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DISABILITY, MASCULINITIES AND TEACHING: AN AUTOETHNOGRAPHY

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by

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Abstract

This autoethnography focuses on issues of masculinity, disability and education. Drawing on the work of Connell (2005) who offers an important theorization of masculinities and on the work of Shakespeare (1999) who elaborates a critical sociological perspective on disability studies the study challenges some of the common-sense assumptions about male teachers. Namely, men are needed to solve the problem of failing and disaffected boys. The author draws upon his own narratives as a teacher and as a disabled man living with a spinal cord injury to interrogate such assumptions, and to illustrate a more complex and nuanced lived experience. He interweaves personal narratives with theoretical perspectives to elaborate on themes of voice, invisibility, embodiment, masculinities and hegemony. An analysis of the themes produces several implications for the author and reader.

Keywords: disability, masculinities, autoethnography

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Chapter 1: Introduction

This thesis focuses on issues of masculinity, disability and schooling. I draw on my own experiences and adopt a narrative inquiry methodology using autoethnography as a basis for producing and enhancing insights into taken-for-granted assumptions underlying dominant discourses about male teachers in elementary and secondary schools. I draw specifically on the work of Connell (2005) who offers an important theorization of masculinities and on the work of Shakespeare (1999) who elaborates a critical sociological perspective on disability studies to address the following questions: How can my own personal stories and reflections be used to provide further insight into the experience of masculinities, disability and schooling? How does my story compare to dominant cultural and institutional narratives regarding masculinity, disability and teaching? Namely, how does my experience as a disabled man support/challenge common sense understandings of what it means to be man? What are the pedagogical and policy implications of including the disabled male perspective?

Objective and Relevance

The objective of this inquiry is to explore what it means to be a male with a disability within the public education system. The study focuses on my own experiences as a male teacher who, just as his career was taking off, sustained a spinal cord injury. The autoethnography will hopefully shed light on the intersections, complexities and contradictions pertaining to masculinities, disability and education.

This topic is relevant because of recent interest in male teachers and the influential role they play in the lives of their students, in particular boys. In some literature, boys are being described as the ‘new disadvantaged’ (Martino & Berrill, 2003; Gill, 2005). Davison (2007) has identified a ‘panic’ surrounding boys’ underachievement. In his study, he identified three ‘common-sense’ contributing factors: the feminization of schooling, girl-centered curriculum, and the lack of male role models (p. 168). Of these three, he states: "One of the most popular explanations for boys' academic underachievement is the claim that boys lack male role models” (p.172). Yet this claim goes largely uninterrogated.

Davison (2007) acknowledges that there may be a need for more positive role models for boys, but the assumption cannot be made without proper gender analysis (p. 172). Despite lack of proper analysis, the ‘common-sense’ (essentialist) solution is to "masculinize the classroom with more boy friendly books, and with more authoritative, and masculine male bodies” (p.172). Martino and Berrill (2007) indicate that "assumptions about masculinity and the kinds of male role models considered suitable ... have not been made explicit, and, have proven to be quite troubling” (p. 33). Such an uncritical stance thus reinforces "hegemonic heterosexual masculine privilege" (Davison, 2007, p. 172). That is the able-bodied, heterosexual male. By focusing on my own experience, this study attempts to address some of these ‘common-sense’ assumptions about male teachers and their ‘natural’ ability to reach and teach boys.

For any person with a disability masculinity or femininity is not assumed. Disability, in some cases, has been described as the ‘third gender’ (Shakespeare, 1999). Males with SCIs may offer an interesting perspective on re-constructing gender based identities. Eighty per cent of SCIs are acquired by males (SCI-Info-Pages, n.d.) often while engaging in risk-taking pursuits which may be considered typically ‘masculine’. In my case, it was a mountain-biking accident. It can be a particular crisis for the able-bodied man when he loses physical prowess, because so much of his identity is constructed on the basis of strength and invulnerability (Shakespeare, 1999, p. 63). After I had my injury, like most individuals who have sustained SCIs, I struggled adjusting to my new life. Some of us perceive ourselves as less masculine, while others are able to find spaces to engage in ‘hypermasculine’ activities to transform the stigma associated with their condition (Lindemann & Cherney, 2008).

A male teacher with an SCI complicates understandings of disability, capability and masculinity in the public education system. I feel it is important, therefore, to investigate these themes through my own interpretive lens as a disabled male. I hope that by sharing my experiences as they pertain to the literature I can make a case for understanding diversity within the public school system. In addition to adding complexity to current discourse surrounding masculinities and education, I also hope to direct attention to tensions between current common-sense understandings and my own lived experience.

Conceptual Framework

Emerging theories about gender and disability provide the framework of my research. Gender and Disability Studies, like other identity based interdisciplinary studies tend to assume a constructionist worldview, that is to say meaning is constructed through human experience and interpreted through language. Patton explains: "The world of human perception is not real in the absolute sense, as the sun is real, but is 'made up' and shaped by social and linguistic constructs" (p. 96). Hence, the important distinctions between sex and gender, and impairment and disability—in each case, the former represent the 'material' aspects of the phenomenon, and the latter, the social/linguistic experiences (Tremain, 2002). For example, I am physically impaired, but I am only 'disabled' when prevailing attitudes prevent me from full participation in society.

In the field of Gender Studies the term 'gender' is used to describe how masculinity and femininity is socially constructed (Garrett, 1991, p. vii). Drawing from this perspective, Connell (2005) theorizes that there are multiple masculinities, recognizing interplay between experiences of gender, race, and class. Similarly, disability theories are mostly based on a social model which recognizes that disability is constructed by social forces and cannot be determined or explained by biological factors or influences. Shakespeare (1999) explains:

> Disability studies is a new approach to understanding disability, arising out of the social movement of disabled people. It explores disability as a form of social oppression, defining disabled people in terms of discrimination and

> prejudice, not in terms of medical tragedy: people with impairment are disabled by society, not by their bodies. There is a parallel with feminism, which originated as the intellectual and academic dimension of the women's movement, and was based on a distinction between biological sex and sociocultural gender. Thus the disability movement distinguishes impairment (medical condition) from disability (social relation). Disability studies replace the negative, clinical and individualist literature on people with impairment with a problematisation of the process of disablement itself. (p. 54)

It is argued within Disability Studies (DS) that the traditional biomedical model views disability as a result of a condition that reduces quality of life for the individual (Barton, 2001, p. 555). This outlook establishes abled/disabled binaries resulting in a pervasive deficit view of disability which marginalizes individuals with disabilities (Baglieri and Knopf, 2004, p. 525). A social model of disability focuses on "the need to adapt social discourses and material environments to ensure equal participation for citizens of diverse abilities" (Palmeri, 2006, p. 50).

Persons with disabilities often find themselves marginalized from and by mainstream society. Several scholars (Brueggemann, Feldmeier-White, Dunn, Heifferon, & Cheu, 2001; Barton, 2001) have identified as key themes within critical DS – namely, identity, voice, visibility and inclusion. Basically, in order to seek full inclusion in society, a disabled person must first identify with his/her disability. From that position, a voice can be raised (figuratively and literally) and, through various performances, the individual can become visible in a society that does not always see what is on the periphery. Inclusion can be tricky, however, since it goes beyond tolerance, accessibility and accommodation. Inclusion means valuing diversity. For Brueggemann et al. (2001), disability becomes a position of insight not a liability.

Disability sometimes intersects with gender. Shakespeare (1999) states: “Too often disabled people are taken as being asexual, or a third gender: this is familiar from the typical row of toilets ('ladies'; 'gentlemen'; 'disabled people')” (p. 55). He makes a direct connection with the way in which traditional notions of masculinity marginalize disabled male experience. He further explains that “masculine ideology rests on a negation of vulnerability, weakness, and ultimately even of the body itself” (p. 59). However, disabled men are frequently at odds with this paradigm of masculinity. “If true, then hegemonic masculinity undermines disabled men’s subjectivity and plays a role in maintaining and generating prejudice against disabled people” (p. 59).

Shakespeare (1996) adopts a Foucauldian approach which suggests “we are made into subjects from above, through surveillance and control operating through the state, through schools and other agencies, and we make ourselves into subjects from below, where he mainly talks about the processes of confession and communication, people ‘speaking the truth about themselves’” (p. 94). He adds: “New stories are being told, and we are creating ourselves for ourselves, rather than relying on the traditional narratives of biomedical intervention or rehabilitation, of misery, decline and death” (p. 95). Rather than relying on the dominant, able culture to write our stories for us, therefore, we should begin to write our own stories.

In addition to Shakespeare, I also draw on the analytic perspective of *multiple masculinities* as elaborated by Connell in her book Masculinities (2005). According to Connell, masculinity "is simultaneously a place in gender relations, the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture" (p.71). She uses the plural form of masculinity and explains it thus: "With growing recognition of the interplay between gender, race and class it has become common to recognize multiple masculinities: black as well as white, working-class as well as middle-class. This is welcome, but it risks another kind of oversimplification. It is easy in this framework to think that there is a black masculinity or a working-class masculinity" (p. 76). It is also possible within this understanding to include disabled masculine experiences. Connell uses the term *hegemonic masculinity* to describe "the configuration of gender practice which embodies the *currently accepted* [emphasis added] answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women" (p. 77). By examining my experiences I hope to shed light on the intersection of disability and hegemonic masculinity – to show complex and contradictory forces at play.

Connell (2005) notes some considerations when discussing hegemonic masculinity:

1. Not always the most powerful people bear most visible hegemonic masculinity;

2. Hegemony will be established only if there is some correspondence with institutional power, or cultural ideal;

3. Successful claim to authority, rather than direct violence a mark of hegemony (though violence often underpins or supports authority); and

4. Hegemony is historically mobile, that is at any time currently accepted hegemony may be challenged (p. 77).

Connell (2005) also indicates a hierarchy within groups of masculinities stating: "Hegemony relates to cultural dominance in the society as a whole," and "within that overall framework there are specific gender relations of dominance and subordination between groups of men" (p. 78). She suggests that homosexual masculinities are placed on the bottom of a gender hierarchy since "gayness is easily assimilated to femininity" (p. 78). The pattern of dominance and subordination between groups of masculinities results in *marginalization* of certain groups. This marginalization is relative to the *authorization* of the dominant group (pp. 80-1). However, even though not many men meet the normative standards of hegemonic masculinity, Connell contends most men are *complicit* since they benefit from it because of the overall advantage it gives them over women (p. 79).

Connell (2005) briefly discusses disabled masculinity: "The constitution of masculinity through bodily performance means that gender is vulnerable when the performance cannot be sustained – for instance, as a result of physical disability" (p. 54). Persons with SCI often have difficulty performing sexually, as well as physically in various situations, including sport. Within Connell's framework, a male with an SCI may be subordinated and/or marginalized since masculinity is not assumed for these individuals. On the other hand, he may be complicit with the hegemony if he is in some way able to benefit from the advantage it provides him. I intend to reflect critically on personal experiences to seek evidence of hegemonic forces at school, and society in general, and to understand how I have benefited from, and/or been marginalized by hegemonic forces.

Swain (2005) situates Connell's framework within the public school system stating: "Schools are invariably hierarchical and create and sustain relations of domination and subordination; each borders certain practices in terms of power and prestige as it defines its own distinct gender regime" (p. 215). However, he contends that there are different opportunities and options for boys to perform different types of masculinities in school (p. 215). The school provides the setting, and physical space for the actions and agencies of pupils and adults to take place, "its own structures and practices are involved as institutional agents that produce these 'masculinizing practices'" (p. 217). However, Swain also contends that many educational practices improve gender equity (p. 217). Accordingly, a school may provide the space for a male teacher with an SCI to construct identities based on knowledge and teaching expertise, rather than physical prowess. An expert teacher with a disability, interacting with students on a daily basis may without knowing it be changing attitudes of what it means 'to be a man'. Rather than marginalization, within Connell's framework, persons with SCI working within the school system may challenge the gender regime.

I intend to reflect on ways I may be able to use my newfound perspective and position as a disabled male to influence change in the classroom.

In summary, I use my own personal narratives about disability, masculinity and teaching to construct an argument for diversity and inclusivity in the classroom. I challenge 'common-sense' and 'ableist' assumptions about male teachers as role-models. I also call upon critical researchers in education to seriously consider disability as another 'layer', in addition to class, race, and gender.

In the next chapter I provide a review of the pertinent literature, and discuss gaps in research. In chapter 3 I explain the methodology of this thesis, namely autoethnography, describe the analytical framework and identify several sensitizing concepts. Chapters 4 through 6 form the body of my autoethnography in which I focus on disability, masculinities and education. From my own perspective, I draw on the literature discussed in chapter 2 to draw out themes. Each chapter is introduced by a personal anecdote, or vignette in italics, which serves as a springboard for discussion. Implications of what I have learned are discussed in the final chapter.

Chapter 2: Literature review

In this section I provide a review of the empirical literature in the field that deals explicitly with studies of masculinity and disability. I have used the findings from these studies to provide the framework for my self study and to help develop sensitizing concepts and typologies for my analyses. In addition, I highlight some of the gaps and discuss my contribution to the field.

Masculinities and Disability

Men with disabilities find themselves having to work to assert their masculinities. Masculinity is not assumed, as it is for the able-bodied individual (Connell, 2005; Shakespeare, 1999). Gerschick and Miller (1995) conducted a study of 10 men dealing with hegemonic masculinity and social preconceptions of disability. They found that three dominant strategies were employed by these men: 1. Reliance – to internalize traditional meanings of masculinity and to attempt to continue to meet these expectations; 2. Reformulation – to redefine masculinity on their own terms and 3. Rejection – to create alternative masculine identities and subcultures. The first group had the most difficulty, often experiencing feelings of frustration, anger and depression; the second group encountered greater success; while the third group went further in letting go of traditional gender identity.

Shakespeare, Gillespie-Sells and Davies' (1996) study discovered that persons with disabilities challenged stereotypes of both masculinity and disability, and found that individual disabled men receive and embody contradictory and confusing messages. For example, disabled men can be victims or oppressors; face social exclusion, poverty, violence and abuse (Shakespeare, 1999, p. 63). In addition, much 'traditionally' masculine behaviour may actually contribute to acquiring impairment. Shakespeare observes: "Fast cars, violence and war, excessive consumption, recklessness and risk, sport, and work, all contribute towards injury and illness" (p. 63). In the USA, statistics indicate that the vast majority of persons with SCI are male (82 %) and young (56% of injuries occur between the ages of 16 and 30). Spinal cord injuries are most commonly caused by vehicular accidents (37 %), violence (28 %), or falls (21 %) (SCI-Info-Pages, n.d.).

Shuttleworth (2004) conducted an ethnographic study in which he discovered that disabled men who are most successful in love "assume a flexible gender identity and expand their masculine repertoire of orientated-ideals and embodied, interpersonal practices beyond those associated with hegemonic masculinity" (p. 166). He was primarily interested in how "the comportment of the body and sundry corporeal habits and interpersonal practices are seen as expressing gender" in everyday interaction (p. 167). He suggests that there is a need "for more critical examination of the implications for physically disabled men of not being able to effectively assume some of the dispositions in body and in practice" (p. 167).

One of the most noticeable concerns of the fourteen men whom Shuttleworth (2004) studied was "how to adequately embody and negotiate masculinity" (p. 169). He found the inability to use their bodies “in conventional ways may have given some men the impetus to go beyond hegemonic masculinity and focus on alternatives” (p. 172). Many of the men in his study expanded their ‘masculine repertoire’ in contextually sensitive, pragmatic applications of typical masculine orientations and incorporated “alternative ideals and dispositions in one's interpersonal, embodied practices” (p. 177). His observations indicate a more subtle, nuanced adaptation of heterosexual masculine ideals, rather than simply ‘relying’, ‘reformulating’, or ‘rejecting’ hegemonic masculine practices.

There are several studies that highlight traditional/hegemonic masculine attitudes among persons with SCIs and within rehabilitative practices. Hutchinson and Kleiber (2000), for example, examine the use of “heroic masculinity” in rehabilitative therapy, and the portrayal of men’s recovery from SCI in disability oriented magazines. Heroic masculinity is a term that refers to the traditional masculine approach to dealing with threat, injury or impairment in times of crisis – typically through aggressive action, or stoic perseverance (p. 43). They argue that the hero metaphor can be both an asset and a constraint in the recovery process. A man with an SCI can maintain a sense of masculine continuity by remaining “tough, strong and unemotional in the face of dramatic physical changes” (p. 44). On the other hand, the hero model may distance the majority of disabled men who are unable to live up its expectations from personal and social integration (p. 44).

Lindemann and Cherney's (2008) ethnography illustrates how wheelchair rugby, as well as other 'elite' wheelchair sports are communicative acts "challenging ableist views of disability, and that the behavior of wheelchair rugby players transforms the stigma associated with their condition via enactments of hypermasculinity" (p. 107). While simultaneously contesting stereotypes of disabled people as being weak or frail, they reify heterosexist and ableist notions of what it means to be a man (p. 110).

These studies indicate the complex interplay between disability and masculinities. Some men construct flexible, alternative masculinities while others rely on hegemonic or 'heroic' masculinities. My inquiry investigates to what extent I have relied on, or reformulated masculinity after my accident. Furthmore, I examine the intersections of masculinity and disability as I reflect critically on my own experiences.

Masculinities and Education

For Francis and Skelton (2001), Western masculinity and femininity are dichotomous, and constructed in opposition to one another (p. 11). In Western society, masculinity is defined by attributes such as rationality, strength, aggression, competition, which are in opposition to feminine attributes such as emotion, frailty, care and cooperation (p. 11). In addition to the power advantage to being male, and the social pressure to achieve an acceptable construction of masculinity, they argue that male teachers also feel the incentive to construct themselves as masculine because of the gendered nature of the profession and discipline of students (p. 12). The results of Francis and Skelton's study reveal how men and boys in schools rely on homophobic and misogynistic discourses to construct masculinity. However, the study fails to include a disabled male perspective. My research aims to bridge this gap by exploring my own experiences, both as teacher in the Ontario public separate school system and as a disabled man.

Benjamin (2001) undertook a feminist classroom project on masculinities with seven boys (six of whom had physical disabilities) who were positioned as 'failing/failed boys' by the then-current educational policy. Her study revealed that "current official, institutional and media preoccupations with quantifiable academic attainments had served to reinscribe them within a world of hetero/sexist 'laddishness' in which their only hope of success was to prove themselves as macho stars of the football pitch" (p. 39).

Martino and Pallotta-Chiarolli (2003) identify "an absence of educational research on the multiple intersections of disability and gender in schools" (p. 160). They analyse the intersection of physical disability and masculinity for boys and young men within the context of public education. Five aspects arose from their research:

1. *Being labelled disabled:* how the use of the label 'disability' evokes differing responses and self-ascriptions in relation to the fashioning and policing of one's masculinity.
2. *The borderland existences of boys with disabilities:* how physical disability interweaves with masculinity, ethnicity and sexuality as boys negotiate their multiple positions on the borders.

3. *The disability/heterosexuality interface:* how boys with physical disabilities use various strategies of compensation and negotiation to achieve a measure of normalization by the performance or fashioning of heteronormative masculinity.
4. *Being harassed and harassing:* how boys with physical disabilities are positioned and position themselves within the social hierarchy of 'normal' and 'abnormal' masculinities.
5. *School as the site of the stigmatization of disabilities:* how schools are often complicit in perpetuating harassment and ignorance, and yet recognized by many boys as potential sites for the demystification of physical disabilities (pp. 160-1).

The research of Benjamin (2001) and Martino and Pallotta-Chiarolli (2003) pertain to the experiences of boys with disabilities. In my critical reflections, I attempt to determine to what extent these experiences are shared, and what effect my embodied experience has on challenging what it means ‘to be a man.’

Gaps in Research

To my knowledge, there are few, if any, studies that combine masculinities, disability and teaching. Hopefully, this study bridges some of those gaps. Pertaining to research in Disability Studies, in particular Shakespeare (1999), and Gerschick and Miller (1995), this study hopefully complements and/or challenges existing understandings and assumptions about teaching, disability and masculinities. Only a handful of dissertations have dealt with the issue of disabled teachers within the context of public elementary and secondary school systems. For example, Mangus-Pristas' (1983) dissertation findings suggested that physically disabled teachers may promote sustained learning as well as foster positive student attitudes. It was recommended that more disabled teachers, especially arm or leg amputees, be hired within the educational system. Beattie's (1995) quantitative study determined that most students surveyed held positive attitudes towards teachers with disabilities. The results of these studies reflect an over-simplistic view of disability: that somehow students foster positive attitudes simply because they are exposed to a teacher with a disability. Furthermore, the studies focus on the students' point of view, rather than the experiences of the teacher.

It may be too simplistic to assume that a disabled teacher is necessarily good for disabled student learning and morale, as much as it is too simplistic to assume a boy will benefit from having male teachers. By using my own personal experiences I hope to reveal the complex nature of disability and masculinity. In doing so, my story will perhaps serve as counterpoint to uncritical, essentialist ideas about masculinity and the need for more male teachers in our school system.

Chapter 3: Methodology

In this section, I provide justifications for choosing autoethnography and explain how it is suited to answering the questions set out in the introduction. I describe characteristics of autoethnography, as well as how I intend to compose my own autoethnography. In addition, I also propose criteria for evaluating my study. An analytical framework is provided and key sensitizing concepts are discussed. Finally, I address some practical and ethical considerations.

Overall Narrative Methodological Framework

My study is framed by the theory that disability and gender are socially constructed; it emerges from an interpretive paradigm where “efforts are made to get inside the person and to understand from within” (Cohen, Manion & Morrison, 2007, p. 21). As a research method, narrative inquiry is a good fit since it is concerned with how humans construct meaning through the stories they tell. Polkinghorne (1988) explains: "Human existence is composed of various orders of reality: material reality, organic reality, and the reality that we call meaning” (p. 157) and that “the basic figuration process that produces the human experience of one's own life and action and the lives and actions of others is the narrative” (p. 159). Narrative research focuses on lived experiences, and the meanings or significance that people attribute to certain events, objects, words/phrases, artifacts, etc. “Stories function as arguments in which we learn something essentially human by understanding an actual life or community as lived. The narrative inquirer undertakes this mediation from beginning to end and embodies these dimensions as best as he or she can in the written narrative" (Clandinin & Connelly, 1990, p. 8). Polkinghorne (1988) states: "Through the action of emplotment, the narrative form constitutes human reality into wholes, manifests human values, and bestows meaning on life" (p. 159). In this sense, my stories seek meaning from my own lived experience as a disabled man.

Narrative research tends to be hermeneutical, or interpretive; however it can be emancipatory. Polkinghorne (1988) explains: "A person's story reveals how that person punctuates or organizes his or her world... provides a clue for discovering the basic premises that underlie the person's actions and cognitions" (p. 182) which can allow client to rewrite narrative. He further states that "the reflective awareness...can release people from the control of past interpretations they have attached to events and open up the possibility of renewal and freedom for change" (p. 182-3). I hope, through the process of reflection, to gain a new understanding of my position, and possibly rewrite an alternative storyline for myself, and others finding themselves in similar situations. As Rosenwald and Ochberg (1992) state:

> The stories people tell about themselves are interesting not only for the event and characters they describe, but also for something in the construction of stories themselves. How individuals recount their histories—what they emphasize and omit, their stance as protagonists or victims, the relationship the story establishes between teller and audience – all shape what individuals can claim of their own lives. (p. 1)

In addition to the storyteller, the researcher is heavily immersed in the process.

> Audiences need to hear not only the narrator's story, but also the researcher's explication of how the narrator's story is constrained by, and strains against, the mediating aspects of culture (and of institutions, and sometimes the social sciences themselves). (Chase, 2005, p. 668)

This study relates to established traditions of inquiry insofar as it is "an argued essay that conforms to the rules of a scholarly presentation" involving detection, selection and interpretation of data (Polkinghorne, 1988, p. 169).

In qualitative research, a small sample of even one individual studied in-depth can provide a richness of data. Creswell (2007) states: "One decides to write a biography or life history when the literature suggests that a single individual needs to be studied, or when an individual can illuminate a specific issue" (p. 93). Furthermore, Pope, Ziebland and Mays (2000) state: "Qualitative studies are not designed to be representative in terms of statistical generalisability, and they may gain little from an expanded sample size except a more cumbersome dataset" (p. 115). Literature calls for individual stories both in Disability Studies (Couser, 2002), and in Education (Carter, 1993).

Autoethnography: Justifications and Characteristics

In my study, I am both researcher and participant. I struggled for some time since I use my own experiences as sources of data and provide analyses of my own stories. However, since the triple crisis of representation, legitimation and praxis research featuring the writer's personal stories have emerged in qualitative research. Ellis (2004) describes an impressionist/interpretive shift in qualitative research in which researchers blend the "practices and emphases of social science with the aesthetic sensibility and expressive forms of art" (p. 30). Autobiography (Couser, 2002), creative non-fiction (Patton, 2002), and writing stories (Richardson, 2000) are just a few genres to gain acceptance. More and more, "autoethnography has become the term of choice for proponents and critics of the genre" to describe any form that includes personal narrative (Ellis, 2004, p. 40). Patton (2002), Ellis (2004), Richardson (2000) and Holman Jones (2000) recognize autoethnography as any form of research that features personal narrative in the context of a culture or subculture. Patton (2002) explains it thus: "Autoethnography is an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural" (p. 85) and identifies as its foundational question: "How does my own experience of this culture connect with and offer insights about this culture, situation, event, and/or way of life?" (p. 84). This genre of research seems, then, a good fit with what I intend to do, which is to examine my experiences as a teacher, and a disabled man in the context of multiple, layered 'cultures'.

Patton (2002) identifies several characteristics of autoethnographies:

1. Autoethnographers continually shift focus outward, "capturing social and cultural aspects of their personal experience", and inward "exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations";
2. Distinctions between the personal and cultural become blurred as the autoethnographer zooms backward and forward, inward and outward;
3. Autoethnographies are usually written in the first person;
4. Autoethnographic texts appear in a variety of forms – short stories, poetry, fiction, novels, photographic essays, scientific prose etc.;
5. Texts feature concrete action, dialogue, emotion, embodiment, spirituality, self consciousness; and
6. Autoethnographies appear as relational and institutional stories affected by history, social structure, and culture revealed through action, feeling, thought, and language (pp. 85-6).

Similarly, Ellis (2004) identifies several key features of interpretive, narrative autoethnographies:

1. They are usually written in first person, and the author becomes the object of research;
2. Narrative text usually focuses on generalization within a single case extended over time;
3. The text is presented as a story with narrator, characterization, and plotline;

4. They often disclose hidden details of private life, highlights emotional experience;
5. The relationship experience is depicted in episodic form that dramatizes the motion of connected lives across time; and
6. Reflexivity between researcher/participant must be explored (p. 30).

In addition, autoethnographies should be written in such a way as to:

1. Evoke emotional experience in others;
2. Give voice to stories and groups of people traditionally left out of social scientific inquiry;
3. Produce writing of high literary/artistic quality; and
4. Improve readers', participants',and authors' lives (p. 30).

Holman Jones (2000) describes autoethnography as a balancing act, working to hold self and culture together and writing in a state of flux and movement "between story and context, writer and reader, crisis and movement" (p. 764). In the same way, writing about autoethnography is a balancing act: theory and method of action, telling and showing, what to leave in and what to take out, how much of self to include (p. 764). I have to be aware at all times of my writing process, and be ready to make adjustments along the way. It is not a simple matter of doing the research and then 'writing up' a report.

According to Holman Jones (2000) a challenge for autoethnographers is to create texts that unfold in the intersubjective space of individual and community; to embrace tactics of showing and telling. Responding requires addressing:

1. How knowledge, experience, meaning and resistance are expressed by embodied, tacit, intonational, gestural, improvisational,coexperiential, and covert means (Conquorgood, p. 146)… how subordinated people use subtle and opaque forms of communication;
2. How emotions are important to understanding and theorizing among self, power, and culture;
3. How body and voice are inseparable from mind and thought; how bodies and voices move (or are restricted) and are privileged (or marked) in particular and political ways;
4. How selves are constructed, disclosed, and implicated in the telling of personal narratives, and how these narratives move in and change the contexts of their telling;
5. How stories help us to create, interpret, and change our lives (to reveal and revise our world) (p. 767).

I have considered the characteristics and features discussed above as I composed my own autoethnography. First, I used the first person, referring to the reader as 'you' in order to implicate *you* in the study. I also use 'we' in order to invoke a shared responsibility. Second, I tried to make myself vulnerable, show my weaknesses, and share emotions in order to evoke emotional response in *you* the reader. Third, I explored my voice as an opportunity to speak for and about marginalized groups, and with the intent to improve lives.

Evaluating Evocative Representations

Richardson (2000) considers autoethnography to be a form of evocative representation which is "highly personalized, revealing [text] in which authors tell stories about their own lived experiences, relating the personal to the cultural" (p. 931). Authors write stories about events that really happened to them, employing literary techniques. For her, writing is "a *method of inquiry*, a way of finding out about yourself and your topic" (p. 923). Writing is both means and ends. It is a process to be shared with the reader. In contrast to traditional social science where research is conducted, then reported using authoritative, 'objective' language, evocative forms of research, including autoethnographies, should seek to meet literary criteria: coherence, verisimilitude and interest (p. 931).

Evocative representations of this sort, therefore, require alternative criteria for evaluation. Holman Jones and Richardson have both provided criteria for evaluation. Richardson (2000) considers ethnographies in which the author has moved "outside conventional social scientific writing" to be Creative Analytic Practices (CAP). CAP ethnographies are both analytic, and creative, and may include elements of poetry, drama, theatre, etc. (p. 929). She has developed several criteria in which to evaluate CAP ethnographies.

1. Substantive contribution – does the work contribute to understanding of social life?
2. Aesthetic merit – does it invite interpretive responses? Is it artistically shaped, satisfying, complex, and not boring?

3. Reflexivity – does the work provide adequate self-awareness to allow reader to make judgments about point of view?
4. Impact – does the work affect the reader emotionally, intellectually; move reader to action?
5. Expression of reality – does the writing provide a fleshed out 'embodied' sense of lived experience? Does it seem a 'true', credible account of cultural, social, individual life?

Holman Jones (2000) provides a list of actions and accomplishments she looks for in her work and the work of others:

1. Participation as reciprocity – how well does the work construct participation of reader/author as a reciprocal relationship marked by mutual responsibility and obligation?
2. Partiality, reflexivity, and citationality as strategies for dialogue – how well does the work present a partial and self-referential tale that connects with other stories, ideas, discourses, and contexts as a means of creating a dialogue among readers, authors and subjects written/read?
3. Dialogue as a space of debate and negotiation – how well does the work create a space for and engage in meaningful dialogue among different bodies, minds, hearts?
4. Personal narrative and storytelling as an obligation to critique – how well does the narrative and storytelling meet ethical obligation to critique

subject positions, acts, and received notions of expertise and justice within and outside of the work?

5. Evocation and emotion as incitements to action – how well does the work create a plausible life-world with charged emotional atmosphere as an incitement to act?
6. Engaged embodiment as a condition to change – how well does the work embody experience in ways that make political action and change possible in and outside of the work? (p. 771).

I used Richardson's CAP criteria and Holman Jones list of actions and accomplishments as I self evaluated my autoethnography. In particular, I asked myself whether what I have written was substantially informative, and worthwhile to read. Was it interesting and complete? Would it evoke emotional and intellectual responses in the reader and incite action? Did it create a space for dialogue among texts? Is it a true and accurate reflection of my embodied experience, grounded in the understanding of truth as relative, partial and framed (situated) by my own access to particular discourses for discursively representing my self?

Method

In this section I describe how I conducted my autoethnography. I outline the overall structure and process including how I gathered and analyzed my data. I also highlight several key sensitizing concepts and discuss the writing process.

Qualitative data can come from a variety of sources. I started by gathering my thoughts and experiences. Clandinin and Connelly (2000) suggest not restricting yourself to certain types of field texts, but to open yourself to the ‘imaginative possibilities’. I used personal journals, daily logs, and personal correspondence. I examined personal accounts and blogs to find shared and conflicting experiences. In addition, I conducted ‘self interviews’ centring on several critical incidents, including my teaching experiences, my accident and subsequent rehabilitation, and my experiences back in the community.

Creswell (2007) explains that in narrative inquiry, there are two types of analysis: narrative analysis and analysis of narratives. Narrative analysis involves finding stories within the data, and “restorying” the texts into a workable storyline, developing themes, often using a chronology (p. 79). Restorying involves plotting events chronologically, and drawing out ‘epiphanies’ (p. 57). Analysis of narratives involves “using paradigm thinking to create descriptions of themes that hold across stories or taxonomies of types of stories” (p. 54).

In the narrative analysis phase, I ‘zoomed in’ on specific critical incidents drawn from the field texts discussed above. The episodes were restoried into what Frank (1995) describes a ‘quest’ narrative, in which the person experiencing illness describes his experience in terms of a transformative journey. In three parts, the departure, initiation and return, the storyteller describes how he becomes ill, endures trials in which he learns and grows, and eventually emerges transformed (pp. 117-119). I used my accident and injury as a narrative prosthesis, a term used to describe how a deviance (or disability) is used to drive a plot, (Mitchell, 2002, p. 20), and flashback to describe critical incidents prior to the accident.

During the analysis of narrative phase, I ‘zoomed out’, using both deductive and inductive analytic techniques. Deductive analysis requires data to be analyzed according to some existing framework, while inductive analysis seeks to discover patterns, themes, and/or categories (Patton, 2002, p. 453). Analytic induction starts with an “analyst’s deduced propositions, or theory-derived hypotheses and is a procedure for verifying theories and propositions based on qualitative data. After, or alongside the deductive phase the researcher looks for fresh, undiscovered patterns and emergent understandings” (p. 454).

In the deductive phase, I analyzed data according to the frameworks provided by Shakespeare and Connell. In the inductive phase, I sought alternative explanations, themes, categories and/or patterns that may not be present within the existing framework. Sensitizing concepts allowed me to frame my analysis. The concepts discussed below are themselves historical, emergent, and open to debate.

The first sensitizing concept is *materiality.* Materiality is a term used to describe the material aspects of a body – that which is ‘natural’, or separate from social constructions. *Social construction* is a term used to describe the sociolinguistic /societal interpretations of events and phenomena. These concepts, although used frequently in Gender and Disability Studies, are themselves problematized. In Gender Studies, gender is used to explain the “psychosocial dimensions of ‘sex’” (Tremain, 2002, p.38). In Disability Studies, disability is “a form of social disadvantage, which is imposed on top of one’s impairment” (p.41), where impairment is used to describe “some personal attribute or characteristic” (p. 41). This sets up sex-gender and impairment-disability dualities, in which sex and impairment remain ahistorical, and uninterrogated. It is assumed that sex and impairment are *natural* conditions. However, both sex and impairment categories require an array of scientific, medical and social discourses to reinforce "supposedly definitive criteria" (p. 40). What constitutes 'natural sex', and 'natural impairment', may actually be forms of biopower, a term coined by Foucault (1990) to describe the ways in which groups of people are controlled and subjugated (p. 140). As Tremain (2002) explains:

> Inasmuch as the 'impairments' alleged to underlie disability are actually constituted in order to sustain, and even augment, current social arrangements, they must no longer be theorized as essential, biological characteristics of a 'real' body. (p. 42)

In my study, I hope to use my own lived experience to examine the ways in which sex and impairment have been materialized, create and sustain power relations.

Another sensitizing concept is *culture.* When deciding whether or not to conduct an autoethnography, I struggled with this aspect. In which culture am I immersed? I realized that the term itself is problematic insofar that there are multiple definitions. Choudhury (n.d.) describes culture as:

> the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving;

and identifies eight definitions:

1. Culture is the systems of knowledge shared by a relatively large group of people.
2. Culture is communication, communication is culture.
3. Culture in its broadest sense is cultivated behaviour; that is the totality of a person's learned, accumulated experience which is socially transmitted, or more briefly, behaviour through social learning.
4. A culture is a way of life of a group of people--the behaviours, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next.
5. Culture is symbolic communication. Some of its symbols include a group's skills, knowledge, attitudes, values, and motives. The meanings of the symbols are learned and deliberately perpetuated in a society through its institutions.
6. Culture consists of patterns, explicit and implicit, of and for behaviour acquired and transmitted by symbols, constituting the distinctive achievement of human groups, including their embodiments in artefacts; the essential core of culture consists of traditional ideas and especially their attached values; culture systems may, on the one hand, be considered as products of action, on the other hand, as conditioning influences upon further action.
7. Culture is the sum of total of the learned behaviour of a group of people that are generally considered to be the tradition of that people and are transmitted from generation to generation.

8. Culture is a collective programming of the mind that distinguishes the members of one group or category of people from another (n.p.).

These definitions illustrate that culture is a term used to describe the way people are organized, or choose to organize themselves according to shared beliefs, practices, language, customs, etc. Alternatively, culture can be understood as a form of knowledge, or communication. I will use these understandings of culture and recognize that individuals live in multiple, layered and sometimes competing cultures.

The concept of *embodiment* also has several meanings. For example, in the sense of composition, this autoethnography may *embody* my lived experience. In other words, a text may represent an experience in such a way as to make it seem 'real' (i.e. it 'fleshes out' the experience) (Richardson, 2000; Holman Jones, 2000). It may be used in the sense that something may become an *extension* of oneself. For example, when a musician describes her instrument as a part of her body, or a paraplegic manoeuvres his chair with such facility without *conscious* effort; these may be considered embodiments of the body (Iwakuma, 2002). For Connell (2005), hegemonic masculinity is a historically mobile configuration of gender practice and men who embody "the currently accepted answer to the legitimacy of patriarchy" may assume a position of dominance (p.77). Men who do not embody these properties may be marginalized. Embodiment is attained through "body-reflexive" practices, where bodies are "both agents and objects of practice and the practice itself forming the structures within which bodies are appropriated and defined (p. 61). In other words, individuals are simultaneously defined by and defining the societal parameters set out before them.

Another sensitizing concept is *stigma*. Goffman (1986) defines stigma as “an attribute that is deeply discrediting” (p. 3). According to Dovidio, Major, and Crocker (2003):

> Stigma is a powerful phenomenon, inextricably linked to the value placed on varying social identities. It is a social construction that involves two fundamental components: (1) the recognition of difference based on some distinguishing characteristic, or "mark"; and (2) a consequent devaluation of the person. (p. 3)

Individuals with disabilities often feel stigmatized. There is often a stigma attached to wheelchair.

Invisibility describes how individuals with disabilities are often overlooked by society. This occurs in a variety of ways, including underrepresentation in employment or higher education, segregation in schools, or not being represented in texts and literature (Brueggemann et al., 2001).

Masculinities, according to Connell (2005) as discussed in Chapter 1, are multiple and include class, ethnicity and disability. Hegemony refers to “the cultural dynamic by which a group claims and sustains a leading position in social life” (p. 77).

I will examine the concepts of masculinities and hegemony in the context of my experience prior to and post injury.

Research Concerns and Issues of Importance

Holman Jones (2000) recognizes that the triple crisis of representation, legitimation and praxis is an ongoing drama/dialogue that questions what is the nature of knowing (ontology), what is the relationship between knower and known (epistemology), and how do we share what we know and to what effect (method and praxis) (p. 756). She states: “This dialogue asks how, in lifeworlds that are partial, fragmented, and constituted and mediated by language, we can tell or read our stories as neutral, privileged, or in any way complete” (p. 756). In a postmodern paradigm, issues such as objectivity and validity are still important; however, they may take on new meanings.

Objectivity.

Patton (2002) avoids using politically charged terms objectivity and subjectivity. Instead, "qualitative research in recent years has moved toward preferring such language as trustworthiness and authenticity. Evaluators aim for 'balance,' 'fairness,' and 'completeness'" (p. 51).

Flexibility and control.

I intend to adopt a dynamic, developmental perspective to inquiry. Patton (2002) explains:

> Naturalistic inquiry assumes the ever-changing world ... change is a natural, expected, an inevitable part of human experience, and documenting change is in natural expected an intrinsic part of fieldwork. Rather than trying to control, limit, or direct change, naturalistic inquirers expect change, anticipate the likelihood of the unanticipated, and are prepared to go with the flow of change. (p. 54)

I intend to build flexibility into my inquiry by using a variety of field texts, self interviews, and critical self reflection (see ‘Reflexivity’ below).

Validity.

Traditionally, to say findings are valid is to argue that they are ‘true’ and ‘certain’. Schwandt (2007) identifies several criticisms in a postmodern context. The first criticism is based on the rejection of direct realism – that is, there can be no validity “since there is no unmediated, observer-independent account of the experience” (p. 309). Many postmodernists argue there is no ‘out there’ truth and therefore, truth claims are always arbitrary or relative to a particular language or worldview. Radical postmodernists argue further that validity is associated with objectivism, which as a doctrine is suspect at best, oppressive at worst (p. 310). Since this qualitative research is based on a postmodern, constructionist worldview, many of the issues of validity are moot. That is not to say validity is not still important. However, validity, significance, reliability are interpreted differently than in formal sciences. Polkinghorne (1988) interprets validity to be well-grounded, supportable; significance to be meaningful; reliability to be dependability of data (trustworthiness)

> 'to have an ongoing conversation about experience while simultaneously living in the moment' (Hertz 1997: viii). (pp. 64-5)

In autoethnography, reflexivity is to be expected, if not embraced. I fully expect to be changed by and grow from the texts in which I am immersed. I hope to change and grow as I reflect on my critical incidents.

Ethical considerations.

My primary ethical considerations are to maximize benefits and minimize risks. With regard to the former, I need to ensure my writing is worthwhile, significant and not overly indulgent, or narcissistic. Arthur Frank, in The Wounded Storyteller (1995) considers storytelling as an act of witness to be a form of service “grounded in the ethical choice to be a body for other bodies” (p. 40). He further states storytellers of illness "do not tell people how to be sick; their testimony is rather that you can be sick and remain not just in love with yourself but in love with the humanity that shares this sickness as its most fundamental commonality” (p. 40). By following Holman Jones and Richardson’s evaluation criteria, I hope to be able to produce a body of work that provides not only personal insight into the world of disability, masculinity and teaching, but serves as a roadmap for individuals who find themselves in similar situations.

With regard to my second ethical consideration, the primary risk is my own. I become vulnerable when I publish sensitive and personal information. I will take special care in choosing what I reveal about myself and those close to me. In addition, confidentiality may be problematic. Eakin (2004) states: "Because we live our lives in relation to others, our privacies are largely shared, making it hard to demarcate where one life leaves off and another begins" (p. 8). Pseudonyms will be used to protect, as best as possible, the privacies of the persons implicated in the study. It may be likely that some people are recognized by readers regardless of the pseudonyms, I will attempt to portray all characters as "best self" representations (p. 10). As a matter of privacy, I will be careful what I choose to reveal about my family, and close personal friends.

Summary

In this chapter I have outlined my rationale for conducting an interpretive, narrative autoethnography. I have identified characteristics and suggested criteria in which to evaluate my story. The method in which I conduct my autoethnography has been outlined and sensitizing concepts identified. Patton (2002) notes that there is great variability in the extent to which autoethnographers make themselves the focus of analysis, how much they keep their role as social scientist, and how personal the writing is (p. 86). I have chosen at this point to take a balance process and product. I am very much at the foreground of this study; however, I have tried to balance personal, evocative writing with more traditional analytic practices.

Chapter 4: Becoming Disabled

It was a beautiful late August day. Not a cloud in the sky. My books, laid out on the dining room table, I had all the intentions in the world to complete my plans for the new course I was going to teach in the Fall. However, temptation got the better of me. So I grabbed my bike out of the shed, mounted it to the roof rack, and headed out to the trails. Who knew, several hours later, I was in an air ambulance being raced to Hamilton General for surgery with a broken neck.

A narrative prosthesis is a literary device in which disability drives the plot. In my case, my injury interrupted an otherwise ‘normal’ existence. According to Frank (1995), individuals wounded through injury or illness often try to make sense of their experience through personal stories and that the stories they tell can be a source of healing (p. xii). Since my accident, I questioned my position in society and searched for meaning, and perhaps, even purpose in it. Before my accident, I took quite a bit for granted. If someone were to have asked me to describe myself, I would have said I was a teacher, a healthy, active, married man, with varied interests. I was not a hegemonic masculine guy; I wouldn't have considered myself an 'alpha-dog'. However, I never thought about my masculinity all that much. I had benefitted from the power structures and cultural scripts about masculinity and teaching. Since my accident, I have had to come to grips with the material and societal aspects of being a quadriplegic. I have had to renegotiate what it means to be a disabled man. In this chapter I reflect on how I have become more aware of the invisibility of disability, the importance of developing a voice to claim disability and how I have come to embody my disability. In the following chapters I examine how I reformulated my masculinity, and I interpret, through my current positional lens, the issues involved in schools regarding masculinities and disability.

Disability and Impairment: What does it Matter?

Impairment, according to Disability Studies scholars and rights advocates is based on a medical model that imposes a negative view of disability. Impairment describes the physical or material aspects of disability. According to the medical records, I am what is referred to as a C 6/7 complete quadriplegic, Asia – A. In order to make that diagnosis, I was poked and prodded, degree of movement and strength measured. According to Foucault (1995) this is an example of knowledge-power (p. 29). I, like many disabled people, give myself over to the medical profession and willingly succumb to these procedures. But what choice did I have? Without medical intervention, I would surely have died. In fact, without assistance from many dedicated medical professionals and paraprofessionals, I would not be able to have the quality of life I have now. So I have struggled with the notion that one must resist the medical model, which imposes a 'deficit view' of impairment.

As a social model, on the other hand, disability is created through societal constraints. Shakespeare, Gillespie Sells and Davies (1996) state:

> The social model suggests that people with impairment are disabled by society, not by our bodies. The main 'problem' of spinal injury is not a failure to walk normally, but a failure to gain access to buildings if one uses a wheelchair. The difficulty of deafness is not inability to hear, but the failure of society to provide

> Sign Language interpretation and to recognize deaf people as a cultural minority (Gregory and Hartley, 1991). This radical re-interpretation shifts the site of the problem from the disabled person, whose body does not work, to society, which is unprepared to accept disabled people. People with impairment are disabled by the twin processes of discrimination (Barnes, 1991) - economic, social and physical -and prejudice (Barnes. 1992; Shakespeare, 1994a) – cultural, attitudinal, psychological. (pp. 2-3)

After I returned home from rehab, I didn't really understand the difference between impairment and disability. I understood that I was in this wheelchair and I had to somehow negotiate an at times unfriendly terrain. I am only coming to realize what is meant by disability and impairment. For me, I cannot walk, I rely on a wheelchair to get around, my body doesn't receive the signals my brain sends, vice versa, so that affects control of bodily functions – that is my impairment. My disability is how my impairment is received by society. By and large, the impairment is something I have accepted. Disabling attitudes and policies are another matter. Several critical incidents have helped me gain perspective, and helped me gain a disability based identity.

The [In]visibility of disability

As an able-bodied – or as some Disability Rights people would say, *temporarily* able-bodied (TAB) (Gerschick, 2000, p. 1264) – individual, I didn't think about accessibility issues. Some times I would wonder how someone in a wheelchair would get through narrow doors, or why there wasn't an accessible toilet in certain public washrooms. But that was pretty much the end of it. When I became disabled, I began to get the sense that I was at once under the constant gaze of onlookers, and at the same time curiously invisible.

When I wheel around, I am aware of the stares I get. Curiosity, scrutiny, critique: sometimes I wonder what the stares mean. Maybe it's all in my head. Sometimes perfect strangers will approach me and make some sort of awkward, well-intentioned comment like “I don't know how you do it.” Goffman (1963) writes that disability can be stigmatizing, depending on its severity and visibility. Gerschick (2000) states: “The type of disability, its visibility, its severity, and whether it is physical or mental in origin mediate the degree to which the body of a person is socially compromised” (p. 2064). There is some truth to this statement. I, for instance, am socially compromised by physical and mental barriers that exist. Physically, there are places I just can't go. Approximately 60% of the store entrances in the city core are still inaccessible. Meeting friends requires negotiation; I've had to decline invitations knowing that they are going to a bar that is 'all steps'. Mentally, there are prejudices about which a man like me is capable (e.g. the expression 'confined to a wheelchair' illustrates the negative view some people have of wheelchair users). At times, however, being in a chair can be liberating. I sometimes joke that I'm in it for the parking (a 'lame joke' in the truest sense). Petra Kuppers (2007), a wheelchair performer, explains: “Nondisabled people rarely work with the exciting sensual aspects of wheelchair use familiar to disabled performers, for instance the smooth and graceful curve that is impossible to achieve by bipedals, or the full-movement range of wheelchair athleticism” (p. 81). Alternatively, there are times I feel quite invisible.

When I read Brueggemann et al. (2001) describe the invisibility of disability, I was at first confused by this notion:

> Disability studies activists and scholars talk and write a lot about 'visibility.' It concerns them because even at the dawn of this brave new millennium disabled people still aren't very visible in our culture. (p. 369)

I could see how certain disabilities are more difficult to detect, for example learning disabilities, but in my case, my disability was pretty obvious. However, once sensitized to the concept, I began to see the subtle ways I was invisible, both in the larger community, and by my own practices. Brueggemann et al. (2001) identify several ways disability is invisible: in the workplace (significantly higher rates of unemployment among disabled people), "fuzzy boundaries" (many disabilities difficult to detect, e.g. LDs, or as Michael Berube points out we are all disabled, should we live so long), and in the language we use (disability metaphors) (p. 369). I began to see how this concept applied to my experience. For example, while still in rehab, the Recreational Therapist had arranged a shopping excursion to a local mall. *When we went out in our power chairs, the sales clerks would talk to ABs [able bodied] we were with rather than directly to us. It was insulting that they wouldn't ask me directly whether I'd like the item gift wrapped.*

Shakespeare, Gillespie-Sells and Davies (1996) documented similar experiences:

> I need to go to the toilet, I had to get my two women friends to go to the toilet with me, and in the process trying to move through the club, this guy is trying to get around me, instead of waiting for me to pass, he climbs on me, literally, puts one foot on my knee, puts another foot on the handle, and climbs right over me

> thinking that's nothing, I'm just a piece of furniture. [from Chapter 6, p. 9, 'Daffyd' describing an experience at a night club]

Both 'Daffyd' and I felt invisible because, in the cases described, the people saw only the chair. In my experience, I have found these encounters have lessened over the years, in part because I have become better at initiating conversation and maintaining eye contact.

More recently, my wife and I were out shopping.

We went to St. Jacob's to look around the shops. It was sunny and mild. We went to S.'s because my wife wanted to look for jeans...Parking on the street was great. We found a spot out front of the shops, the [van's] ramp extended onto the sidewalk. We could get into the main level shops no problem, and we knew from prior experience that there was access to the second level shops if we went around the corner, up a hill to the parking lot around back. There was a little ramp at the end of the parking lot. Not ideal – it was not to code by today's standards – narrow, unmarked, if someone parked beside it it would be blocked. After wheeling around the corner and up onto the upper parking lot, it became apparent that I was not going to get in that day. I couldn't see the ramp and thought that maybe it had been removed; however, my wife saw that it had been covered with a pile of snow.

At first I was indignant. It has been a bone of contention with me to that point how snow removal crews would pile snow up in handicapped parking spots, in my mind, because they didn't think 'crips' would be out in the snow anyway.

A manager from a shoe store came out to see for herself. She apologized and said something like, 'You don't think about these things, but we'll definitely raise the issue with [the owner].

My anger had subsided. My wife had gone inside to raise the issue. She said that people need to be informed, and not chastised. It wasn't necessarily that they were thinking about anything at all, except that the snow needed to go somewhere. I realized I was being a 'crip with a chip', and that wouldn't solve anything. In this case, disability is not on the minds of able-bodied people, and therefore invisible. Through experiences like these, I have learned to be more patient, to be 'nice' and to use these opportunities to educate. I recognize now that most people want to be helpful, but they need to be shown how.

There are, of course instances where able-bodied individuals criticize Disability Rights organizations for being 'uppity'. These instances of backlash are well documented: the 'Somnolent Samantha' address by Westling (Brueggemann et al., 2001, p. 375) illustrates a backlash against persons with LDs for demanding a larger share of an ever shrinking pie. Raising awareness, creating visibility, and advocating for equal rights can be a delicate matter.

In some cases invisibility is more physical. People with disabilities are less likely to engage in public interaction. We are more likely to live in segregated care facilities, less likely to secure employment, or seek post-secondary education (Brueggeman et al. 2001, p. 369). I was approached by PSW who told me it was good to see 'you people' out and about, that many of her clients just sat around in their homes all day. The outside world can be an unfriendly place for people with disabilities, so some individuals find it difficult to venture out into the public.

Becoming Visible

In other cases a disabled person may choose invisibility. When I applied for my M. Ed., I chose an online format over brick-and-mortar classes because of my recurring GI difficulties. I feared having accidents in class; whereas an online format, I could work around these episodes. At first, I chose to hide my impairment. I would discuss my experiences as a male teacher, but not refer to my experiences as a disabled person. I didn't want to be treated differently. I soon realized that my perspective could be beneficial to the discussions, and decided to 'come out' (Shakespeare, Gillespie-Sells & Davies, 1996, Ch. 3, p. 3; Brueggemann et al., 2001, p. 369, referring to Linton, 1998, *Claiming Disability: Knowledge and Identity).* According to Linton, 'coming out' is a process by which individuals come to terms with their disabilities and begin developing a positive disability identity. Often, the term 'Disabled' is capitalized when the term is used as an identity.

Through a process of gaining a voice and embodiment, I began to develop a Disability identity. I started reading Disability Studies literature, which encouraged me to develop a 'voice'. Kleege (1999) explains: “Writing this book made me blind. . . . Today I am likely to identify myself as blind” (p. 1). She found that by writing, and reading about her blindness, she developed an identity situated in her blindness. Similarly, by writing about my own experiences I have started to develop my own disability identity. For me, it is about regaining control. Instead of someone else determining how to interpret my life, I have chosen to create my own 'counternarrative' to the dominant 'deficit' view of disability. I may not be able to control events, but I can control how I interpret them. I have weathered a storm, and my position has offered me new opportunities. I have entered (been initiated into) a world that few people experience first hand – it offers new perspective. Opportunities have opened up for me that I otherwise would not have time to pursue such as writing, gliding, playing wheelchair rugby and tennis.

What's in a Name?

The typologies created by both disabled people and the medical institutions show the problem of defining disability. Classifying disabilities by severity (e.g. mild, moderate, severe), or by condition such as mental, physical, mobility, sensory, cognitive is an inexact science at best. There can be considerable overlap. For example, my disability is physical, affecting my ability to move my limbs. But it is also a sensory impairment, because I have lost the sense of touch. Another problem associated with labelling disability is that a medical model is used to assess an impairment in order to determine funding for services; access to support in schools; and whether or not to 'mainstream' or integrate students into regular classes. This increases the 'knowledge-power' that already exists within the medical institution. Additionally, some conditions may be illnesses, or impairments, depending on points of view. For example, schizophrenia is considered a mental illness, ODD behavioural disorder (BD), yet dyslexia and ADHD are typically described as learning disabilities (LDs). Then there's the 'PC' naming person first (PWD), or 'challenged' label (e.g.

physically challenged) which still imply a disabled/able binary. The terms 'crip' and 'gimp' have been claimed and given a positive spin, in a similar Disability Rights Movement (DRM) have difficulties with naming disability. Who do we include? Arguably, everyone's disabled to some degree – at least temporarily. However, if everyone's a TAB, it problematizes issues of who gets care and access to funding.

Embodying Disability: Am I this Chair?

After I got my first manual chair, and began wheeling around the hospital corridors, my wife said she noticed how my wheeling was reminiscent of the way I used to walk (a quality she has said first attracted her to me). I hadn't even thought about it. It just started to come through.

Being recently immersed in the discourse of Disability and Gender studies, I have come across the term 'embodiment' frequently, yet most writers have yet to provide clarification. Embodiment has several meanings. It is commonly used to describe how a concrete form can express an abstract or familiar idea. For example, the crucifix embodies the idea of personal sacrifice, or circle embodies eternity, or a wheelchair embodies disability. A second meaning, embodied or situated cognition, describes how the nature of the human mind is largely determined by the form of the human body (Wikipedia.org "Embodied cognition"). We basically experience and interpret events through our senses (bodies).

Some scholars contend that language and communication are embodied (Thomas and Corker, 2002, p. 27). That is to say, events are experienced (sensory), interpreted, and communicated through the body. The position bridges the gap between material and constructionist arguments pertaining to impairment and disability.

Connell (2005) describes embodiment as a “bodily-reflexive process”, men and boys are both objects and agents, actively involved in the development of their bodies as well as forming the structures within which they are defined (p. 61). “Grasping hands are both the touched and touching” (Iwakuma, 2002, p. 83).

Yet another way we can look at embodiment is prosthesis. Iwakuma (2002) describes: “As a process of embodiment, an object becomes a part of the identity of the person to whom it belongs” (p. 79). For example, my wheelchair becomes a 'natural' extension of myself, to the point that I don't think about it while I'm wheeling.

Taking into consideration these definitions, disability as embodiment can be interpreted in several ways. First, a disability can embody an idea for an observer. For example, an able bodied person may look upon someone with a disability and feel discomfort; the disability may 'embody' the person's own fears and anxieties. This may explain some of the stares I get, or the odd comments, discussed above. Another example of this type of embodiment occurred when I was in ICU, and feeling really depressed. I could only think in terms of what I had lost. Fortunately, Andrew, a C 5/6 quadriplegic visited me. He wheeled around the room, at ease in his chair. As we talked, I became aware that he could do most things that he could do before his injury, he could drive, he worked, and was happily married. For me, he embodied hope for what I could become. From that point on, I started to view my condition in terms other than loss.

Then there's the language – disability has a long symbolic tradition in language e.g. lame duck, or blind justice. In literature, drama and film, a disability is often used to symbolize a character flaw (Brueggemann et al., 2001). Shakespeare's Richard III, and Fleming's bond villain, Blofeld were both portrayed with disabilities.

On the other end of the spectrum, there are times individuals overlook the embodiments of disability. For example, when a quadriplegic high school football coach was banned from the sidelines because the referee deemed his powerchair a 'safety hazard' (Fitzgerald, 2005, A1) the referee failed to see that his chair was a part of him. It was an object, rather than as an embodied extension, or prosthesis.

Impairment and disability are still fairly apt descriptors. There are physical aspects of my impairment I cannot deny. At the end of the day, I can't get up and walk. Society can be 'disabling' by the physical and mental barriers it puts up. However, if what is real (material) can only be experienced through senses, and then described using language the borders between disability and impairment become quite fuzzy. Examination of the various embodiments of disability seems to bridge the gap. An embodied voice is both material and socially constructed through language.

I am in a continual process of negotiation in terms of my disability. In the next chapter I examine more closely the relationship between my disability and masculinity.

Chapter 5: Masculinities and Disability

I had a pretty lousy time in the ICU. I was intubated for my surgery, and was told after a couple of days that it could come out. In the meantime I couldn't speak. When I did get it out, that only lasted a day. I had a friend visit and we talked a lot, but I was getting winded, and feeling very weak. I was excited, that I would be able to speak with my wife, and hugely let down when they told me that they would have to re-intubate me because I had developed pneumonia. Or my lung had collapsed or something like that.

I was utterly helpless. I couldn't speak, I could hardly raise my arms, my fingers were floppy, doped up on painkillers. Not being able to communicate was extremely frustrating ... I understood what it must have been like for Brandon (the non-verbal student I worked with when I was an EA). I don't recall how we figured it out, but we sort of started blinking out the alphabet... I wish I had paid more attention in Scouts when we were being taught Morse code. Anyway, I would blink as Steph would recite the alphabet, I would stop blinking when she reached the letter. We'd then go through the whole process again for the next letter. She would write each letter down as we went. One time, she thought I was wanting something... I was blinking so wildly, she told me to slow down. In actuality, I just had something in my eye. Later, when some of the control in my arms came back, I had this suction device that was taped to my hand so that I could suction out the drool that came out of my mouth because the breathing tube irritated me so much, well, I used it to point to letters on an alphabet board.

When I lost control of my body and voice, I experienced a disconnect: my mind was still the same, but I couldn't move or speak. Francis & Skelton (2001) posit that Western femininity is defined in opposition to masculinity. Whereas 'desirable' masculinity is based on rationality, control, strength, invulnerability, independence; femininity is based on frailty, weakness, cooperation, and caring (pp. 11-2). According to Connell (2005) disability has more in common with the latter. In the ICU, I would not have considered myself 'feminine', rather more 'infantile'. I was helpless, and in that sense I became 'undesirable'. I was in a Foucauldian sense a "docile body" – "a body is docile that may be subjected, used, transformed and improved" (p. 136) – my body given over to medical profession, under a clinical gaze. Frank (1995) would describe my experience in terms of a body-relatedness somewhere along a disassociation—association continuum. That is to say am I in my body, or am I my body? (p. 30-34). For the most part, I had disassociated with my body. I was trapped in a body somewhat foreign to me, but my mind was still the same. Frank also argues that control is a continuum from predictability to contingency (p.32). A disciplined body is predictable, whereas an infant's body is contingent. Since my accident, I have been trying regain control, and make sense out of my life. Part of this 'quest' so-to-speak is to arrive at an understanding what it means to be a man with a disability.

Multiple Masculinities

I had a pretty complex notion of what it meant to be a man prior to my accident. In the ICU, I felt robbed of pretty much all of that. I wasn't a 'he-man', or caveman. I was, kind of more refined... I liked to dress somewhat stylish, with a *slightly eccentric feel. I liked to listen to jazz, was fond of wines… had a cellar in the basement. I liked to cook. But I also liked to go camping with the guys, every year we'd go to Algonquin for a canoe trip. I'd usually follow that up with a kayak trip with my brother up in Georgian Bay. I liked mountain biking, wakeboarding in the summer, and cross-country skiing and snowboarding in the winter. In the ICU, I realized I wouldn't be able to do any of that. I was helpless, like a baby, I needed to be cared for.*

Connell (2005) introduced the concept that masculinities are multiple, intersecting points such as class, race, and gender. She used the idea that gender is socially constructed performances of sex (material) in the vein of Judith Butler, and Simone de Beauvoir. Therefore, the performance of masculinity allows for variability. Connell describes several relational characteristics. First, there is a hegemony (the patriarchy) who possess the power. These individuals possess what is considered to possess 'desirable masculine' traits. They need not possess all the traits, and these traits are historically mobile (p. 77). For example, at one time it was considered masculine to wear wigs, make-up, and to gesture in what, by today's standards, would be considered effete. To retain their power, she suggests they need to subordinate, or marginalize another class – those considered at odds with hegemony, most closely associated with femininity, such as homosexuals. However, most men lie 'in between', although not possessing all the desirable masculine properties, they nevertheless benefit from the hegemony that exists. I would consider myself complicit before the accident.

I based my masculinity on knowledge and capability. I enjoyed myself and although I wasn't overly competitive, I enjoyed taking small risks, challenging myself to improve my skills. I wasn't the best at any one activity, for me to be good at a variety of activities was as good, if not better than specializing in one. In another life, I would have considered myself a 'renaissance man' (another form of patriarchy). Regardless, I benefitted from the image of masculinity that favours knowledge, physical strength, and control at play, and employment. When looking for a full time job with the school board, I was told by the principal that she thought a male teacher would be better for the students, who in general lacked appropriate male figures in their lives – whether that was an admission of a hiring bias, or a challenge to me remains uninterrogated. I didn't stop to ask her why then, and can only speculate on her rationale now. In most respects, I was complicit with hegemonic masculinity.

In the ICU, I came to a shocking awareness that my position in society had changed. I was no longer in control of my environment, my finances were in a state of limbo, and even my own body was beyond my control. At once, I had become subordinated by unforeseen circumstances.

Disabling Masculinities

My identity as a whole was interrupted, and a large part of that identity rested in my gender. The earlier one acquires a disability, the less is expected (Shakespeare, 2000, p. 162). Gerschick (2000) states:

> Disability affects the gendering process in many ways. My current research suggests that the age of onset combines with the type, severity, and visibility of a person's disability to influence the degree to which she or he is taught and subjected to gendered expectations. (p. 1265)

A person with a 'severe' disability, acquired very young may have fewer expectations, and fewer opportunities to learn dominant cultural scripts about gender, sex and sexuality. Furthermore, such individuals may also have fewer opportunities to express their sexuality, or engage in relationships since they are often segregated, monitored by caregivers (parents/guardians), which may be especially problematic for gay and lesbian disabled individuals (Chapter Six, Shakespeare, Gillespie-Sells and Davies, 1996) when heterosexuality is presumed. For me, I had already well established myself prior to my accident, as a heterosexual man, in a good and loving relationship with my wife. Expectations were there to maintain my status as a husband, a teacher. Regaining that status after the accident was of utmost importance. However, that would prove more difficult than I could have imagined.

Gerschick and Miller (1995) study found that disabled men rely on, reformulate or reject traditional notions of hegemonic masculinity (p. 187). Those who relied on hegemonic masculinity seemed to have the most problems adjusting. Some men are able to reformulate, or adapt notions of desirable masculine traits to suit their particular set of circumstances. Others, who see the futility in pursuing a hegemonic masculinity, resist or reject altogether the political nature of a hegemony that marginalizes women and disabled men.

When I was moved to the rehab hospital, I met other people in similar situations as myself. Most were young, male, having sustained their injuries through risky behaviours – automobile accidents and violence primarily. The nurses said that was typical. The majority of spinal cord injuries are sustained by men, between the ages of 18-35, often while engaging in risky behaviour. They were there because of motor vehicle accidents (involving speed and/or alcohol), base jumping, home invasion, robbery and assault.

Indeed, cultural scripts regarding masculinity may play a role in acquired disability, illness, and even premature death. Violence, excessive risk and work may contribute to men acquiring disabilities (Shakespeare, 1999, p. 63). Men who suppress emotion are more likely to suffer heart attacks, drink excessively, and suffer mental health issues (Waldron, 1995, p. 24). Failure to see a physician for regular check ups forego the advantages of early detection in combatting life threatening diseases (Sabo, and Gordon, 1995, various chapters deal with men's health in relation to socialization). It may be wise to challenge 'common sense assumptions' about what it means to be a real man.

Men who sustain SCIs often suffer a sense of emasculation (Murphy, 1987, p. 83). Shakespeare (1999) states: “The traditional account, such as it is, of disabled masculinity rests therefore on the notion of contradiction: femininity and disability reinforce each other, masculinity and disability conflict with each other” (p. 57). He cautions, however, that neither masculinity nor disability be reduced to physical determinism: that the experiences of real disabled men are more complex than commonly assumed (p. 57).

Gerschick and Miller (1995) investigated disabled masculinities and found that the men interviewed either relied on, reformulated, or rejected “standards inherent in dominant masculinity” (p. 187). However, they never intended to suggest disabled men operate exclusively in one mode. “Rather, for heuristic reasons, it is best to speak of the major and minor ways each man used these three patterns” (p. 187).

Relying on Masculine Hegemony

Some men are able to rely on existing hegemonic masculine scripts. There are individuals, sometimes referred to as 'super-crips' who perform amazing feats of strength and prowess from their chairs. Murphy (1987) states “Many disabled men, and women, try to compensate for their deficiencies by becoming involved in athletics” (p. 95). The 2005 documentary, Murderball, for instance, followed an elite team of quadriplegic athletes who play a full contact sport in armour-clad wheelchairs. Murphy adds:

> Those too old or impaired for physical displays may instead show their competence by becoming 'super-crips' ... the super-crip works harder than other people, travels extensively, goes to everything, and takes part in anything that comes along. This is how he shows the world that he is like everybody else, only better. (p. 95)

Rick Hansen and Terry Fox have been able to use their athleticism to raise awareness and generate funds for Spinal Cord and Cancer research, respectively.

However, hegemonic masculinity isn't all strength and athleticism, some individuals who are considered to be severely disabled still work within the reliance mode. Stephen Hawking denies his disability, stating he considers himself a cosmologist and not disabled. “He doesn’t see himself as a disabled person. He sees himself as a cosmologist,” explained his graduate assistant, Sam Blackburn. “Stephen does a lot of things because they’re not easy.” (Mercer, G. 2010, n.p.). He resists an impairment label, using a Cartesian mind-body split. His vast intellectual capabilities allow him to operate in this modality. Christopher Reeve, the Man of Steel, after having sustained a high level neck injury, was able to use his pre-injury status to promote spinal cord research and assistance for those living with spinal cord injuries. Could these individuals have been reformulating their masculinity? It is possible; however, I see in both cases a reliance on dominant masculine narratives of power, prestige, unquestioned authority (knowledge). What they may lack in physical control, they compensate for in social control. Shakespeare Gillespie-Sells, and Davies (1996) explain:

> It is important to stress the difference between physical dependency and social dependency. Reliance on others is not necessarily about dependence. Access to services delivered as of right, or the financial independence to employ one's own carers, can ensure high levels of social independence, despite low levels of physical independence. (Ch. 5, p. 23)

For example, Damon required round-the-clock personal care, but still “asserted that he was still a very independent person” (Shakespeare, 1999, p. 188). He states:

> I direct all of my activities around my home where people have to help me to maintain my apartment, my transportation which I own … I direct people how to

> get there and I tell them what my needs will be when I am going and coming, and when to get where I am going. (p. 188)

Shakespeare (1999) explains that the research he and his colleagues conducted in The Sexual Politics of Disability (1996) found that disabled masculinity can be contradictory. Although disabled men are more likely to be abused, they can also be the abusers. The use of pornography by some disabled men, he argues, is an example of how some disabled men may be exploiting women. Larry Flint, a paraplegic, has built an empire on the exploitation of women. Disabled men can also be aggressive, and violent, as any abled-bodied man. Mark E. Smith, the "Wheelchair Junkie", a 36 year old man with cerebral palsy explains in a recent blog:

> In fact, my buddy, Jeff, and I inadvertently ended up in the front row of a concert not too long ago, and when the drunk idiots around us started going nuts, bumping into me, I started swinging. Jeff seemed a bit concerned at first, but once I grabbed and punched a few people – and the crowd figured out to stay away from this guy in a power wheelchair – Jeff seemed a bit reassured that I wasn't going to get us killed. I suppose people figured that if I was crazy enough to be in a mosh pit in a wheelchair, swinging on people, they should probably just stay away from me. (Smith, 2010, August 15)

There's a certain bravado to his tone. He justifies his position by calling his opponents "drunk idiots". He had justifiable cause, in his interpretation anyway. A sort of 'don't mess with me, you don't know what I'm capable of' attitude, mixed in with 'what are you going to do, beat up a crip... how's that going to look?' His story is in stark contrast to the meek and mild constructs of disability portrayed by the media. This is a man who follows, in this instance, a reliance on dominant hegemonic masculinity.

Reformulating Masculinities: It's Complicated

According to Gerschick and Miller (1995), reformulation occurs when individuals redefine hegemonic masculinity on their own terms along lines of their own strengths and capabilities (p. 187).

Unable to go back to work, I reformulated my 'occupation' by becoming a student again. I learned that I could use my perspective as a disabled man to inform classroom discussion. During my discharge meeting, I took control and made sure things would be in place so that my wife wouldn't have to worry about me when she went back to work. I could direct my own care, and in that way I was *socially* independent.

When I returned home from the hospital, I struggled to regain my independence. I was unable to transfer without assistance. I needed help with morning care and dressing. Catheterizations were difficult, especially at night. If I wasn't able to care for myself, at least I could direct my care. I came to this realization while preparing for my discharge meeting. I made sure that things would be in place for me when I went home so that I wasn't a burden on my wife.

In other respects I have relied on masculine narratives of strength, grit and determination to become more physically independent.

Eventually, I learned to do a lot of things for myself, and attendant care was only really needed in case I had trouble with my transfer, and was on the brink of falling. I used to cook quite a bit, but now I cannot move my fingers, meal preparation is more difficult. I have learned how not to burn or cut myself (I do not feel my fingers, or the under side of my arms... so burns and cuts can be particularly dangerous). Slowly, I learned to do most things independently. After a couple of years I did not require PSW or attendant care at all.

In the rehab hospital, there was a strong desire among the quads to use a manual chair, if at all possible.

For us, it meant that we weren't as 'gimpy'. It told the world that we were still strong, capable and independent. When I returned to the school for a visit, one of the students commented how I'll become 'stacked' with all that wheeling. The statement reaffirmed my desire to use a manual chair. A second reason for preferring a manual chair is that there is simply less chair. There is more to a powerchair – a person can get lost in it – the smaller, lighter chair you can get away with, the better, the more likely you will be seen, and not your chair.

Physiotherapy was a large part of the rehabilitation program. The walls and ceilings of the 'gym' (a small room filled with several plinths, a universal gym, Arm cycles, ramps, stairs, railings etc.) were festooned with posters ... most portraying physically active people in wheelchairs, missing limbs, engaging in physical activities: tennis, sit skiing, offroading. There were posters signed by able-bodied and disabled athletes alike.

My PT told me once that typically, people with SCIs are active prior to acquiring their injury, and want to return to being active. Perhaps that is why they chose the posters -- to inspire, to show that it is possible to return to their former lifestyle: you can go scuba diving, camping, play sports, compete.

Hutchinson and Kleiber (2000) state: "'Heroic masculinity' refers to the traditional approach to dealing with threat, injury, or impairment adopted by men in situations of crisis (Robinson, 1995)" (p. 43). Men and women with disabilities have been able to use hero metaphors to rewrite more positive narratives about themselves, thus undermining some of the stigma associated with their conditions. 'Overcoming obstacles' is a popular theme in disability narratives.

Lindemann and Cherney (2008) examined 'Murderball' (also known as quad rugby) as a communicative act which challenges 'ableist' notions about masculinity. They found that it reifies hegemonic masculinity. "In quad rugby, athletes' physical displays of aggression and hard hits on the court sharply contrast with an ableist perspective of disability, but that aggression is closely associated with traditional values of athleticism and the body. ... Quad rugby players, then, contest stereotypical notions of disability while simultaneously accepting and reifying ableist values" (p. 110). I tried quad rugby and quite enjoyed being able to smash into an opponent and knock him out of the chair. It was more fun than wheelchair basketball, which requires a lot of torso strength and hand control, because it is full contact, and it was from the start designed to be played by quadriplegics. There are some problems I have found with wheelchair sport: 1. I have to travel to a more centralized location to find enough players – usually in larger cities and the commute can be brutal, 2. each sport I have tried has its own specialized chair, which is a costly investment, and 3. there is a precedence of elite over recreational teams, so that if I want to join for the social factor, I'm out of luck. There is a considerable time commitment to be involved with these teams and quite a bit of travel, which is problematic for me. Luckily, I have found a physical activity that meets my needs: tennis. I like tennis because I can play able bodied individuals as well as other wheelchair players. The rules are the same for able-bodied and wheelchair users, except we get two bounces to return the ball – it's inclusive in that respect. I can play locally, with my wife, friends, or family. There's a recreational team that meet regularly within an hour's drive from where I live. I can get together with people like me in wheelchairs, and not feel out of place. Furthermore, it requires a great degree of self control and focus, and is challenging physically.

Rejecting Hegemony

There are some men with disabilities who recognize that disabled masculinity at odds with hegemony. The images, and emphasis on returning to an active lifestyle, however, may be limiting for some individuals in rehab. Those who cannot return to their pre-accident lifestyles due to high-level injury, or those who were never interested in sport may not necessarily benefit from such images. For example, Chuck Close an artist who became a quadriplegic due to illness had little use for what rehab offered in terms of 'getting back to normal' (Kaminka, 1998). Additionally, those who pursue elite sport often risk premature wear and tear of their shoulders. They are fearful of the day they have to give up the sport entirely, and move to a powerchair.

Lindemann and Cherney (2008) noted one interviewee say: ''What's the worst that can happen? you're going to break your neck again?'' when asked about the physical risk involved in playing quad rugby. It is possible to get a higher level spinal cord injury, or break an arm and be unable to transfer or wheel around. Furthermore, since players of the game do not wear head protection, brain injury or concussion are potential risks.

Another problem with masculine hegemony is the assumption that it is fixed (Connell, 2005). Power relations are negotiated, never simply top down or bottom up, rather dynamics of dominance and subordination are interrelated. There is also a problem with likening disabled masculinities to homosexual masculinities – yes, both groups may experience similar prejudices, and marginalization by hegemonic powers; however, some disabled gay men have reported discrimination by the gay community – inaccessible spaces, unwillingness to go out with, or engage in encounters with individuals with physical impairments and reports of 'body fascism' exist in these communities. Politicized individuals report feeling more welcomed as a 'gay man' at a disability rights meeting, than a 'disabled man' at an LGBT meeting (Shakespeare, Gillespie-Sells and Davies, 1996, Ch. 6). To experience marginalization doesn't automatically guarantee membership in all groups claiming marginality.

Performance

So, what does it mean 'to be a man', especially a man with a disability? First, it's not so much a question of 'being', as it is 'doing'. What I have learned so far about my own 'reconstructing self' is that nothing is fixed. I am constantly revising, and negotiating my self not only in terms of masculinity, but also with relation to my socioeconomic status. I am somewhat privileged insofar as I have been able to retain my pre-injury income through OTIP benefits. Certain opportunities are available to me that are not available to disabled people within lower socioeconomic status. I feel I have a little more 'respect' because I have money, and not viewed as a 'burden on the welfare system'. Since I am more socially mobile than some disabled people, I may have a somewhat easier time reformulating masculinity in terms of independence and control, as a provider, and in my ability to continue my education. In addition, I have the funds and opportunity to play tennis, which requires money for membership, travel, and specialized equipment. Furthermore, my occupation in education as teacher and student allows for some privilege. However, my religious background sometimes conflicts with my views as a person with SCI around issues such as stem cell research and gender studies as 'relativistic and in opposition to Natural law'.

In some ways I've had to reject the hegemonic standards of masculinity. After my accident, I thought I would be able to go back to work. I would take two years to rebuild my strength, get used to my new body, and get back to teaching. What happened? The SCI affected more than just my ability to walk and use my hands effectively; it affected my body in other ways too. I am more prone to infection and I get fatigued easily. Additionally, it has taken a lot of effort to train and control my bowels, and still I have a lot of GI issues. It seemed unfair to the students (and selfish) for me to return to the classroom knowing I would need extended leaves of absence to overcome infection, or to re-regulate my bowel. I need to be able to control my bowels properly in order to avoid the stigma associated with loss of control.

Problematizing Disabilities/Masculinities

There is a tendency to create parallels between disability theory and other 'identity' studies – gender studies, queer studies, or equality movements. Indeed, DS has borrowed theoretical, ideological perspectives and rhetoric from said groups. However, it is important, I think, to note points of intersection, especially where such points clash. The first point, mentioned above, is the potential clash of Feminism and Disability regarding disabled male as oppressed/oppressor. Another appears to be ethnic/cultural boundaries. Disabled people from different cultural backgrounds experience disability through the lens of their communities. In addition, we may also be LBGT, despite largely heteronormative discourse surrounding disability. Disability interweaves with gender, culture, ethnicity, religion, socioeconomic status, and sexuality in complex ways. So, a teacher can be a male, disabled, of a certain ethnic, cultural, racial, religious background and may be heterosexual, homosexual, or bisexual. He may choose to identify explicitly with some, all or none of the above categories. What does all this mean for me, as a disabled man and as an educator? Can I speak for all disabled people? Can I act as counterpoint to 'common sense', hegemonic, assumptions about the need for male teachers? Can I be a role model for boys, both able-bodied and disabled? Is it fair, even, to put myself in that position? In order to answer these questions, I need to look at some of the challenges boys, and disabled boys in particular, face in schools today.

Chapter 6: Disability and Masculinities in Education

In the social studies department—geography, history, civics, law – the male teachers used to trash talk. We made fun of each other. For example, I got made fun of because of my colourful shirts, and spiky (tousled) hair – I was borderline 'metrosexual'. You took it, laughed it off. It was a way of letting you know you were one of the guys, I suppose – it always stayed on one level. People would also engage in some light hearted pranks. I learned early on not to be phased by these – that was to show weakness. At my previous school, I got upset that someone had moved my car and parked it in the fire zone, because I had left my keys on the staffroom table for the umpteenth time. Had I let it go… but I didn't, and got razzed about it for a long time after.

Extracurricularly speaking, I felt it was important to get involved with the students outside the classroom. I did this by coaching senior boys' rugby. I wasn't very good at it, and the team wasn't particularly good either. Nevertheless, the boys seemed to enjoy it. They liked the fact that it was a contact sport, and that they had something to brag about to their friends, even though they lost abysmally every time. I thought that being a coach would put me in better stead with the students, that they would see me outside the classroom.

Teaching 'Male'

Before my accident, I took for granted many of the common-sense assumptions about male teachers and boys. I thought that I needed to connect with my male students through coaching, and with my male colleagues through locker-room style talk. What I didn't realize was how I was reifying the dominant notion of masculinity. My entire teaching career wasn't characterized by a reliance on hegemony. There were times I stood at odds with hegemonic masculinity.

Prior to becoming a teacher I worked as an EA with High Needs students. The trend at the time was to integrate them into the classrooms as much as possible. Different teachers dealt with their presence differently. There was no real threshold knowledge unfortunately and they were mostly kept separate in the classroom. They could go to the LRC, if needed (which was often in the case of one of my students with PDD). Despite the shortcomings, I could see some benefit for having them in 'regular' classes. It's different interacting with the students, than learning about them in textbooks. More than that, though, it's an ethical issue. Should students have the right to be with peers their own age? For part of the day, I worked with students in classrooms who had LDs and some 'behavioural' issues. The boys did not like being with an EA at all, having me sitting beside them was stigmatizing, so I tried to be less of a presence, or presenting myself as extra help in the classroom, rather than for the specific individuals. I often got my masculinity challenged by some of the boys I worked with. They thought I was gay because I was doing a woman's job. This attitude continued into my teaching career. When I was teaching Grade 7's, I was asked if I was gay. In some cases they were naturally curious, in other cases it was definitely intended as a provocation. Was having one's masculinity challenged simply par for the course? As King (2004) observes, teaching as a feminized profession is viewed as soft option for men, so men who choose to teach can't get a real job, are pedophiles, or gay. To argue, then, that boys need more male teachers, who exude 'natural' authority in the classroom, to me, seems a ludicrous position.

Boys' Masculinities

Another position that needs challenging, then, is the assumption of 'boys' as a homogenous group. There are many opportunities for boys to engage in masculinizing 'projects'. Connell (1995) describes a conventional story for how boys learn to be men:

> Every culture has a definition of appropriate conduct and feelings for men. Boys are pressured to act and feel this way and to distance themselves from women, girls and femininity, understood as the opposite. The pressure for conformity comes from families, schools, peer groups, mass media and (eventually) employers. Most boys internalize this social norm and adopt masculine manners often at the expense of repressing their feelings. Striving too hard to match the masculine norm may lead to violence or personal crisis and difficulties in relations with women. (p. 140)

She critiques this position, and states three ways in which it needs revision:

1. It mistakes one form of masculinity (hegemonic) for masculine totalitarianism. There is a need to recognize that other masculinities exist alongside hegemonic.

2. There is an assumption that masculinity is a social mould imprinted on each child. Rather, masculinity should be looked upon "as a *project* (in Sartre's sense) pursued over a period of many years and with many twists and turns. These projects are dialectic, rather than mechanistic in nature."
3. The making of masculinities should be considered a collective as much as an individual project (Connell, 1995, pp. 140-1).

At the high school where I taught there were several types of boys: intellectuals, athletes; but there were also boys who didn't quite fit the mould – the artsy, goth kids, gearheads etc. These are my own descriptors, and not meant to be an authoritative, scientific taxonomy. I recognize now that categories were constantly shifting, boys were 'reinventing themselves' all the time. To interpret this in terms of Connell's critique, the boys (and girls) in these groups were negotiating their masculine (and feminine) identities together, at time through conflict, but often by symbiotic relationships, finding a group of friends with common interests. To understand better this process, I look to Swain (2005, 2006).

Citing Connell (1996) and Gilbert and Gilbert (1998), Swain (2006) identifies four key areas of "masculinizing practices" in schools, to which he adds a fifth: management and policy/organizational practices (including discipline), teacher and pupil relations, the curriculum, sport/games, and pupil-to-pupil relations (peers) (pp. 333-4). He further asserts that the latter may be the most influential (Swain 2005, p. 217).

Swain (2005) states: "Schools are invariably hierarchical and create and sustain relations of domination and subordination; each orders certain practices in terms of power and prestige as it defines its own distinct gender regime" (p. 215). He contends that multiple factors, (e.g. economic, political, social, historical, as well as personnel, rules, routines and expectations, resources and space) provide different, and alternative possibilities for "*doing boy*"... some are easier to access than others (p. 216). So, part of the issue at our school, of any school, was the options available to boys. At our school, we had a strict uniform policy. Students had to be creative in the ways they 'personalized' their uniforms. It became a site of resistance for students looking for 'protest'. Boys could increase their 'cred' among peers by wearing their uniform pants a little lower, baggier, or if they wore a certain style of shoe. They set themselves up for potential conflict with a teacher if caught. But the dividends were worth it, for some. However, most boys were more subtle in their resistance to authority, manoeuvring, positioning or, "knife-edging" (p. 218), that is to say, employ different strategies (resist, or conform) to formal school authority, whatever best satisfies their interest.

Most boys seemed to engage in what Swain (2005) calls personalized masculinities – boys who don't fit the 'hegemonic' masculine model, seek other forms of masculinity. Not necessarily 'complicit', they exist alongside hegemony since they are not a threat to the hegemony as they don't desire to be 'hegemonic'. They don't compete for status, and generally describe themselves as different, not subordinate (p. 221). The ways in which boys' masculinities are defined "are generally described in terms of what boys do with or to their bodies" (p. 224). The high school where I taught provided a variety of opportunities for boys to engage in extracurricular activities which allowed them to explore and develop personalized masculinities – sci fi club, dance crew, catering, drama, choir, to name a few – which didn't appear to compete with more traditional intellectual and athletic competitive teams. Furthermore, there were plenty of opportunities for boys to engage informally in activities in spaces such as atrium, cafeteria or school grounds.

But what happens when a boy is disabled? Does he have the same opportunities to engage in formal and informal masculinizing practices?

Disabling Boys' Masculinities

Martino and Pallotta-Chiarolli (2003) analyse the intersection of physical disability and masculinity for boys and young men within the context of public education. They found five ways in which boys' masculinities are fashioned in schools: 1. being labelled disabled; 2. borderland existences of disabled boys; 3. disability/heterosexuality interface; 4. being harassed/harassing; and 5. school as a site of stigmatization (pp. 160-1). Their mestizaje approach in which binaries are circumvented, may potentially offer a solution to the binaries of disability/impairment; disabled/abled; and disability/sexuality.

Labelling.

Being labelled disabled can affect one's position within a hierarchy of masculinities. Having a disability does not necessarily mean one is stigmatized, or marginalized, as I have illustrated above. However, it may make it harder as Martino and Pallotta-Chiarolli (2003) explain: disabled boys bodies' appearance and movement are “major signifiers of their lower positioning within the hierarchy of masculinities” (p. 161). A boy's ability to 'pass' as 'normal', 'disavow', 'cover' or 'compensate for' his disability may allow him to a retain a level of privilege among peers. Some boys are able to rely on 'hegemonic' masculinity if they can pass as able bodied.

Like the men described above, many of the boys interviewed by Martino and Pallotta-Chiarolli (2003) reformulated hegemonic masculinities by acting aggressive, or disruptive in classrooms (a form of protest or resistance masculinity); by performing stunts or playing sport, or enduring harassment with stoicism and wit, thus earning respect from their able-bodied peers (pp. 166, 171). For example, a wheelchair can be a site of masculinity – boys in wheelchairs can embody hegemonic masculinity by “utilizing their wheelchairs in 'cool' and 'tough' ways” (p. 165). Boys and young men who engage in wheelchair sport, 'pimp out' their powerchairs, or do stunts can achieve a degree of status among able bodied peers. Aaron Fotheringham, who has many clips available on YouTube, is able to 'normalize' his masculinity by performing stunts in his wheelchair usually reserved for skateboards or BMXs, at a skateboard park.

Finally, Martino and Pallotta-Chiarolli (2003) observed that some boys will self-ascribe the term 'disability' and reject hegemonic constructs and the pain of trying to live up to standards (p. 167). For example, Sam (age 16) rejected 'independence' as construct of masculinity (requiring assistance) and acknowledged an increased tolerance and understanding of difference (as a benefit of his position) “... because I can't do anything practically myself. I think I do things more seriously. I have more time to think and I'm more tolerant of differences” (p. 165). I am not entirely sure whether in this case Sam rejected terms such as strength, heroism, even 'disability' itself; rather, he in my interpretation, accepted the terms as markers of masculinity, and simply redefined them in terms of his own situation. Strength was redefined in terms of brain and heart, and disability in terms of individual 'advantages and disadvantages' (p. 166). Regardless, however, where anyone situates this lad on Gerschick and Miller's heuristic, it illustrates the difficulty with labelling. These examples illustrate the various ways boys negotiate their masculinities, shape and are shaped by the institutional structures.

The hierarchical nature of schools tends to position able-bodied boys on top, boys who can 'pass as able-bodied', physically disabled, intellectually disabled, and finally homosexuals (Martino and Pallotta-Chiarolli, 2003, p. 169). Girls are often viewed as a 'prop' in affirming one's position in the masculine hierarchy (p. 168). A disabled boy who can 'get an able-bodied' girl increases his status among his peer group, not to mention his own self esteem (p. 168). Shakespeare et al. (1996) have illustrated how if disability sexuality is thought of at all, it is heterosexual. There is little in the way of curriculum anyway that deals with homosexuality. Unfortunately, disabled youth sometime lack sexual education (formal and informal) especially in situations where they are in segregated classrooms for part of the day, or are excused from physical education. Parents and caregivers sometimes fail to see the disabled child as being capable of having sexual relationships and so do not provide sufficient information. Furthermore, learning from peers/media can be problematic, as with any child relying on peer/media for information about sex, because it spreads misinformation, myths and lies. Alternative expressions of sexuality (hetero- and homosexual) which focus on positive relationships need to be provided. A disabled perspective may be helpful. Men who are disabled, as discussed above, often discover an 'expanded masculine repertoire', including non-penetrative 'sexual expressions', and communication are key to an enduring relationship. The men and women in Shakespeare et al.'s (1996) study more than anything else sought meaningful, lasting relationships rather than casual encounters, and hook-ups. Their stories serve as counterpoint to the existing narratives of sexual prowess, and conquest among boys.

Harassing and harrassed.

Most of the disabled boys interviewed by Martino and Pallotta-Chiarolli (2003) experienced harassment: from having wheelchair/adaptive technologies touched and used by others (teachers not recognizing symbiotic relationship of boy and 'prosthetic') to being bullied (pp. 170-1). Boys with disabilities are vulnerable to violence – and declaration of physical weakness appears to be an invitation to attack (p. 171). Teachers' interventions may not be helpful. Going to a teacher is not viewed as an effective strategy, and so the boys find ways to deal with conflict themselves by avoiding situations, using wit and humour, or seeking peers who can protect them. Additionally, within disability hierarchy, boys can be harassing: they may seek out boys (and girls) perceived as being lower on the pecking order (pp. 174-5). Name calling, especially calling homophobic epithets continue to be commonplace among disabled. It may be possible for a teacher with a disability to be more attuned to the subtleties of disabled boys' harassing/harassment. It isn't a given, however. Simply because one shares a similar background or characteristic, doesn't make one an authority.

Borderland experiences.

Boys' diversities are multiple, layered – disability is just one facet. A boy with a disability may find connection with someone with a similar cultural background. However, may be excluded from a cultural group if culture group values strong, hegemonic masculine characteristics. At times, a disability may be experienced as a distinct culture. For example, a deaf person may be accepted equally in deaf and hearing cultures (p. 176). A disabled teacher may be able to use his position within a 'crip' culture to influence disabled boys (and girls). In one sense, seeing a disabled man in a position of authority, employed, and engaged in a meaningful profession could be inspiring, I suppose. More likely, as the disabled man becomes 'infused' into the school culture, his presence becomes normalized and 'real'.

Disability and sexuality.

In addition to the intersection of culture and disability, homosexuality can compound a physical 'abnormality' with a masculine 'abnormality'. Tony had trouble being accepted in either hetero-/ homosexual worlds because of his disability (p. 177). His experience was similar to 'Daffyd's' (Shakespeare et al., 1996) in the sense that homosexual groups may hold the same masculine physical ideals as heteronormative masculine regimes. Both Daffyd and Tony experienced double marginalization: within able-bodied hegemonic masculinity and homosexual masculinities. Stories like Daffyd and Tony's illustrate the complexity of an individual's claims of identities. Assumptions about the homogeneity of any 'group' may be myopic, and the emphasis on sorting students into ability groupings in order to prepare for a so-called 'real-world' (read employment) after school, seems to be disabling the diversity that exists in schools. Schools need to deal with diversity and recognize “the multiple borderlands of Otherness” (p. 175). I am from a privileged masculine background, white, heterosexual male. The only times I have really experienced a sense of marginality has been through my disability, and then, not necessarily to the degree others may have experienced it. My socioeconomic status and the age at which I acquired my disability are contributing factors to my experience as a disabled person. Children who have been disabled since birth, may have more, or at least a different 'experience' than me. To ask me, then, to represent 'all' disabled people, to act as the 'token crip' in a school may be asking for failure, I fear.

Schools as sites of stigmatization.

Martino and Pallotta-Chiarolli (2003) are concerned about schools' inability to deal with “diverse range of student attributes” and disabilities seen as the problem, not “the limitations of schooling structures and normalized social hierarchies (Robillard and Fichten, 1983; Christensen, 1996)” (p. 177). Even though many schools have inclusive education programs, mainstreaming policies place the onus on the individual student to prove his ability to go to regular classes, and then to be accommodated to fit the curriculum (Gabel, 2002). Schools need to address the 'normative regime' that affirms many of characteristics physical disability can take away: physical strength, independence, and (hetero-) sexual prowess (p. 180).

A postcolonial approach that recognizes multiple borderland experiences and seeks to rid institutions of either/or binaries and associated hierarchies may offer a solution to the problem of disability/ability, masculine/feminine binaries, but also problems associated with institutional (medical/educational) categorization of disability, or even categories DS themselves set up.

Whereas Martino and Pallotta-Chiarolli researched boys with physical disabilities, Benjamin (2001) studied boys with LDs. She found that boys in her special ed class relied on dominant hegemonic masculine imagery, such as football players and wrestlers to construct their own masculinities despite being subordinated by their LDs, and physical disabilities. It is possible for a man with a disability to show these individuals alternatives, and use his insider perspective to better understand the motives and thought processes. However, as Benjamin illustrated, it doesn't take one to know one. She, a feminist, was able to challenge their assumptions about masculinity to get them to see from a whole new perspective.

Men as Role Models?

Without a new approach to how masculinity and disability are treated, old ideas will prevail. Davison (2007), Martino and Berill (2007) and others have noted that without proper gender analysis in schools, 'common-sense', essentialist (read hegemonic) understandings about men and boys perpetuate. In my experience, as I have already mentioned, I may have tacitly benefited from these myths: that men are needed to effectively reach and teach boys, who are becoming ever more marginalized by a feminized school system, and by other cultural factors such as being raised by their mother in a single parent family. Such understandings assume a primarily 'hegemonic' male would be most desirable as a teacher/role model. Ironically, there is suspicion of men who choose to teach (especially in primary grades): 1. they are teaching because they can't succeed elsewhere in the 'real' corporate world (teaching, then is a 'soft option'), 2. male teachers are gay (and recruiting), or 3. they are pedophiles (King, 2004, p. 122). What then of male teachers with disabilities? How are we to fit in with this model? Perhaps some are able to perform within the hegemonic standard, such as Zwolak (2005, Fitzgerald, T. A1, The Hamilton Spectator), who uses his knowledge of football to earn him 'cred', others may be able to use the hero metaphor of overcoming obstacles. What is my 'role' as a teacher with a physical disability? I've been told on numerous occasions that I should go back into the classroom, that I am 'such an inspiration,' and 'what a great role model' I would be for the kids. The challenge is daunting, and I feel unworthy of the task. In fact, if I do return to classroom teaching, I'm afraid it would backfire. Lam (1996) interviewed Rose, a Chinese-Canadian teacher, who resisted the 'role model' position. I realize that as a disabled teacher, I may offer a different perspective, and by default, may be viewed as a role model for other students with disabilities. Rezai-Rashti and Martino (2010) emphasize "resorting to role modelling as a reform strategy … may lead to an overemphasis on the teacher's race and gender [to which I will add disability] as singular and/or stable identity categories" (p.59). The homogenizing tendencies of role modelling place the burden of transformation on the shoulders of the individual teacher without considering "the structural impediments to the classed and gendered dimensions" of inequality (p. 60).

In addition to the pressure to act as role models, teachers with disabilities may experience "backlash". It has been documented that persons with LDs have difficulty attaining post secondary degrees due to latent and explicit discrimination (Brueggemann et al., 2001), so attaining teacher positions can be a struggle, and if they do, there are questions about their abilities to teach effectively. Ferri, Connor, Santiago Solis, Valle, and Volpitta (2005) state:

> From Robert's story, we understand that disclosure of LD can be fraught with danger. Schools are still not necessarily safe spaces for individuals with LD, who risk being seen as "deficient." Because of the normative culture of schools, students and teachers who are different may find themselves in hostile environments— and some manage this stigma by choosing to mask their differences. (p. 76)

My fitness as a teacher has been challenged. I was told once by a real estate agent that the students would "eat me alive" if I returned to the classroom. When I returned to volunteer in the classroom after returning from rehab I did find it difficult to assert control in the classroom when I was given the opportunity to do so. Visibility is an issue. Before, I could stand in front of the class and my body would command attention. I had developed visual cues and seldom had to raise my voice to get everyone's attention, a skill I had taken years to fine tune. Sitting in my wheelchair in the front of the class, no one sees me. If I return to the classroom, I will have to develop entirely new strategies for classroom management. And although schools are very accommodating, several problems exist. Early start times can be problematic since my morning routine takes several hours. Recurring GI troubles require me to take time off, and may make it necessary for me to excuse myself from class on short notice. Flex time, first period planning time, work from home or an on-line position may help. Providing me with an aide to cover on the occasions I have to leave, and to provide consistency in the classroom while I am away may be another solution. Alternatively, I could work as a consultant. What do I have to offer? I may increase the visibility of disability and act as a voice, to act as an advocate for disability rights. I have a new perspective, I think. Students could benefit from having someone who has an expanded masculine repertoire, who can relate to their problems, committed to inclusive and critical pedagogies.

Despite difficulties attaining positions, men with disabilities may offer alternative models of masculinity for able-bodied and disabled boys alike. Disability may offer another 'layer' of diversity to race/ethnicity, sexuality, and class. As a positional lens, disability offers insider knowledge into the lives of students experiencing marginality from their own disabilities. A disabled man claiming an identity as such may provide an alternative to the hegemony. bell hooks (1990) considers "marginality as a site of resistance (p. 343)", as such I may provide a catalyst for change.

Chapter 7: Implications and Concluding Thoughts

Pedagogical and Policy Implications

Diverse masculinities.

Diversities in education can be beneficial. Being a disabled man provides me with a perspective that may be different from an able bodied man. I no longer assume a masculine privilege. An expanded repertoire of masculine behaviour may be beneficial for all students, boys and girls, by modelling 'new man' sensibilities. In relation to discipline, sharing a similar background may provide “a degree of empathy”, without letting the student get away with innappropriate behaviour (Pole, 1999 p. 323). However, a simple 'add and stir' approach is not sufficient. Some disabled people resist the label, and rely on hegemonic masculinity – this does little except prove that a few supercrips can make it in an ableist society. In addition, to draw from critical race theory, indirect prejudices and discrimination may exist among parents and fellow staff (p. 321). Furthermore, different expectations may be placed on a visibly disabled teacher. For example, as a black teacher many be expected to advocate for black pupils (p. 319), a disabled teacher may be expected to advocate for disabled students. Although a disabled teacher may have insider knowledge, and increased credibility among disabled students, there is a great variability in disabilities, and one embodiment does not necessarily assume a shared experience with another. Furthermore, without adequate support, training, and a commitment to success from everyone, I'm afraid that a failure in the classroom, may perpetuate a deficit view of disability. Conversely, success doesn't necessarily prove the opposite. A disabled teacher, who is 'inspirational' and 'motivating' is still very much a 'feel good' story and an exception to the rule. We all like a 'plucky little crip' story now and again.

Putting a teacher with a similar background as the students in the classroom will not necessarily mean that those students will be well-served. Just because his background might be similar to that of his students, doesn’t mean that the teacher will either ‘identify’ with the background, or will be essentially more sensitive to the diversity that exists in the classroom. It might be more effective to have teachers from diverse backgrounds who are highly trained in their content areas and sensitive to the subtle nuances of the variety of backgrounds that are present in the classroom.

I hope anyone reading this will start to ask questions about the assumptions we make about boys needing men in order to learn. Placing a man in front of a class and expecting boys to learn better is overly simplistic. In addition, I hope that schools can adopt inclusive pedagogical practices that recognize and embrace diversity; that they recognize the ways they support a masculine hegemony and hierarchical gender regime; and that they seek ways to create a more democratic and egalitarian system. We need to carefully examine schools' gender regimes and hierarchical nature and how it is supported by a bottom line, standardization, 'exit outcomes', and need to be competitive globally. It is difficult to argue for more equity when 'special interest groups' are required to compete for a piece of an ever shrinking pie, and where standardized literacy tests focus on differences between genders. What is needed is a critical pedagogy that is committed to inclusivity and embraces diversity in the classroom.

Disability studies and enabling pedagogies.

A critical pedagogical approach which embraces inclusivity and diversity is needed as a counterpoint to the corporate-style bottom-line education supporting social hierarchies, and hegemonic gender regimes. Two approaches offer a more inclusive model: disability studies pedagogy and enabling pedagogy. The first approach seeks to eliminate barriers many disabled people face, and reframe pedagogy to embrace diversely abled individuals, the second seeks to reorient pedagogy to value the 'insight' disabled people have. These two pedagogical approaches can be integrated into existing critical pedagogical perspectives which promote diversity in gender and ability, and that recognize the multiple intersections of gender, ability, culture, socioeconomic status.

Fitch (2002, p. 476) identifies a “disability studies pedagogy” (DSP) – a critical pedagogy based on Disability Theory (Gabel 2002, p. 186), and informed by feminist and multicultural critical pedagogies (Fitch, 2002, p. 476). DT is based on the premise that disability is a social construction in which society through its language and policies define what it means to be disabled (Barton, 2001, p. 555). DT challenges a traditional or medical model of disability that establishes abled/disabled binaries resulting in a pervasive deficit view of disability which marginalizes individuals with disabilities. It is the intent of such pedagogy to destigmatize disability, critique the status quo, and empower those with disabilities to affect change in their lives.

The aims of DSP are to liberate people with disabilities from the hegemony that perpetuates an abled/disabled binary and to reorient social discourse so that 'diversity' is normal; to refocus on what diversely abled individuals can do, rather than what they cannot; and to eventually dismantle the dual systems of special and regular education (Fitch, 2002, p. 476). Fitch states a "disability studies pedagogy should not be to privilege disability identity, but to place it within a context of shifting and overlapping forms of social identity" (p. 476). In order to do so, the term disability should be re-considered to include people with diverse abilities. Then, as a critical pedagogy, there is the issue of claiming a disability identity. Diversely abled people are often invisible, underrepresented in critical discourse and segregated in school by dual special and regular classes. In order to affect change, diversely abled people need to find a voice. Finally, the inclusion of diversely abled people into mainstream classes has some practical concerns, which may compete with theoretical aims.

A traditional medical model views disability as a result of a physical condition, is part of the individual's body, may reduce quality of life and causes clear disadvantages for the individual. This outlook establishes abled/ disabled binaries resulting in a pervasive deficit view of disability which marginalizes individuals with disabilities (Baglieri and Knopf, 2004, p. 525). A social model of disability focuses on "the need to adapt social discourses and material environments to ensure equal participation for citizens of diverse abilities" (Palmeri, 2006, p. 50). Gabel (2002) avoids the term altogether, preferring to use "ability diversity" and "diversely abled" and uses the term "impairment" when discussing a particular medical condition (pp. 183, 197). She adds the inclusion of severely handicapped children into the discussion, and calls for the inclusion of such individuals into critical discourse (p. 183). My position is that if disability or ability diversity is socially constructed, then anyone with an identified impairment who is marginalized as a result of that impairment can be considered disabled, including physical, cognitive, psychological, learning and behavioural. This position can prove challenging when it comes to claiming an identity, increasing visibility, finding a voice and inclusion into society. If the "goal of a critical educator is to replace efforts to cultivate a blindly patriotic citizen with efforts to nurture an actively engaged one, a citizen who sees democracy not as an impersonal, irrelevant, and distant system but as a living and accessible one that offers them hope of changing their lives" (Hinchey, 2004) then educators must recognize the ability diversity that exists in the classroom and engage them in meaningful ways.

The major goals of DSP are to eventually eliminate the dual system of special and regular schooling, and to establish an education system that fully includes diversely abled individuals. However, full integration has been challenging. Students with physical impairments fit more easily into the existing education structures than students with learning, cognitive and behavioural impairments, thanks to an array of assistive technologies. Current practice entails individuals to be tested for an array of LDs, if the student is determined to have an LD, then teachers are required to provide appropriate accommodations, as outlined in the student's IEP in order to create a level playing field for the student. Often, students with LD are provided with accommodations that invent or increase difference (White, 2002, p. 728). In my experience, students are placed in remedial classes, and/or hire tutors if they can afford it to "get them up to speed." This perpetuates a deficit view of LD. Delpit (2006) observes that some schools with strong racial minorities resort to assigning decontextualized activities aimed at improving test scores (pp. 221-2). I've observed this practice with students with LDs and so-called "special ed" students. Frequently, students with LDs get streamed into applied classes. These classes often have similar lessons to an academic stream, but are watered down with simpler questions and "drill and kill" seatwork, simply because such students are thought to be incapable of complex discussions, or cooperative group work. Students resent having EAs follow them around because it centres them out. Other practices like shortened reading tasks, extensions, and chunking benefit the whole class, yet are frequently included as accommodations on IEPs. My experience as an EA shows a largely ineffective approach to inclusion. "High needs" students shadowed by EAs, by and large, had to fit in to a one size fits all classroom. Their presence in the class definitely increased their visibility in the school community and the interactions among peers; but when it came to class discussions, group activity and general coursework, often they were provided with some menial or parallel task, because the teacher lacked the knowledge of how to include them.

Inclusion might not mean simply placing students into existing classes. An emphasis on what students can do rather than what they cannot (Hinchey, 2004) might be a good place to start. Fendley and Hamel (2004) argue against the metaphor the level playing field and propose "a new playing field" that actively promotes alternative assistance for students with LD and creates a new visibility for the strengths and needs of students with LD (p. 505).

Brueggemann et al. (2001) propose a "disability as insight" model be employed and to dismantle the "special privilege" backlash that sometimes occurs when disabled students are perceived as getting special attention, jumping the queue or too much of an ever shrinking pie (pp. 371, 374-5). An enabling pedagogies approach seeks, therefore, to integrate disability into teaching practices in order to introduce new questions, and challenge assumptions (Snyder, Brueggemann and Garland-Thomson, 2002, p. 4). In order to better understand their needs, disabled individuals need to be involved in research that affects policy decisions. "We can create better assignments and assessments if we use the lens provided by LD to examine whether teaching practices that require accommodations are really necessary" (White, 2002, p. 728).

Students with disabilities, including LDs, cognitive disabilities, and students with challenging behaviours may add a dimension to the class dynamic, but the classroom may not always be a hospitable environment for students with diverse abilities. Gabel (2002) argues that negotiated choice is key to inclusion, and if the diversely abled individual (or parent or guardian, depending on age) believes that a separate class meets his or her needs better than being in a regular class, then those wishes need to be respected. "The first question is whether a student (and his or her family, when age requires it) want to be where they are and whether that classroom is a place where students and teachers are free to struggle to become new people and to live self-constructed lives as much as possible" (p. 194). Certainly, other marginalized peoples have at times sought out alternative educational avenues when the mainstream system was not meeting their needs (e.g. Africentric school in TDSB). Separate classes could potentially be places for students to develop their voices, whereas inclusive classes could be a place for students to increase their visibility. There is currently a gap between theory and practice when it comes to inclusion of diversely abled individuals in our schools. Rather than looking at the dual system of special and regular classes as antithetical to inclusion, special education might be best viewed within a continuum of educational services, until theory and practice eventually merge (p. 195).

Implications for Self

Prior to my accident, I was complicit with masculine hegemony. I may have resisted right wing essentialist changes to curriculum, and standardization of tests and report cards; however, I still remained in a comfortable position of privilege. When I became disabled, I was thrusted into a whole new situation. I could no longer take my position for granted. I am dancing a fine line between margin and mainstream.

In some respect my story supports common sense understandings: men are strong, unemotional/rational, separate mind over body, in control, independent. My story supports these understandings in the ways I continue to rely on hegemonic masculinities. I have had to tap into an inner strength to get to where I can be independent with most day to day activities. I have relied on 'hero' myth, 'epic' narratives in my rehabilitation in order to regain strength so I can transfer, wheel myself, and compete in tennis.

In other respects my story challenges traditional hegemonic masculinity. My body has become weaker, more contingent, and dependent. Having experienced loss of control, loss of voice, I understand what it means to be physically dependent. However, I can separate social dependency from physical dependency: I can direct care, in the cases when I am unable to care for myself. I still have control.

Concluding Thoughts

A pedagogy that recognizes the interrelationships of disability with other factors such as socioeconomic status, culture, and gender may help shed light on the complex negotiations involved in constructions of identities, and the establishment of hierarchies in schools. Teachers with disabilities may be able to offer insights, and enable a more inclusive curriculum. A man with a physical disability may embody for students an alternative to hegemonic masculinity. However, this is not necessarily true if he relies too closely on hegemonic masculinity, or appropriate supports for success are not in place.

Connell's concept of multiple masculinities suggests that boys and men engage in bodily-reflexive masculinizing practices. Hegemony is historically mobile, which means it can change over time. We have to be careful, then, not to simply replace one form of hegemony for another. Schools are sources of knowledge-power, can reinforce old ideas about masculinity, and support the current hierarchy (gender regime) or engage head-on the masculine hegemony that exists. This requires all men and women to become sensitized to the issues pertaining to the hegemonic nature of our schools, and to be ready to offer alternative modes to the current gender regime.

Stuart Parker (1997) argues that there are two competing stories in education: "In one there is a vocabulary of means, efficiency, universals, law-like generalization and bureaucracy; in the other one of autonomy, emancipation, uniqueness, democracy, ends and values" (p. 3). Inclusive pedagogies (such as enabling and DSP) which are critical (based on and resonates with feminist and multicultural critical pedagogies), value diversity and seek inclusion are more in line with the second story. They are frequently at odds with the first, since disabled individuals are marginalized by vocabulary that stigmatizes. The medical model efficiently labels individuals as abled or disabled. The labelling has real world implications; disabled people are often under- or unemployed and consequently relegated to the welfare system. Standards based curricula, and high stakes tests require students to pass text based exams to earn a diploma. Those who are unable to do so independently are to some extent accommodated, but within an assessment system that biases certain learning types over others. The existing system highly favours individuals headed to college or university. Those incapable of fitting in to the model are provided with a certificate and sent on their way often to lower paid, insecure employment, or into the welfare system. Individuals labelled Learning Disabled (LD) may receive accommodations, but accommodations perpetuate a deficit understanding of disability.

Focusing on dismantling the deficit view of disability and the inclusion of diversely abled individuals into society requires they be heard and seen. Schools can play a vital role in encouraging diversely abled students to construct identities, and develop voices in order to affect change in their lives. However, educators must be willing to hear those same voices, even if they are quieter than or not as articulate as others.

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