interviews, the interviews will also be audio recorded. If COVID-19 is a concern when meeting in person, the study may utilise online interviews.

6. Who will the research participants be?

6.1 List the **different** participant groups (e.g. experts, community members, key informants) that you will be working with in your project:

The participants are male students of the University of Witwatersrand with a physical disability. The study allows for men with varying degrees of impairment to participate with the condition that the impairment be physical and not sensory or cognitive. Furthermore, participants should not present with a physical disability that is comorbid with a cognitive or sensory disability. Participants with either an acquired disability or congenital disability may participate.

6.2 Description of these participant groups, including **age range** and **sample size**, for **each group**:
Sample size : 8-10 participants
Age range: 18-35

7. How will informed consent be obtained?

7.1 How will **potential participants** be **identified / selected / recruited**?

Potential participants will be recruited through the Wits Disability Rights Unit via email. Participation is voluntary. If not enough students respond to the call of participation a snowball sampling technique will be employed to reach the sample size objective.

7.2 Will any **incentives** be offered to participants? ☐ Yes ☒ No
(**NB**: it is NOT compulsory to offer any incentives. Please note for any curricula incentives, permission is required from the Registrar's office and DVC. Fiscal incentives are limited to R150 – see *Guidelines* document)

If **YES**, please explain:

7.3 How will informed consent be obtained?

☒ Formal (Signed form) ☐ Informal (e.g. verbal) ☐ Other (e.g. online survey)

If you cannot obtain **formal written consent**, explain why:

N/A

NB: Attach *Participant Information Sheets* and *Consent Forms* for each sample group (please label these carefully), and/or other related materials. It is essential that participants in research be fully informed (irrespective of the method used) and then be able to agree on this basis to participate in the research.

8. Protecting participant identities

8.1 Can **confidentiality** of participants' responses be guaranteed throughout the **data collection** process?	☒ Yes ☐ No
8.2 Can **anonymity** be guaranteed throughout the **data collection** process?	☐ Yes ☒ No
8.3 Can **anonymity** be guaranteed in **resulting research reports** or publications?	☒ Yes ☐ No

8.4 Explain how you will manage issues of **anonymity and confidentiality** in your project (What will participants be told in this regard?):

Data will be kept on a password protected laptop, Pseudonyms (participant A)will be used, no identifying information will be used in the writing of the research report. Participants are notified of this in the Participant information sheet and Interview consent form.

Definitions: ***Confidentiality***: that any information considered confidential by the participant or researcher will not be disclosed to others. ***Anonymity throughout the data collection process:*** that you as the researcher will not be able to identify the participant. ***Anonymity in the resulting reports***: that the participant's name/identifying data will not be disclosed and that anyone reading your results will not be able to identify the participant. **NB**: While confidentiality may be desirable, it cannot be guaranteed in, for example, focus groups, or ethnographic observations. Similarly, anonymity should be preserved in questionnaires, but cannot be offered in workshop methodologies, focus group research, etc. Participants should have the right to remain anonymous in the final report and this must be respected in handling of all data relating to them. Participants need to be informed about these issues through the *Participant Information Sheet*.

9. Protection of data during and after the research

9.1 How will the data be protected while the research is **in progress**? (This includes how the identities of participants will be protected).

Data will be stored on a password protected laptop, meetings will take place in a well ventilated but private seminar room on wits campus/ or done through a password protected virtual meeting room on Zoom.

9.2 What is to be done with the research data **after completion** of the project? Please note that usage of data should be consistent with what is indicated to participants in the *Participant Information Sheet* and *Consent Form*.

	Stored in archives (specify below)		Stored in online database (specify below)
X	Stored in password protected computer		Stored in digital form with all identifying features removed
X	Stored for future secondary analysis		Destroyed after … years (insert numbers of years, if applicable)

Please specify which **archives or online databases** will be used (if applicable):

NB: 'Raw' or unprocessed data, especially **where the identity or personal data of research participants is included, must be safeguarded** and preserved from unauthorised access. Data may be destroyed after use, but **preservation in an archive or personal collection** may also be appropriate, desirable or even essential. For instance, datasets that contain **historically important information** or information that relates to **national heritage** must be preserved and should be placed in a public archive where possible and appropriate. An **online database** could include secure databases such as REDCAP, or open access databases (see loadb.org for examples). All data should be preserved in a way that **respects the nature of the original participants' consent**. If you are unsure about the procedure of data management and storage, please contact the Data Services Librarian.

10. Summary CV of applicant ALL boxes in the following table must be completed by the applicant. Do not attach a formal CV to your application.	
10.1 List your academic qualifications. Include dates or current registration status	BA Psychology and Anthropology 2018 BA Hons Psychology 2019 MA Community-based Counselling Psychology 2021
10.2 Describe any ethics <u>content</u> training* you have received in the previous 3 years (e.g. ethics short courses; online courses; ethics CPD courses; ethical input as part of a research methods course)	RDA II and RDA honours level, Ethics SPP workshop (masters level)
10.3 List of instruments or methods used in this project, as listed in Section 5 of the application form (Tick the appropriate boxes and describe these specific instruments if necessary)	[ ] Hard copy questionnaires or diagnostic tests, etc. [X] Online instruments (e.g. questionnaires, surveys) [X] Individual interviews (e.g. structured, semi-structured, etc.) [ ] Personal communication (e.g. email or informal conversation with experts) [ ] Group interviews (e.g. seminar/discussion groups, focus groups, etc.) [ ] Ethnographic observation, participant observation, other informal descriptive, and/or interactive methods (you **must explain** the ethnographic methods in the box below) [ ] Autoethnography [ ] Community-based methods or techniques such as drama workshops, community theatre, training workshops, participant rural appraisal, rapid rural appraisal, etc. (you **must explain** in the box below) [ ] Research on/in therapeutic or counselling contexts [ ] Putting on your own exhibition / public performance [ ] Observation of public performances, and/or public behaviour observation [ ] Photography [ ] Video [X] Audio recording (e.g. of interviews) [ ] Use of data from social media [ ] Other research methods or techniques (you **must explain** in the box below)
	Explanation of **research methods** specified above, and / or explanation of any other **research methods that are not listed** above: - Online surveys will be used if a meeting is not possible due to COVID-19 it will consist of a number of questions pertaining to the experience of masculinity - Individual interviews will be semi structured

10.4 Describe your previous **experience** in deploying the instruments or methods of research which you are applying here (refer to Section 5 and table in Section 10.3)	1 Year experience as a research assistant for Andrew Kim (wits Fellow). 1 Year experience as a volunteer counsellor at SADAG. I am currently a training Psychologist and have the professional help of my supervisor.

*Ethics training is strongly recommended, especially for postgraduate students. Please consult the *Guidelines for Applicants* document for details of training options.

Ethics Approval

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE:	**PROTOCOL NUMBER: MACC/21/08**
PROJECT TITLE:	Disability and Masculinity: How Young Men Navigate Masculinity.
INVESTIGATOR	Moonsamy Michaela (1449541)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	19 July 2021
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Low Risk
EXPIRY DATE	31 December 2023

ISSUE DATE OF CERTIFICATE 30 July 2021 **CHAIRPERSON** ___
(Dr Vinitha Jithoo)

Cc: Prof. Malose Langa (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

Signature _____ **Date** 30 / 07 / 2021

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX F

Letter of permission to conduct study at University of the Witwatersrand

University of the Witwatersrand,
School of Human and Community Development, Department of Psychology
011 717 4503

Mr. Jerome September
University of the Witwatersrand
1 Jan Smuts Ave, Braamfontein
Johannesburg, 2000

3/07/2021

Dear Mr. September

Re: Permission to conduct research at the University of the Witwatersrand

My name is Michaela Moonsamy.

I am studying for a MA in Community based Counselling Psychology in the School of Human and Community Development at the University of the Witwatersrand. I am seeking permission to do research at the university of the Witwatersrand.

I am conducting research on how young disabled men in South Africa construct and navigate, if at all, their masculinity. The research aims to explore the lived experience of university going males living with physical disabilities such as blindness/eyesight impairments, hearing impairments or mobility impairments like paraplegia whether they be congenital or acquired. The intersectionality of masculinity and disability has been understudied particularly in the global south context. The topic of masculinity and disability is particularly interesting to those involved in gender and disability studies as well as other social sciences in general as it examines the intersection of disability and masculinity and its social implications. The university of Witwatersrand is a suitable organization from which to source young university going disabled men hence the request to source participants from the university.

I will invite individuals from the university of the Witwatersrand to participate in this study. The research will entail collecting data from male students between the ages of 18-35 who have a physical disability that is not comorbid with a sensory disability. If they agree, they will be asked to participate in an online interview that may be in person but due to the COVID-19 restrictions will be over Zoom or MS Teams. The interview will take approximately an hour.

These interviews will take place at a time that is suitable for both the researcher and the participant. The participants response will be audio and video recorded.

Participants will be asked to give their written or verbal consent before the research begins. Their responses will be treated confidentially, and identities (their names and the name of the organisation) will be anonymous unless otherwise expressly indicated. Individual privacy will be maintained in all published and written data resulting from the study.

The results will be communicated in the form of a master's dissertation in partial fulfilment of my MA Community-based Counselling Psychology degree.

The research participants will not be advantaged or disadvantaged in any way. They will be reassured that they can withdraw their permission at any time during this project without any penalty. There are no foreseeable risks in participating in this study. The participants will not be paid for this study.

All research data will be stored in a password protected laptop and kept anonymously for possible reuse in the future by the researcher or by other researchers

I therefore request permission in writing to conduct my research at your organisation. The permission letter should be on your organisation's headed paper, signed and dated, and specifically referring to myself by name and the title of my study.

Please let me know if you require any further information. I look forward to your response as soon as is convenient.

Yours sincerely,

Michaela Moonsamy

Michaela Moonsamy
079 494 2366
1449541@students.wits.ac.za

Prof Malose Langa
Malose.langa@wits.ac.za

FORM A - Request to conduct Research at the University of the Witwatersrand, Johannesburg

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This form must be completed by registered Honours/Master by Research/ PhD students and staff at Wits wishing to conduct research by using Wits student/staff data. Please email form to Ashleigh.Davids1@wits.ac.za

First Name	**Surname:**
Michaela	**Moonsamy**

Staff/Student number:

1449541

Degree currently registered for:	**School:**
MA Community-based Counselling Psychology	**Human and community development**

Research title: Disability and Masculinity: How Young Disabled Men Navigate Masculinity in South Africa

Has ethics clearance been obtained from the University Ethics Committee/School Ethics Committee?

YES	**NO**

(If yes please include a copy of the ethics clearance and protocol number below)

Protocol number:

If ethics clearance has not been obtained please note that you will not be able to conduct your research until the required permission has been granted.

Has your Head of Department/Supervisor granted permission for the research to be conducted?

YES	**NO**

(If yes please include a copy of the letter of approval)

What is the expected duration of your research?

July – December

Who will research be conducted on? (please tick the appropriate box):

Students	**x**

If the research will be conducted on student data please specify year of study /Faculty or degree data will be required for:

First Year Students	**X**
Second Year Students	**X**
Third Year Students	**X**

Final Year Students	**X**
Postgraduate Students	**X**
Faculty	**Any faculty (Students who have a disability)**
Degree	**Any Degree (students who have a disability)**

How will the research be conducted?

E-Mail	
Interviews(please attach a copy of the interview questions)	**The research will be conducted through online semi-structured interviews over MS teams or Zoom. Interview schedule is attached.**
Other data collection (please specify lists or statistics)	
Focus Groups	

Student signature: …… **Date……3/07/2021…**

Letter of Acceptance to Conduct Study at the University of the Witwatersrand

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

OFFICE OF THE DEPUTY REGISTRAR

03 August 2021

Michaela
Moonsamy
Student
number
(1449541)
MA Community-based
Counselling Psychology
School of Human and Community
Development

TO WHOM IT MAY CONCERN

"Disability and Masculinity: How Young Disabled Men Navigate Masculinity inSouth Africa"

This letter serves to confirm that the above project has received permission to be conducted on university premises, and/or involving staff and/or students of the University as research participants. In undertaking this research, you agree to abide by all University regulations for conducting research on campus and to respect participants' rights to withdraw from participation at any time.

If you are conducting research on certain student cohorts, year groups or courses withinspecific Schools and within the teaching term, permission must be sought from Heads ofSchool or individual academics.

Ethical clearance has been obtained. Protocol number: (**MACC/21/08)**

Research expiration: (31 December 2023)

Nicoleen Potgieter
University Deputy Registrar