Embodied difference in manhood: A sociological analysis of the intersection of visible physical impairments and manhood among Xhosa men in the Eastern Cape.

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Abstract

In this thesis, I outline possible answers to the question of what it means to be a Xhosa man living with a visible physical impairment. Drawing on 17 one-on-one in-depth interviews and through an interpretive phenomenological thematic analysis, this thesis explores the intersection of physical disabilities and manhood masculinity in Xhosa men in selected rural areas in the Eastern Cape, South Africa. The intention for this study is to better our understanding concerning the creation, negotiation, maintenance, and recreation of manhood identities by traditionally circumcised Xhosa men in the Eastern Cape who by birth, accident, or illness find themselves at the intersections of masculinity and physical disability.

Research notes that the bodies of men with disabilities serve as a continual reminder that they are at odds with the expectations of the dominant manhood cultures. The main argument from this area of research is that men with disabilities are outside the hegemony because they undermine the normative role and shape of the body in Western cultures. However, this line of argumentation stands in sharp contrast to arguments that the hegemony in Xhosa manhood masculinity is primarily and conclusively achieved by having a traditionally circumcised penis without any consideration of the full embodiments of men. Therefore, this study, in the first instance, seeks to bring embodiment into the analyses of manhood by focusing on physical disability amongst traditionally circumcised Xhosa men. Through an embodied theoretical approach to their disabilities that accounts for the corporeal experience of impairment, and theories of masculinity that centre the context, this thesis establishes, in the first instance, the significance of embodiment in doing Xhosa manhood.

Concerning the research aims and objectives, this study sheds light on what it means to be a Xhosa man living with visible physical impairment. In this regard, the original findings are classified according to each research aims and objective, as outlined below. Concerning the first research aim, I found that the participants struggle to speak about their bodies outside of physical labour/work despite their impairments. I explain their inability to talk about their disabled bodies by looking at traditional Xhosa initiation as a grantor of equality and sameness. Secondly, I argue that there is a higher premium on social bodies rather than physical bodies in this context, thus their inability to speak about their conditions. Lastly, I make connections between the participants' inabilities to talk about their bodies and the lasting impact of colonial and apartheid histories.

Concerning the second research aim, I explore ways and strategies they employ to respond to and negotiate Xhosa manhood masculinity's dominant cultural demands. In this regard, I note that the participants who acquired their impairments after initiation consider their disability as a second initiation because they see it as having set them back to square one regarding their manhood responsibilities. In contrast, the participants who acquired their disabilities post-initiation saw initiation as a gateway to a more respectable personhood status. I also note that there is an emergence of alternative Xhosa manhood masculinities. Lastly, I also found that contrary to western scholarship on disability and manhood, the participants distinguish between threatened manhood identity versus threatened status as a man. I outline how they arrive at this distinction.

In terms of researching the last research aim, this thesis explores how the participants negotiate their 'embodied difference' in mundane everyday living. I explore their taken-for-granted routines in doing and being disabled Xhosa men every day. In this regard, this study presents original and interesting findings regarding sex and intimacy, social interactions and sociability, and everyday home living.

List of tables

Table 1: Description of participants who acquired physical disabilities before initiation
Table 2: Description of participants who acquired physical disabilities post initiation
Table 3: Group interview participants
Table 4: Expert interview

List of acronyms and abbreviations

CSMM : Critical Studies of men and masculinities
SMM : Sociology of men and masculinities
UPIAS : The Union of the Physically Impaired Against Segregation
WHO : World Health Organization
ICF : International Classification of Functioning, Disability and Health
IPA : Interpretive Phenomenological Analysis
RUESC: Rhodes University Ethical Standards Committee
REHAB: Association for the Rehabilitation of Persons with Disability

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- Lastly, sincere apologies to many people. Many relationships were ruined during this journey.

Dedication

This project is a true reflection of how rarely our choices of scholarly projects stray from the personal (Zelizer, 2010: vii). I dedicate this study to my late father, Spilkin Zanothando Sipungu, whose impairment inspired this work. I never would have questioned the existing scholarship on disability and masculinity had I never known and lived with a disabled man in my own home.

Notes on terminology/phraseology

Terminology on masculinity

It may seem tautological to refer to *manhood masculinity*, as I do throughout this thesis. However, as Chapter 5 will establish, there is a clear distinction between *boyhood masculinity* and *masculinity in manhood* in the Xhosa culture. The traditional Xhosa initiation separates the Xhosa boys from the Xhosa men. For instance, Magodyo et al., (2017) observe that the purpose of the Xhosa initiation ritual (*ulwaluko*) is to transform boys into men. Similarly, Mfecane (2016) notes that the transition from boyhood to manhood thus begins with a specific act of inserting a cultural mark of manhood during the traditional initiation process. It is clear from these scholars' claims that there is a distinction between boyhood masculinity and manhood masculinity in the Xhosa culture. Additionally, it has been established that performances of masculinity can also be found in females (Gardiner, 2012; Halberstam, 2017). I am, however, aware that most scholars of Xhosa manhood simply refer to it as Xhosa masculinity. Masculinity refers to practices associated with being a real man. Masculinity does not exist as an ontological given but comes into existence through social and material practices (Swain, 2003). Manhood in the Xhosa culture refers to the state of being a man which can only be achieved upon completion of the traditional initiation process known as *ulwaluko.* It is my intention in this thesis, to be more specific that it is not Xhosa masculinity, in general, that I am researching but masculinity in manhood thus I call it Xhosa manhood masculinity. It is for this reason that I write about *manhood masculine identities* instead of masculine identities.

Terminology on disability

In the *Routledge handbook of disability studies in Southern Africa*, Chataika (2019: 3) notes that the "language used to describe impairments and the people who experience them is constantly evolving" and, therefore, "impossible to always get it right". There is a big debate in disability scholarship (Shakespeare, 2006; Dunn and Andrews, 2015; Draper, 2018; Thomas and Sakellariou, 2018; Flink, 2019) about whether or not to use the ‘people-first’ or the ‘identity-first’ language to describe people experiencing impairments. On the one hand, people-first language is characterised by the use of ‘people/persons with disabilities’. It is “based on the need to affirm the person first” (Chataika, 2019: 3) and “promotes that a person is not limited by his or her disability and the disability is not the person’s primary attribute” (Draper, 2018: 30). On the other hand, the identity-first language is characterised by the use of ‘disabled people', with a particular reference to the nature of the impairment. For instance, blind person rather than a person who is blind. This stems from the argument that “people do not have disabilities, but rather have impairments that interact with society” (Chataika, 2019: 3).

Like Thomas and Sakellariou (2019), in this thesis, I do not intend to repeat the language debates. Therefore, in line with the bulk of the scholarship relied upon (Siebers, 2008; Chataika, 2019 Thomas and Sakellariou, 2019), I have used the ‘people/persons with disabilities/men with disabilities’ and ‘disabled people/disabled men’ interchangeably. Except for direct quotations, I have avoided using the words *living with* to refer to disability. I have instead used *living with* to refer to impairments to denote that it is a lived and experienced bodily condition.

Style and Format

Single quotation marks – used to denote the writer’s emphasis.

Double quotation marks – signify direct quotes.

First names in-text reference - In cases where two or more authors share the same last surname, I have differentiated by identifying them by their first names

Square brackets with italicised [ ] – signify author’s own insertion particularly in cases when it is cited material.

Definitions

IsiXhosa – Nguni language spoken by Xhosa people.

Xhosa – used to refer to the people. AmaXhosa is the plural for Xhosa.

Xhosa man *(indoda)* – used to refer to traditionally circumcised men.

Table of Contents

List of tables ... iii

List of acronyms and abbreviations ... iv

Acknowledgements ... v

Dedication ... vii

Notes on terminology/phraseology ... viii

Terminology on masculinity ... viii

Terminology on disability ... viii

Style and Format ... ix

Definitions ... ix

Chapter 1: Thesis introduction ... 1

1.2 Research aims and objectives ... 2

1.3 Background rationale of the study ... 3

i. Snapshot of the research site ... 3

ii. Why rural Eastern Cape? ... 3

iii. Why the selected rural areas? ... 4

v. Scope of the study ... 5

1.4 Thesis structure ... 5

Literature review chapters ... 5

Chapter 2: Male bodies in masculinities literature ... 5

Chapter 3: Disabled masculinities: A review of literature ... 6

Theoretical framework chapters ... 6

Chapter 4: Theoretical framework: Understanding disabled Xhosa manhood masculinity ... 6

Chapter 5: Theorizing disabled Xhosa manhood masculinity ... 6

Chapter 6: The research process ... 7

Discussion and analysis chapters ... 7

Chapter 7: Capturing embodied meanings of manhood ... 7

Chapter 8: Positioning disabled Xhosa men subjectivities ... 7

Chapter 9: Navigating and managing the 'embodied difference' everyday dynamics ... 8

Chapter 10: Concluding thoughts ... 8

Chapter 2: Male bodies in masculinities literature ... 9

2.1 Introduction ... 9

2.2 The male body as a central part of masculinities ... 13

2.3 The male body as basis for masculine hierarchies ... 16

2.4 Male body as a site for masculine meanings & identities ... 20

2.5 Male body as a surface for cultural inscriptions ... 23

2.6 The male body as a subject of discipline ... 25

2.7 Conclusion ... 27

Chapter 3: Disabled masculinities: A review of literature ... 29

3.1 Introduction 29
3.2 Sport 31
3.3 Sex 34
3.4 Fathering 37
3.5 Intimate partners 39
3.6 Employment 41
3.7 Disabled men negotiating their gendered identities 44
3.8 Conclusion 45

Chapter 4: Theoretical framework: Understanding disabled Xhosa manhood masculinity 47

4.1 Introduction 47
4.2 Conceptualizing disability 48
4.3 The medical model 51
4.4 The social model 55
4.5 An embodied approach to disabled Xhosa manhood masculinity 59
  4.5.1 Lived bodily experience: Phenomenology 62
  4.5.2 Sociologies of the body 64
    4.5.2.1 Pierre Bourdieu's 'bodily hexis' 66
    4.5.2.2 Chris Shilling's 'corporeal realism' 69
    4.5.2.3 Charles Cooley's 'looking-glass self' 71
  4.5.3 Socio-cultural dimension of embodiment 74
  4.5.4 Recognition of local notions, terminologies, and beliefs 75
  4.5.5 Disabled people as agentic subjects 77
4.6 Conclusion 79

Chapter 5: Theorizing disabled Xhosa manhood masculinity 81

5.1 Introduction 81
5.2 Defining and theorizing masculinities 82
5.3 Critiques of Connell 86
5.4 Theorizing disabled Xhosa masculinities 88
  5.4.1 *Ulwaluko*: Entry to manhood & personhood 88
  5.4. 2 Dominance at the peripheries / Dominance without hegemony 94
  5.4. 3 Everyday rhetoric & local idioms/proverbs of manhood 97
  5.4.4 Theorizing physical disability within Xhosa masculine hierarchies 99
5.5 Conclusion 103

Chapter 6: The research process 105

6.1 Introduction 105
6.2 Qualitative methodology 105
6.3 Interpretative Phenomenological Analysis (IPA) 108
6.4 Sampling & inclusion criteria 111

6.5 Positionality: Researching and writing from an insider/outsider subjectivity 113

6.6 Seeking and negotiating access 116

6.7 The interviewing process 118

6.8 Group interview 129

6.9 Expert Interview 132

6.10 Ethical Considerations 134

6.11 Data Analysis........ 135

6.13 Conclusion........ 139

Chapter 7: Capturing embodied meanings of Xhosa manhood masculinity 140

7.1 Introduction........ 140

7.2 The body as taken for granted vis-a-vis absence of body- masculinity nexus. 142
7.2.1 Traditional initiation as a guarantor of equal access to manhood 152
7.2.2 Primacy on social bodies 157
7.2.3 Coloniality and migrancy........ 161

7.3 Conclusion 168

Chapter 8: Positioning disabled Xhosa men subjectivities........170

8.1 Introduction........ 170

8.2 Disabled after initiation: Disabling event as a second initiation 172

8.3 Being a man after disability: A new man, a different man........ 176

8.4 Alternative manhood masculinities 180
8.4.1 Becoming independent. Becoming domesticated........ 181

8.5 Disabled before initiation: Initiation as an entry to a respectable personhood. 185

8.6 Threatened manhood identity vs. threatened status as a man 188

8.7 Markers of respectable manhood: Status things........ 191
8.7.1 “Indoda kumele ibe nomfazi”. A man should have a wife 192
  8.7.1.2 Negotiating perceived (un)desirability in relationships 196
8.7.3 *Umzi*. A man should build a home 204
8.7.4 Children. A man should have children. 207
8.7.5 Being visible. A man should be seen. 212

8.8 Conclusion 216

Chapter 9: Navigating and managing the ‘embodied difference’ everyday dynamics........219

9.1 Introduction........ 219

9. 2 Sex and intimacy 221
9.2.1 “*ndina le challenge yonga vukelwa*”: navigating sex and intimacy 221

9.3 Social relations and sociability........ 229

9.3.1 *"Akukho mntu unondibiza unongalwana njemba ndingenangalo"*: Resisting becoming the disability 229
9.3.2 Ndiyayicaphukela ke la nto kube kusithiwa 'shame': Navigating pity and sympathy while maintaining manhood identity 233
9.3.3 "*Yenza intloni ke la nto yobuya emsebenzini uclean amanye amadoda emdaka*": Negotiating visibility and incapacity 239

9.4 Everyday home living 244
9.4.1 "*Ndandiyifumene ne wheelchair esibhedlele qha i-wheelchair andiyithandi iyadodobalisi*": Home adjustments, and personal assistive devices 244

9. 5 Conclusion 252

Chapter 10: Concluding thoughts 255

10. 1 Methodological highlights and contributions 255

10. 2 Theoretical highlights and contributions 256

10. 3 Empirical highlights and contributions 257

REFERENCE LIST 262

Appendix A: Letter of introduction 300

Appendix B: Consent form 301

Appendix C: Ethics clearance letter 302

Appendix D: Schedule of Interview questions 303

Appendix E: Original isiXhosa transcripts per chapter 306

Chapter 7 original transcripts 306

Chapter 8 original transcripts 310

Chapter 9 original transcripts 319

Chapter 1: Thesis introduction

The main aim of this study is to explore the intersection of physical disability and Xhosa manhood and, in so doing expand the relevant scholarship by improving our understanding of the creation, negotiation, maintenance, and recreation of Xhosa manhood masculine identities by traditionally circumcised Xhosa men in the selected rural areas in the Eastern Cape who by birth, accident or illness find themselves at the crossroads of social dynamics that converge when masculinity and physical disability co-exist (Gerschick & Miller, 1997). While a lot has been researched and written about masculinities, in general, and Xhosa masculinities, in particular, there is a paucity of research concerning the experiences of disabled men in Southern Africa, in general, and disabled Xhosa men, in particular. Additionally, there is a paucity of research on the role of embodiment in doing manhood beyond the well-researched notions of strength and force. This is the research lacunae that this study seeks to fill.

Secondly, a large bulk of scholarship on the intersections of masculinity and disability comes from the West. In this branch of scholarship, the co-existence of disabilities and masculinity is written about as “status inconsistency” (Gerschick, 2000: 1265), “antithetical, or mutually exclusive” (Barrett, 2014: 37), the “dilemma of disabled masculinity” (Shuttleworth *et al.*, 2012: 175), and ‘embattled identities’ (Murphy, 1990). The rationalization for this incongruous conceptualization is rooted in that cultures of masculinity privilege men who are strong, independent, and self-reliant while in society disability signifies reliance, weakness, and dependency (Barrett, 2014; Shuttleworth et al, 2012; Ostrander, 2008; Gerschick & Miller, 1997).

In essence, the existence of disability in men is reported as tantamount to a loss of masculinity (Shuttleworth *et al.*, 2012; Nolan, 2013). This line of argumentation usually stems from Raewyn Connell’s (1987; 1995) theory of hegemonic masculinities and therefore men with disabilities are perceived to be outside the hegemony because they undermine the typical role of the body in the Western culture (Gill *et al.*, 2005; Gerschick & Miller, 1997). This line of argumentation stands in sharp contrast to arguments that the hegemony/circle of legitimacy in Xhosa manhood masculinity is achieved by merely having a traditionally circumcised penis. It is a principal way of proving that an individual is a real man and thus belongs to the circle of legitimacy (Mfecane, 2016). This strand of literature is completely silent on the role the rest of the body plays in "doing being a *[Xhosa]* man" (Gill *et al.,* 2005: 58). Therefore, in this regard there is an obvious stark contrast between our understandings, or lack thereof, of embodiment in doing masculinity between the Xhosa culture and the western world. This is another lacuna in the literature on Xhosa manhood masculinity that this thesis seeks to fill.

1.2 Research aims and objectives

1. *Aim*: To investigate the gendered meanings physically disabled Xhosa men attach to their bodies in relation to doing Xhosa manhood masculinity

   Objective: Explore how participants talk about their disabled embodiments in relation to being Xhosa men. Do they only speak about the cultural mark or does physicality feature?
2. *Aim*: Investigate ways in which Xhosa men with physical disabilities construct, define, and negotiate Xhosa manhood masculinity for themselves. Additionally, how they perceive physical disability and its place in the hierarchy of Xhosa masculinities.

   Objective: Explore ways and strategies through which they respond to and negotiate dominant cultural demands of Xhosa manhood.
3. *Aim*: Investigate how, upon constructing, defining, and negotiating Xhosa manhood masculinity for themselves, physically disabled Xhosa men deal with the embodied difference in their daily lives.

   Objective: Explore how the participants negotiate their 'embodied difference' in mundane everyday living.

1.3 Background rationale of the study

i. Snapshot of the research site

The Eastern Cape is one of the nine provinces that make up the Republic of South Africa. It covers an area of about 13.9% of South Africa's land; making it the second largest province in South Africa after the Northern Cape (Hamman & Tuinde, 2012). Prior to the democratic dispensation which began in 1994, what is now the Eastern Cape was part of the Cape Province, reserved for white people, and the two black homelands of Ciskei and Transkei designated for the Xhosa speaking black people. Westaway (2012: 116) writes that, "the Eastern Cape was demarcated in 1994, as a separate part of the former, much larger, Cape Province".

Today, the Eastern Cape province remains one of the poorest provinces in South Africa with the two former 'black' homelands experiencing multidimensional poverty (DispatchLive, 2017). Indeed, Westway (2012: 117) argues that the Ciskei and Transkei today are characterised by pervasive chronic poverty, low levels of economic activity, a dearth of employment opportunities, and high levels of dependency on welfare. Additionally, Hadju *et al*., (2020) writing about the Eastern Cape note that the "rural locales remain home to millions of people, characterised by widespread poverty and vulnerability". Recently, the 2018 World Bank report similarly observes, "multidimensional poverty remains concentrated in previously disadvantaged areas, such as the former homelands with the 10 poorest municipalities located in the former homelands of Eastern Cape and KwaZulu-Natal" (Hurlbut, 2018).

ii. Why rural Eastern Cape?

Firstly, and truthfully, I decided to study Xhosa manhood masculinity in the rural areas because it is what I am familiar with. It is for this reason that I have always found performances of Xhosa manhood masculinity in the urban areas confusing and slightly amusing. Having lived, and gone through the traditional initiation in the rural areas, I thought studying Xhosa manhood masculinity in the rural areas would be more revealing of the dynamics that converge when masculinity and disability intersect because an able-bodied physical/body capital is currency for men in this context. As it will become more apparent in the thesis, I argue that being a Xhosa man in the rural areas requires an able-bodied corporeality because Xhosa men are expected, as a requirement and a performance of manhood masculinity, to partake in community activities such as the digging of graves, slaughtering, attending meetings, which predominantly require an able-bodied corporeal presence. Whereas in urban areas, activities such as the digging of graves, for example, has become the territory of funeral undertakers, and the slaughtering is mostly done in abattoirs. The intention behind focusing on rural Xhosa manhood masculinity, therefore, is to explore how men with physical impairments navigate all these expectations of an able-bodied physicality in doing manhood on a daily basis.

iii. Why the selected rural areas?

The south-western side of the Eastern Cape province, where I live, does not have rural settlements; there are farm settlements. So, for this reason, I knew I had to travel to the eastern side of the province where the towns are largely surrounded by rural areas. The first town to the east of Grahamstown, where I live, is Peddie, followed by King William's Town, and then East London. These towns and their surrounding areas are within driving distance of Grahamstown, which allowed me to drive to and fro for data collection. This is how I ended up researching the surrounding rural areas in these towns. However, the choice of each of the particular areas was a pure consequence of snowballing. I would always ask each participant if they knew of another man with a physical disability and that's how I ended up driving to these rural areas.

iv. Why disabled men?

Similar to the rationale about rural Xhosa manhood requiring an able-bodied physicality, I decided to study physically disabled Xhosa men because I thought, in the first instance, their narratives would be more revealing about the role of embodiment in Xhosa manhood. As it will become apparent in the preceding chapters, my starting argument is that the most glaring limitation/gap in the scholarship about Xhosa manhood masculinity is the absence of the role of the body – the full physicality of it – in “doing being” a *[Xhosa]* man (G*ill et al.,* 2005: 58). The literature on Xhosa manhood has largely focused solely on the circumcised penis without any mention of the rest of the body. In line with the primary goal of the thesis which is to study the role of embodiment in Xhosa manhood masculinity, I thought men with disabilities would be the best.

v. Scope of the study

The inclusion criteria for this study requires that one must be a Xhosa man who:

a. Has undergone the traditional Xhosa initiation process;
b. Lives with visible physical impairments (visibly physically disabled) acquired before or after the traditional Xhosa initiation; and
c. Resides in the surrounding villages of Peddie, King William’s Town, and East London.

1.4 Thesis structure

Literature review chapters

This thesis traverses two broad different literature on the subject of embodiment – disability and men and masculinities – and therefore contains two sets of literature reviews. These literature review chapters are set out as follows:

Chapter 2: Male bodies in masculinities literature

This chapter broadly examines literature that concerns the theorization of male bodies that are not affected by physical disability in order to explore normalised concepts of the role of physical embodiments of masculinities. My hope is that beginning with a broad literature review on the place and significance of the male body will serve as fertile ground from which claims, evaluation, comparisons, and defences will emerge later in this thesis, particularly when examining the place of physical disability in Xhosa manhood.

Chapter 3: Disabled masculinities: A review of literature

This chapter presents a critical narrative review of literature that explores the social dynamics that converge when masculinity and physical disability co-exist. In addition to literature from the critical studies of men and masculinities, the Sociology of men and masculinities, this chapter also draws from both Sociology of disability, and critical disability studies. Specifically, the review attempts to discuss, and give context to, the lives of men with physical disabilities in relation to how they are socially positioned, how they construct, navigate, and maintain their masculinities. While the construction of a Xhosa manhood masculine identity has been shown to intersect with sexual orientation (Ntozini and Ngqangweni, 2016), social contexts such as school (Ngcobo, 2013) and social class (Mfecane, 2016), very little has been researched about the intersection of Xhosa manhood with all kinds of disabilities. This is the contribution to existing literature about Xhosa masculinities that I hope to make with this thesis.

Theoretical framework chapters

As mentioned above in the literature review chapters, this thesis straddles two fields and therefore contains two theoretical framework chapters set out as follows:

Chapter 4: Theoretical framework: Understanding disabled Xhosa manhood masculinity

The intention of this chapter is to outline the theoretical framework that underpins this study's grappling and analysis in respect of disability. In this regard, the chapter examines not only the conceptual issues in light of disability but also the suitability of the established disability models – medical and social – for application in this study. Upon such examination, this chapter proposes that an embodied approach to disability is the most suitable lens in investigating the embodied experiences of Xhosa men with physical disabilities in rural parts of the Eastern Cape.

Chapter 5: Theorizing disabled Xhosa manhood masculinity

This chapter draws insights from established scholars of African masculinities in order to outline the theoretical approach that underpins this study's investigation of disabled manhood masculinity in the Xhosa culture. While considering established theories of men and masculinities from the Global North, I argue for a localised theory of manhood and masculinities that incorporates local meanings of manhood through a consideration of the idioms and proverbs of manhood within the Xhosa culture as a guide in this process. The main argument in this chapter is that Xhosa men in rural areas, particularly those with physical disabilities, cannot be studied through the lens of hegemonic masculinities as they exist outside hegemony.

Chapter 6: The research process

This chapter provides an account of this study's methodological procedures and justifications for their selection in relation to the research questions underpinning this thesis. The chapter also lays out the knowledge paradigm underpinning this study, the sampling and inclusion criteria for the participants, and a reflexive account on the positionality of the researcher. This chapter also lays out the different interviews conducted and the aims for each towards answering the research question, the ethical considerations, and the data analysis process.

Discussion and analysis chapters

This thesis contains three discussion and analysis chapters set out as follows:

Chapter 7: Capturing embodied meanings of manhood

This chapter deals with the first aim and objective of this study. The intention of this chapter is to foreground the significance of the body through a focussed analysis of the ways in which participants talk about their embodiments in relation to being Xhosa men. Underpinned by existing literature, this chapter is then divided into three subsections which seek to present reasons for the participants' conceptualizations of their embodiments in relation to being men.

Chapter 8: Positioning disabled Xhosa men subjectivities

The chapter deals with the second aim and objective of this study which is to explore the ways in which Xhosa men with physical disabilities construct, define, and also negotiate Xhosa manhood masculinity for themselves. This chapter highlights the different ways in which the two groups of participants – injury pre-initiation, and injury post-initiation – perceive their disabilities in relation to initiation, and in subsequent manhood. This chapter proceeds to explore the emergence of alternative manhood masculinities as a result of the impairment. In line with the literature that claims that disability negatively impacts upon men's masculine identities, this chapter also explores the participants' views regarding the impact of being disabled on their manhood masculine identities.

Chapter 9: Navigating and managing the 'embodied difference' everyday dynamics

This chapter deals with the third aim and objective of this study. Guided by phenomenological underpinnings of this study, this chapter seeks to capture the essence of the participants' lived everyday experiences. The question that this chapter seeks to answer is: upon constructing and (re)defining and negotiating masculinity for themselves, as argued in the preceding chapters, how do physically disabled Xhosa men deal with the embodied difference in their daily lives? This chapter answers this question by focusing on the taken-for-granted, and mundane aspects of living that, despite being mundane, impact the participants' subjectivities and sense of self as disabled Xhosa men. In this regard, this chapter seeks to answer this question by exploring three broad everyday issues: sex and intimacy, social relations and sociability, and home/living environments.

Chapter 10: Concluding thoughts

In this conclusion chapter, I reflect on the contributions of this study and the findings to the research aims and objectives underpinning this study and how the said findings fill the identified gaps in literature about Xhosa manhood practices and the implications thereof. I reflect on methodological, theoretical, and empirical contributions of this study.

Chapter 2: Male bodies in masculinities literature

2.1 Introduction

One of the variables used to frame definitions of masculinities is context, as it can be read as being society specific (Lipenga, 2014a). As a result, we are able to talk of, for example, Western masculinities (Connell, 2005), African masculinities (Ouzgane and Morrell, 2005), and Asian masculinities (Louie and Low, 2003; Ikeya, 2014). Adopting an analytical framework that distinguishes between local, regional, and global masculinities allows us to recognize the importance of place without falling into a monadic world of totally independent cultures or discourses (Connell, 2005). There are multiple masculinities existing even within one context. Such masculinity is defined not only by geography but also by attendant cultural practices of the people. This thesis is thus an exploration of the intersection of physical disability and manhood masculinity in the context of Xhosa men in selected villages in the Eastern Cape, South Africa.

In theorizing Xhosa manhood masculinities, we need to pay attention to the physical body since it is the principal way through which hegemony is achieved (Mfecane, 2016), as transition from boyhood to manhood (Gwata, 2009) begins with a specific act of inserting a cultural mark of manhood on the body. However, almost all the scholars on Xhosa manhood have exclusively focused on the bodies of able-bodied men and often limited their theorization of the body to the cultural mark inserted to the penis during Xhosa traditional initiation (*ulwaluko)*. The literature is completely silent on the role the rest of the body plays in "doing manhood" (Gill *et al.*, 2005: 58). This is because manhood status among AmaXhosa is grounded primarily on the penis.

This study seeks to better our understanding of the "creation, negotiation, maintenance, and recreation of gender identities" (Gerschick and Miller, 1997: 456) by traditionally circumcised Xhosa men in the selected villages in the Eastern Cape who by birth, accident, or illness find themselves at the crossroads of social dynamics that converge when masculinity and physical disability co-exist. Gerschick and Miller (1997) observe that the bodies of men with disabilities serve as a continual reminder that they are at odds with the expectations of the dominant manhood cultures. Their argument is that men with disabilities are outside the hegemony because they undermine the typical role of the body in the Western culture (Gill *et al.*, 2005; Gerschick and Miller, 1997). This stands in sharp contrast to arguments that the hegemony in Xhosa manhood masculinity is primarily and conclusively achieved by having a traditionally circumcised penis.

Although this is a study on the convergence of physical disability and Xhosa manhood, the review in this section examines the theorization of male bodies that are not affected by physical disability in order to explore normalised concepts of the role of physical embodiments of masculinities. My hope is that beginning with a broad literature review on the place and significance of the male body will serve as fertile ground from which to build and examine "claims, evaluation, defences", and comparisons, that will emerge later in this thesis, particularly in relation to the place of physical disability in Xhosa manhood masculinity (Charnock, 2013: 29). The plural nature of masculine identities means that the meanings men attach to the body vary depending on the context and cultural setting (Morrell, 2001a). This is why it is prudent, as a first task, to review the literature about bodies and masculine meanings in relation to Xhosa men.

In this regard, this section presents a critical narrative review of literature that explores the role of the physical body in our understandings of masculinities. The review attempts to provide an overview of the place, and significance of the male body in masculinities literature, and to relate this to Xhosa masculinities, while simultaneously situating this study on the intersection of physical disability and Xhosa manhood within the Critical Studies on Men and Masculinities (CSMM), and the Sociology of Men and Masculinities (SMM). There is no evident distinction between these fields as even the theorists are found moving between them (Anemtoaicei, 2014). The perspectives from these two fields provide a body of scholarly work which lends itself as an important analytical tool to understand the complicated and yet significant role of the male body in meaning-making about construction and negotiation of masculinities in social processes.

Although studies in both CSMM and SMM fields are made of the embodied category of men, theoretical and empirical examinations of men's bodies are few, as a result the male body has remained omnipresent yet relatively invisible in analyses (Van der Watt, 2007: 191) culminating in what Shilling (1993: 10) called the "absent presence" of the body in literature. Whitehead (2002) has also claimed that the male body is both omnipresent in the Sociology of men and masculinities and yet relatively invisible, for although the study is of the embodied category of men, "theoretical and empirical examinations of men's embodiedness are few" (Anemtoaicei, 2014: 23).

Theoretically, I have extracted recurring themes about male bodies from various writings from the two fields (CSMM and SMM). I examine the role of male bodies in selected themes to illustrate that the existence of the male body, with all its possibilities, serves and achieves multiple purposes in relation to "doing being a man" (Gill *et al.*, 2005: 58). I conclude each of these themes by locating the body in Xhosa masculinities within that specific theme. In this way, I seek to develop a line of argumentation that considers the male body not only as a physical, material entity, but also as a cultural form that carries meaning with it and is often used to convey cultural and religious values (Van der Watt, 2007; Gwata, 2009). The themes I selected from the literature are as follows: the male body as central part of masculinities; the male body as basis for masculine hierarchies; the male body as site for masculine meanings and identities; the male body as a surface for cultural inscriptions; the male body as a subject of discipline. I examine the male body as referent, an analytical category, and a key site of social practice in all these themes.

I begin this discussion on the role of embodiment in relation to masculinity because gender is a social practice that constantly refers to bodies and what bodies do (Connell, 1994). The interplay between masculine embodiment and social processes has been one of the central themes in masculinity research (Connell and

Messerschmidt, 2005). Our bodies are us and, "embodiment is not simply something we take to our social environment; rather, it is constituted precisely through our ontological status as socially interactive, materially grounded beings" (Robison and Hockey, 2011: 101). In this regard, the body has emerged as a crucial factor in the construction of masculinities and it is therefore implicated in the profound and intimate regulation of normative standards of masculinity (Gill *et al.*, 2005). The first task of this section is to arrive at an understanding of men's bodies and their relationship to masculinity with reference to Xhosa manhood.

This section is also a tentative attempt to contribute to the scholarship on the role of the male body in Xhosa manhood. While a growing body of literature from different disciplines has documented masculine embodiment in sports (Messner, 1990; Schyfter, 2008), disability (Gerschick, 2005; Ostrander, 2008), sickness (Gibbs, 2005; Mfecane, 2010), muscularity and bodybuilding (Klein, 1993; Denham, 2008; Martin & Govender, 2011), very little has been researched about the significance of the physical body in the construction, negotiation, and measurement of Xhosa manhood masculinity despite manhood status among AmaXhosa being grounded primarily on the traditionally circumcised penis*[body]* (Mfecane, 2016).

Connell (1990: 454) notes that masculinity has a material existence on three levels: "personal, cultural and institutional, and in social definition and use of the body". Research into Xhosa manhood masculinity at the level of the organization, and use of the body has only focussed on the traditionally circumcised penis. As a result, we have no idea what Xhosa manhood masculinity requires in terms of the appearance of the whole male body, its walking style and other physical attributes, and notions of cleanliness/hygiene (Dlamini, 2015). The question that this research seeks to answer is: If hegemony in Xhosa manhood masculinity is achieved through having a traditionally circumcised penis (Mfecane, 2016), does that mean traditionally circumcised physically disabled men are also in the centre or the margin in manhood circles?

2.2 The male body as a central part of masculinities

In his paper on *Masculinities and gender politics in South Africa,* Morrell (2007: 21) asks: 'What is the relationship of masculinity to the body'? While it is true that masculinity is not a biological fact as Ratele (2013) argues, there is, however, an argument to be made about the significance of the role of the physical bodies of men in the construction and negotiation of masculine identities. Connell (1983) sums it up when she writes about the embeddedness of the body in masculine social processes:

> The embedding of masculinity in the body is very much a social process, full of tensions and contradictions; that even the physical masculinity is historical, rather than a biological fact. That is to say it is constantly in process, constantly being constituted in actions and relations, constantly implicated in historical change (Connell, 1983: 30).

The interplay between masculine embodiment and social processes has been one of the central themes in masculinity research (Connell and Messerschmidt, 2005). The male body is both a means and an end in the construction and maintenance of masculinities (Martin and Govender, 2011). Both as an object and agent of social practice (Connell, 1995), it is a vital part of masculinities as the necessity to prove the standards is through bodily appearance and performance (Shefer *et al.*, 2007). Men are increasingly defining themselves, and their masculinity, through their bodies, style, clothing and body image (Gill *et al.*, 2005; Dewing & Foster, 2007), particularly in the wake of social and economic changes, which have eroded or displaced work as a source of identity.

Reeser (2010) has also observed an intimate connection between the male body, culture, and discourse. The body serves as a vehicle through which we perceive our surroundings (Leder, 1990), thus the male body is one of the main avenues through which culture attempts to construct masculinity for various reasons and for various ends (Reeser, 2010). Dewing and Foster (2007: 39) additionally argue that the "heightened visibility of the male body within popular culture together with the representational shift towards muscularity has led to the perception that the pressure on men to obtain and maintain a particular body type is increasing".

The male body has emerged as the most central aspect, and most natural element of masculinity as "true masculinity is always thought to proceed from men's bodies" (Connell, 2005: 45). Either the body drives and directs action or the body sets limits to action. Bodies have truly moved beyond being only constricted to biological functions to playing a crucial role in how men construct their masculinities and how they behave/act in their social surroundings as "the embedding of masculinity in the body is very much a social process, full of tensions and contradiction" (Connell, 1983: 30, See also Mankayi, 2008; Anemtoaicei, 2014). That is to say, it is "constantly in process, constantly being constituted in actions and relations, constantly implicated in historical change" (Connell, 1983: 30). This is because bodies occur in historical times and add to the historical process in which society is embodied (Van der Watt, 2007).

The body encapsulates the "materiality of masculinities" or the sense that masculinity is embodied (Edwards, 2006: 294). This embodiment of masculinity is seen in terms of lived experiences and the way in which the male body is inscribed with cultural meanings as if it were a text of culture (Edwards, 2006; Nikandam, 2013). Robinson and Hockey (2011), in their investigation of the body as a basis for masculine belonging in the fire service, also argue for the salience of the body in social practices. Their argument highlights the centrality of the physical body in the social practices that augment masculinities. They argue that men in the fire service become familiar with one another in a physical sense through sharing intimate knowledge as a result of bodily proximity during night shifts and seeing colleagues in tense circumstances, physically drained and exhausted (Robison and Hockey, 2011).

Similarly, in *Cultures of masculinity*, Tim Edwards (2006) interrogates the connection between the male and the masculine with the physical and the corporeal. He concludes that the male body is a fundamental signifier of masculinity within Western societies; “after all, one can hardly be a man without a male body” (Edwards, 2006: 123). However, the male body does not always equal masculine for example, in the case of young boys, disabled men, the elderly and frail. Despite the physical body being a central aspect in this regard, Connell (2000: 76) suggests that “masculinity is not inherent in the male body but; it is a definition, given socially, which refers to the characteristics of male bodies”. If the body is at odds with the social definition, there is trouble. “If the body complies with the social definition it is easier for the meanings to take hold” (Connell, 2000: 77).

Lanzieri and Hildebrandt (2011: 277) have noted that masculinity is defined not only “through behavioral contexts (e.g., acting masculine), but it is also characterized symbolically through physical components of muscularity and fitness - the body is utilized as the vehicle to connect with masculine power”. Similar to Robertson (2006), and Robertson *et al.* (2010: 706), this thesis is an attempt at “recognising and integrating the physical and social aspects of embodiment in order to understand how bodies are both central and representational in the construction, negotiation and maintenance” of Xhosa masculinities in the selected rural areas in the Eastern Cape.

As mentioned in the introduction, there has always been a significance attached to the body in the process of becoming a Xhosa man. For instance, traditionally, Xhosa boys were only allowed to undergo traditional circumcision when they were deemed physically strong because “real men (*amadoda*) are those who can stand the pain of having their prepuce removed without anaesthesia” (Ndangam, 2008: 218). In recent years, there has been a general view in public discourse that the age of the boys during *ulwaluko (*Traditional Xhosa Initiation*)*, among other causes, is a factor in the deaths of initiates (Kanta, 2003). As a result, the Province of the Eastern Cape Legislature passed The Application of Health Standards in Traditional Circumcision No. 6 of 2001 which set the legal age for circumcision at 18 years (Vincent, 2008). Implicit in this is the assumption that older boys have physically stronger bodies.

The centrality of the male body in the construction of masculinity as an individual and collective male identity in the Xhosa cultural context is depicted through the inscription of *ukwaluswa*, the literal removal of the foreskin from the penis (Dlamini, 2015: 62). In an interview with Gqola about his art, the Xhosa male body, and *ulwaluko*, artist and historian Goniwe conceptualizes the Xhosa male body as a

> Reference, object, tool, item, thought, theme... it is means but not ends ... it is a problem as well form, and way to reflectively negotiate other problems. I take the body as not always a surface on which meaning or issues are inscribed; I consider it substance and conduit that makes as well as unmakes meaning. Thus, meaning is always at stake, invented and reinvented, contested and contesting itself (Goniwe and Gqola 2005: 80).

Similarly, in his book, *A man who is not a man*, Thando Mgqolozana (2009) writes about the centrality of the body in the performance of being a Xhosa man. The body in this regard must manifest certain qualities that will mark and make it a body of a 'true' man. In this section, I sought to present the body as a central part of masculinities. While most scholarship of men and masculinities does not explicitly refer to embodiments of men, the centrality of the body in "doing being a man" (Gill *et al.*, 2005: 58) can, however, be gleaned from most literature.

2.3 The male body as basis for masculine hierarchies

Connell's (1995) theory of masculinities introduced the notion of "hierarchy of masculinities" which indicates that "different masculinities do not sit side-by-side like dishes in a smorgasbord; there are definite relations between them" (Connell, 2000: 10). Connell (2000) goes on to note that there are relations of hierarchy between and among men, as some masculinities are dominant while others are subordinated or marginalized. In most of these situations, there is some form of hegemonic masculinity that is most honoured or desired. Connell's (1987) hierarchy is based on qualities, values, attitudes, and practices among men that perpetuate gender inequality, involving both men's domination over women and the power of some men over other *(often minority groups of)* men.

However, a critical analysis of the literature in CSMM and SMM reveals an implicit assumption that there are also hierarchies between men based not on qualities and attitudes but on the physical body; what the body can or cannot do, and what it looks like. This is because the physical sense of maleness involves a man's size and shape, his habits of posture and movement, his possession of certain skills and lack of others. It also involves a man's image of his body, and the way he represents it to other people, the way they respond to it, and the way it functions in work, social, and sexual relations (Connell, 1987; Van der Watt, 2007).

Literature shows that certain kinds of male bodies are idealised in particular socio-cultural spaces and consequently placed at the top of this hierarchy (Wellard, 2004; Morriss-Roberts, 2013; Byrne, 2017). In essence, the physical elements of men's bodies have the potential to constitute the basis for the distinctions between the different degrees of belonging that are marked out graphically in the way that men interact with one another (Robinson and Hockey, 2011). Oliffe (2006) notes that there is a high value associated with the ideal male body and qualities of physical strength and physical aggression, which are in marked contrast to the feminine. The idea of masculine hierarchies constructed on the basis of the physical bodies of men is further illustrated by Liechty *et al.* (2014) in their research on the embodied experiences of aging among older men. They argue, "as the body ages, men may experience threats to masculinity related to hegemonic ideals of independence, self-reliance, physical/sexual prowess, and imperviousness to pain, all of which are threatened as the body changes with age" (Liechty *et al.*, 2014: 5).

There is no singular male body type; however, dominant public discourses are powerful in their persuasion of what is or is not valued in terms of male embodiment (Whitehead, 2002). A careful review of the CSMM literature (Morrell, 2001a; Connell, 2002; Oliffe, 2006) reveals that the idealised male body in the Western gender order is sexual, muscular, athletic, and disciplined to embody control, presence and the promise of power. Schyfter (2008: 85) also confirms this in arguing that "displays of competence, physical prowess, power, virility and skill are all central to the social articulation of masculinity and the reification of particular masculinities as cultural ideals".

In T*he troubled masculinities in Tsitsi Dangaremba's Nervous Conditions,* Holland (2005) makes a similar argument about the importance of the male body in relation to masculine hierarchies in the African context. Holland (2005: 122) observed that "in pre- and early colonial Rhodesia, and elsewhere in Africa, the 'big man' archetype offered an established and highly desirable mode of masculinity". A real man is large, hard and strong (Peterson, 1998) and there can be intense social pressure to appear masculine. The manifestations of this pressure can be seen in Viljoen's (2015) writing about masculinity and embodiment in the South African Police Services in Cape Town, where she highlights that the valuing of certain masculine traits and bodily expectations creates a culture whereby there is pressure on both men and women police officers to attempt to embody certain ideal physical traits, and that both male and female officers should perform masculinity. From the aforementioned literature, it is clear that there is a certain social status accorded to men by other men simply because of their bodies and what these bodies can and cannot do.

It is not only the body's size and shape, but also the skills and movements it is capable of which constitute ways in which masculinity is performed through the male body and the status it attains among other men and women (Reardon and Govender, 2011). The notion of the physical body as a basis for masculine hierarchies is clearly illustrated in how the infertile participants' in Dolan *et al.*'s (2017: 888) self-descriptions of their sperm as "weak, lazy, and dead". Dolan *et al.* (2017: 88) argue that the participants' descriptions which "contrasted the more usual depictions of sperm as fast, strong, and successful" – terms irrevocably associated with hegemonic masculinity – "was indicative of their diminished authority".

The ability to procreate is often regarded as both a requirement and proof of masculinity (Potts, 2000), with the consequence of infertility, in men, being the loss of their status as men (Webb and Daniluk, 1999). This is because the male body is regarded as both a failed entity in itself because of its inability to father a child, and a subordinated social entity (Dolan *et al.*, 2017). Here, we see that men lose certain status when their bodies cannot perform specific acts which are required of them. It is clear that the body has emerged as a crucial factor in the construction of masculinities and it is, therefore, implicated in the regulation of normative standards of masculinities (Gill *et al.*, 2005).

Elsewhere, Reeser (2010) writes about the cruciality of semen in the construction of masculinities. He notes that "semen might embody masculinity or maleness since it is the matter that provides the male contribution to reproduction" (Reeser, 2010: 109). This reveals that "masculinity is a fragile status achieved through public demonstrations of related forms of sexual/reproductive embodiment such as having a penis, being able to sexually penetrate, and producing offspring" (Wentzell and Inhorn, 2011: 307). In this regard, the body has been a crucial factor in proving, disproving, valorising, and marginalizing masculinities throughout the ages and in all social contexts and cultures.

South African scholars such as Gwata (2009), Mhlahlo, (2009), Mavundla *et al.* (2010), Magodyo (2013), Mfecane (2016; 2018a) and Mayekiso (2016), who have studied Xhosa manhood practices, argue that hegemony in the AmaXhosa context is achieved by having a traditionally circumcised penis (*indoda*). The penis serves not only as a site for the symbolic location of manhood status, it is also a medium through which men can validate their manhood status in times of need (Mfecane, 2016). The body, specifically the penis in the Xhosa context, has become a "bearer of symbolic value" (Bourdieu, 1984: 69) in manhood circles, less because of what it is able to do rather than because of how it looks. The result in the Xhosa context is the establishment and perpetuation of hierarchies of men and manhood whereby the bush-circumcised man is privileged over others (uninitiated and hospital-circumcised men) (Ndangam, 2008).

In the Xhosa manhood circles, when a man is unable to defend his manhood status through the vocabulary taught at initiation schools (Mgqolozana, 2009; Ntozini and Ngqangweni, 2016), he is obliged to strip off and allow other men to inspect his penis (Mfecane, 2016). If a man is found to "bear the cats claws which signify the scars from the stitches that point to a hospital circumcision" (Vincent, 2008: 435), then he is thrown out of the "circle of legitimacy", deemed unmanly, and consequently given derogative labels (Mfecane, 2016: 207; Ntombana, 2011). One can then conclude that legitimacy in Xhosa manhood (*ubudoda*) is primarily achieved by having a traditionally circumcised penis. It is a principal way of proving that an individual is a real man and thus belongs to the circle of legitimacy (Mfecane, 2016).

In this section, I sought to show that while the body is often not a site of departure in theorizations of masculinities in general and Xhosa masculinities in particular, a closer examination of the literature reveals that the physicality of the body is deeply embedded in the hierarchized relations amongst men. In the section that follows, I examine themes in literature that demonstrate the body as a site of masculine meanings and identities.

2.4 Male body as a site for masculine meanings & identities

A large body of research on masculinities has, for a long time, regarded masculine identities to be inextricably linked to paid work (Connell, 1995; McDowell, 2002; Ratele *et al.*, 2010; Mfecane, 2010; Robinson and Hockey, 2011). Paid work was seen as the variable through which men extracted not only definitions of masculinities but also performances of their masculinities and power. A real man is one who has a job and takes care of his household. Consequently, all the young boys in Ratele *et al.*'s (2010) study on boys' accounts of masculinity agreed that it is a man's duty to take care of his wife and family even in cases where the boys came from families where the woman was the breadwinner. Similarly, Mfecane's (2010) study on men living with HIV/AIDS in Bushbuckridge also shows that even in illness, men regarded being in employment and providing independently for oneself as one of the key definers of successful masculinities.

Additionally, research in this area has also shown that men not only had to secure employment, but it had to be a traditionally masculine job (Collinson and Hearn, 1996; Cross, 2002). The consequence was that masculinity was undermined by work in female-dominated occupations such as hairdressing (Lindsay, 2004), estate agency (Robinson and Hockey, 2011), and nursing (O'Connor, 2015). Men in non-traditional occupations risked being both feminized and stigmatized and had to employ strategies to enact their masculinities on the job and outside work.

My argument here seeks to propose a turn toward the physical male bodies as sites where meanings of being masculine are constantly being ascribed, constituted, contested and validated (Ndangam, 2008), if we consider that experiences of the body are vital to understanding masculine identity (Liechty *et al.*, 2014) because notions of masculinity are embodied. Therefore, the body plays a critical part in how men understand and practise what it means to be a man (Slevin and Linneman, 2010). Additionally, men the world over are increasingly defining themselves, and their manhood, through their bodies, style, clothing and body image (Dewing and Foster, 2007; Gill *et al.*, 2005), particularly in the wake of social and economic changes which have eroded or displaced work as a source of identity. Dlamini (2015: 61) has already argued that "the male body, its contours, organs and the way it is conceived by society is caught up in the construction of masculine identities".

This notion of the male body as the site of masculine meanings and identities is illustrated in Liechty *et al.*'s (2014) research on the embodied experiences of aging among older men. They note, "older men negotiate their physically changing bodies and their changing masculine identity by focusing on the functionality of their bodies, compartmentalizing parts of the body with reduced capacity, attitudinal changes, and participation in physical activity" (Liechty *et al.*, 2014: 5). The fact that men's masculine identities change with aging bodies, signals the intimate relationship between the male body and masculinities.

The importance of the physical sense of the male body in meaning-making and masculine identity construction can also be seen from the simple fact that the ability to have an erection is an important part of the male identity (Chapple and Ziebland, 2002). This is particularly clear in the case of men who suffer from erectile dysfunction in that, the "loss of the power of the penis to pierce and thrust extends to the entire male body, disabling him, de-sexing him, and submitting him to powerlessness … he is, then, feminized" (Potts, 2000: 94). This is because the dominant discourse, in almost all cultures and societies, on heterosexual men's pattern of sex is centred on erection, penetration and climax and the full and firm erection is generally viewed as the linchpin for this phallocentric model of sex (Oliffe, 2006). As a result, men must continually perform acts that cement and reify their identities and social status as men and these often entail demonstrations of valorized forms of male reproductive and sexual embodiment, signposting virility comprising the conflated abilities to sexually penetrate and procreate (Wentzell and Inhorn, 2011).

The intimate relationship between masculine identity and the physical bodies of men is also highlighted in the ways in which older, retired men negotiate their physically changing bodies, expectations of not having to work, their expectation of their role in society, and, finally, their changing masculine identities (Drummond, 2003; Liechty *et al.*, 2014). This, again, shows that the physicality of male bodies should be at the centre of the discourse on masculinity because the masculine gender is, amongst other things, "a certain fell to the skin, certain muscular shapes, tensions, certain postures and ways of moving, certain possibilities in sex" (Ndangam, 2008: 214). It is, after all, the body through which identities may be claimed or imposed, through the materialities of clothing, or body modification (Robinson and Hockey, 2011).

It has already been established that manhood in the culture of AmaXhosa is primarily grounded on the physical bodies of men as it is defined by a traditionally circumcised penis. Helman (2000), cited in Gwata, (2009: 10) notes, "physical symbols [*and marks]* placed on or incorporated as part of the body illustrate the relationship of an individual to their social context to the extent that the body is the tangible frame of selfhood in individual and collective experience". Research has noted how the process of dressing up the body contributes to how men demonstrate their buy-into masculine body norms of their cultures (Lefkowich *et al.*, 2017).

Meanings about the newly acquired status of manhood are conveyed through clothing in the Xhosa context. When initiates return to the community, they announce their new status through a new dress code as it is mandatory for the recent graduate to wear a cap and blazer for a six-month period following initiation (Gwata, 2009). Mfecane (2010: 68) has noted that "real manhood is about being powerful, strong, respected, and in control" and that such attributes are achieved through bodily appearance, amongst other things. Additionally, the new clothes for new Xhosa men signify that the circumcised man is re-entering "society as a new, transformed individual who will be expected to fulfil new roles in society" (Gwata, 2009: 10). In the section that follows, I examine themes in literature that posit the male body as a surface for cultural inscriptions.

2.5 Male body as a surface for cultural inscriptions

Research on men and their bodies has largely been theorized from a social constructionist point of view (Anemtoaicei, 2014; Shefer *et al.*, 2007). As a result, when I examined this theme, I found that while a number of distinct perspectives exist within the broad social constructionist approach, there is an underlying consensus, which places emphasis on the social creation, definition, and control of the body within the contexts of culture, history and society (Jaffray, 2002). This can also be seen from how Connell (1994: 11) writes about the body as a "surface on which social *[and cultural]* symbolism is imprinted, as a canvas to be painted, or a landscape to be marked out". In studying the body as a location on which the structures of society inscribe themselves (Shilling, 2005), the agency and potential of the subject to move beyond and challenge the status quo through embodiments and performances of alternative masculinities is completely denied (Valentyn, 2012).

Generally, cultures invest the bodies with sex and gender significance that generate specific body semiotics, economic structures and power relations (Muchemwa and Muponde, 2007). No bodies are ungendered, and no bodies exist outside the cultural conditions of their own materialization (Van der Watt, 2007). Whitehead (2002) explored the male body as a critical, though contested, site for the inculcation and practice of masculinities. Similarly, Peltzer *et al.* (2007: 662) observe that from a "cultural analysis perspective, the body functions as a fundamental metaphor, an important surface on which the marks of social status, family position, tribal affiliation, age, gender and religious condition may be displayed or hidden". This establishes the physical body as the most intimate, and visible site of gender dynamics.

The male body is unmistakably prominent and symbolic in social and cultural interactions (Dover, 2005). Socio-cultural constellations shape up the constructions of masculinities and related practices into areas of sexuality and gender (Lanzieri and Hildebrandt, 2011). Put differently, the male body serves as a surface or landscape on which a social symbolism related to masculinity is imprinted (Connell, 1994). It is for this reason that Dover (2005: 174) views the male body as the nexus "where the personal and the social meet; we know ourselves through our interactive subjective experiences with others". Dover (2005) argues for the pre-eminence of the body in the construction of Goba concepts of masculinity in a Zambian village. He notes, "Goba concepts of masculinity and femininity juxtapose a hard, erect, strong, and potent male body to a soft, round, and yielding female body" (Dover, 2005: 174).

Xhosa notions of masculinity centre on the practice of *ulwaluko*, the customary rite of passage from boyhood to manhood (Gwata, 2009; Ntombana, 2011; Mfecane, 2016;

Siswana, 2016). The practice of "*ulwaluko* is imprinted on the male body in order to negatively dismember or destroy it or birth it anew so that it assumes newer gender roles and relationships with power or dominant masculinity and femininity" (Dlamini, 2015: 61). The ritual of traditional circumcision in the Xhosa culture serves as an enactment and validation of manhood (Ndangam, 2008). Because manhood begins with the insertion of a specific cultural mark, the ritual also serves the function of positioning the male body as a defining component of male subjectivity that reaffirms, endorses and celebrates a man's identity within that particular society (Ndangam, 2008). In this section, I sought to establish the male body, in masculinities scholarship, as a surface upon which social and cultural symbolism are imprinted. The Xhosa culture is no exception as the practice of *ulwaluko* involves the insertion of a cultural mark of manhood on the body. The section that follows presents the male body as a subject of discipline.

2.6 The male body as a subject of discipline

The body does not automatically grow into manhood but has to learn and be shaped to be a man – that is, "to project a physical presence that speaks of latent power… to develop body appearance and language that are suggestive of force and skill" (Van der Watt, 2007: 193). A significant bulk of research on men and men's practices investigates men's bodies as having no determining power on the patterns of gender but rather as "addressed, defined, disciplined, and given outlets and pleasures, by the gender order of society" (Connell, 2000:12). It is nearly impossible to write about the discourse on the disciplining of bodies without mentioning Michel Foucault (1977) and his concept of bodies as sites of power and, power as relational. The body as an object of power is produced in order to be controlled, identified, and reproduced (Foucault cited in Turner, 1984). Foucault argued that there are multiple forms of power and his scholarship focused on what he called "disciplinary power" by which he referred to the control, judgement and normalisation of subject in such a way that they were "destined to a certain mode of living or dying" (Gerdin, 2012: 2).

Disciplinary power is a means through which knowledge or discourses are used to discipline or govern bodies.

The body is a crucial site of disciplinary, normalising practices and the workings of power: "the body is invested with relations of power…power exercised on the body… rather than possessed" (Foucault, 1995: 26). Wagner (2016: 263) also argues that research about the body project invokes Foucauldian notions of the disciplined body - "a body which is controlled not by physical restraint, but by individual acts of self-regulation". Foucault's (1979) main argument was that the body is positioned as a site of potential for the operations of power in that once it is subjugated to certain forms of disciplinary power, it is rendered docile. A large area of research on discipline, particularly Foucauldian feminist studies, has tended to focus on the ways in which women's bodies are disciplined through practices such as dieting, makeup, exercise, dress, and cosmetic surgery (Heyes, 2006; Bartky, 2015).

The process of inscribing the bodies of Xhosa males with cultural manhood traits is achieved through disciplinary practices. The practice of *ulwaluko,* through which Xhosa boys are initiated into manhood, provides a fertile site for the analysis of disciplinary power in order to produce appropriately embodied Xhosa manhood subjectivities. This is because *ulwaluko*, as part of the transition which starts with a mark of identity on the physical body, is well-placed to define, discipline, shape and inscribe bodies through its material and discursive practices. Mhlahlo (2009) has argued that physical ordeal and pain, during the initiation stage, is seen as that which teaches young men discipline and prepares them for the hardships of manhood. It has further been argued that initiates also learn from the teachings done by initiators and caregivers on how to behave as a man in the process of compulsory transformation from boyhood to manhood (Ngcobo, 2013). This argument about transformation and instilling good behaviour points us to the embodied subjectivities required of Xhosa men once the transition period has been completed. We also learn that it is not only the body that is required to transform but also the language of the Xhosa men. Xhosa initiates also learn new vocabulary that is only spoken to them during the initiation ritual which they are expected to use to defend their manhood once the transition is complete (Mhlahlo, 2009; Mfecane, 2016).

However, as it will become apparent in the theoretical chapters, unlike social constructionist arguments about the body, I wish to propose a line of argumentation which examines the bodies of physically disabled Xhosa men as having some level of determining power *(agential power)* in embodying the kind of masculinity they choose after the initiation period. In this regard, I explore how Xhosa men with physical disabilities embody and present their manhood after the practice of *ulwaluko*, which should be observed as a process of disciplining the body to become a true Xhosa man. Ntombana (2011: 206) has already argued that the change to a new status of manhood also means a change in the behaviour that is appropriate to that status; "the man is now expected to live a morally different lifestyle". It is clear from the above quote that the discipline instilled during the initiation phase is required to cause transformation in the ways the men embody their masculinities.

I argue that this ritualized practice of making Xhosa men, through discipline and control of the body, is centrally concerned with work on the body in making appropriate Xhosa masculinities. My intention is to interrogate the influence of that disciplining period on how Xhosa men with physical disabilities end up embodying their masculinities. Gibson *et al.* (2007: 514) note that men with physical disabilities exhibit "embodied marginalization", a situation in which participants internalise social discourse on what it means to be a man and measure their own worth according to these social expectations. What happens in cases where men do not embody the appropriate masculinity in the way they behave, talk, walk, etc. because of a physical disability? What happens to the agential power of bodies upon completion of the transition?

2.7 Conclusion

While most of the literature in the study of men and masculinities does not explicitly centre the body, the actions and practices which are largely the focus of study emerge from the bodies of men. This exemplifies the "absence presence" of the body, as identified by Chris Shilling (2012: 19), in the scholarship. As this is a thesis on the intersection of physically disabled embodiments of Xhosa men and Xhosa manhood, a starting point in this chapter, I have sought to examine themes of embodiment in masculinities literature. The chapter has presented the embodiments of men as central part of masculinities, as bases for masculine hierarchies, as sites for meanings and identities, and lastly as surfaces for cultural inscriptions and subjects for discipline. I have concluded each of these themes by locating the body in Xhosa masculinities within that specific theme. In this way, I seek to develop a line of argumentation that centres the entire male body not only as a physical, material entity, but also as a cultural form that carries meaning with it and is often used to convey cultural and religious values. The following chapter narrows the scope of this study by presenting a review of the literature that explores the intersection between physical disability and masculinity.

Chapter 3: Disabled masculinities: A review of literature

3.1 Introduction

This chapter presents a critical narrative review of literature that explores the social dynamics that converge when masculinity and physical disability co-exist. In addition to literature from the critical studies of men and masculinities, and the Sociology of men and masculinities which foreground the previous chapter, this chapter also draws from both Sociology of disability, and critical disability studies. Specifically, the review attempts to reveal, and give context to the lives of men with physical disabilities in relation to how they are socially positioned, how they construct, navigate and maintain their masculinities (Charnock, 2013). While the construction of a Xhosa manhood identity has been shown to intersect with sexual orientation (Ntozini and Ngqangweni, 2016), social contexts such as school (Ngcobo, 2013) and social class (Mfecane, 2016), very little has been researched about the intersection of Xhosa manhood masculinity with all kinds of disabilities. This is the gap in literature that I hope to fill with this thesis.

This notion of convergence of social dynamics when masculinity and disability co-exist has its roots in Black feminist thought's notion of intersectionality (Crenshaw, 1991), which sought to problematize social analyses that position identity categories such as gender, ethnicity, class, sexuality, and ability as separate entities (Barrett, 2017). Crenshaw's (1991) conceptualization obliges us to simultaneously consider masculinity as it relates to other identities and social categorizations and explore how these multiple social categorizations, such as ethnicity, gender, and ability, are lived simultaneously and shape the qualitative experience of each other.

Gerschick (2005: 368) notes that "the lives of men with less normative bodies, such as those with disabilities, provide an instructive arena in which to study the intersection of bodies and masculinity". Most of the literature on the intersections of masculinity and disability comes from the West, and this thesis presents a tentative effort to occupy this gap in scholarship by specifically focussing on the experiences of a selected sample of Xhosa men with visible physical impairments. A common theme that emerges in the literature pertaining to masculinities and disabilities is the marginality of disabled masculinities (Mara, 2018). Disability and masculinity are always written about as “antithetical, or mutually exclusive” (Barrett, 2014: 37).

In males, dependency, reliance and weakness are perceived as extremely stigmatizing. Addlakha (2007: 113) also notes, “men with disabilities also face a whole range of distinctive problems as disability is perceived to severely compromise both self-perceived and other-perceived notions of manhood and masculinity”. The rationalization for this discord between disability and masculinity is rooted in notions of idealized masculinities. Hegemonic masculinity is understood to privilege men who are strong, independent, and self-reliant while society perceives people with disabilities to be weak, pitiful, and dependent (Gerschick and Miller, 1997; Connell, 2005; Ostrander, 2008; Shuttleworth *et al.*, 2012; Barrett, 2014; Lipenga, 2014b). This is what Shuttleworth *et al.* (2012: 175) call the “dilemma of disabled masculinity” while Gerschick (2000: 1265) calls it “status inconsistency”. Murphy (1990) called it “embattled identities” since gender identity, in men with physical disabilities, is created and maintained at the crossroads of marginalization and stigmatization.

However, although disability may appear to contradict Western notions of masculinity, the reality of men’s and boys’ bodily experiences are much more complex in other parts of the world. Mfecane (2018) has already made an argument about the inadequacies of Western theories of masculinities in explaining the lived realities of African men because of their embeddedness in Western epistemologies. It therefore becomes clear that without careful, and nuanced empirical research into the lives of men and boys with disabilities from other parts of the world, discussions pertaining to masculinity and disability risk essentialization (Mara, 2018). Thus one of my intentions is to explore and nuance, in relation to Xhosa manhood, the claim within Western literature that disability equals a diminution of males’ status as men (Murphy, 1990; Gerschick, 2000; Mara, 2018).

Since gender identity is never a complete project, but always a developmental process, which unfolds within different social contexts (Messner, 1990), I have, similar to Barrett (2014), selected themes or contexts which have been previously identified as markers of masculinity in order to illustrate the dilemmatic relationship between disabilities and masculinities when they co-exist. The themes are as follows: sport, sex, fathering, intimate partners, and employment. This, however, is not an exhaustive list. Similar to the previous chapter, I have selected themes that emerge in literature in relation to the performances of Xhosa masculinities. I conclude each theme by a brief review of the role it plays in doing manhood within the Xhosa manhood circles. My hope is that through these themes I can illustrate the dilemmatic relationship between masculinity and disability and the resultant loss of control and independence. I conclude this chapter with a look into some of the well-established coping strategies employed by men with disabilities in navigating their masculine identities.

3.2 Sport

Sport, athleticism, and the use of the body emerge as crucial sites for the practice of masculinity, particularly in the West (Charnock, 2013). Sociologists argue for the function of sporting contexts as central locales for the routinized expression, regulation and normalisation of idealized versions of masculinity (Barrett, 2017). Connell (2005) describes sport as a test of masculinity. This argument stems from an earlier claim, that since "masculinity is thought to proceed from men's bodies and therefore sport, by providing a display of men's bodies in motion, has become the leading definer of Western masculinity" (Stevenson, 2008: 27). For example, Dutton (2013), in his study on how adolescent boys with physical disabilities constructed their masculine identities, observed that participation in soccer appeared to be a masculine ideal among the participants. Additionally, there is a particular admiration of types of sport that would require higher levels of speed, fitness, risk, mobility, and coordination among men (Dutton, 2013). Thus, masculine embodiment in sport involves the coordinating of the whole body in stylized movements, rather than simply the use of one organ (Heyburn, 2014).

The bulk of the literature from the West shows us that boys are taught to exert their masculinities through sports (Stevenson, 2008; Charnock, 2013; Ritchie, 2014; Barrett, 2017). It is through contact sports that the muscular body, as an instrument, machine, and weapon, is glorified and acts as a reminder of men's superiority over women and other males in the larger social order (Sparkes and Smith, 2002). In this regard, Taub *et al*. (1999), in their study of participation in sport among male college students with physical disabilities as a strategy for managing stigma, found sport and the performance of physical competence among respondents plays an important aspect of their identity and also serves as a contributing factor to feelings of competence.

Page *et al.* (2001) also studied the factors underlying the motivation for coming to sport and staying in, among elite disabled power lifters and track and field athletes. In addition to staying fit as a benefit, this study noted that sport helped the athletes to assert their competence to others while also challenging negative perceptions about disabled people (Page *et al.*, 2001). Thus, the skilful integration and use of the entire body in a range of difficult physical feats in the context of sport is what becomes admirable among male competitors, and serves as a foundation upon which hierarchies among men often emerge (Heyburn, 2014).

However, the literature on the intersection of disability and masculinity also reveals that comparative physical activities and sport further propel the marginalization of disabled masculinities (Barret, 2014). This dilemma of disabled masculinity (Shuttleworth *et al.*, 2012) is captured by Sandahl and Auslander (2005) in their study of the intersection of performance studies and disability studies wherein they describe the disabled man as an oxymoron since masculinity is defined as able bodied and active. Men with disabilities are essentially caught in a bind because participation in sport bolsters masculinity but they are often excluded from the realm of sport because of their less normative bodies.

There has been a growth in disability sports in recent years. However, there is a tendency to regard disabled athletes as inspirational superscripts, whose primary function is to inspire non-disabled audiences, rather than being viewed as exemplar sportsmen (Berger, 2008; Barrett, 2014). In addition to disabled athletes being regarded as inspirational superscripts, there is also literature which reveals that "success in disabled sport, unlike success in able-bodied sport, is not associated with mastery in other dimensions of life … disabled sport remains sport for people with damaged bodies" (Seymour, 1998 cited in Sparkes and Smith, 2002: 271). One notable concern with superscript athletes is that they foster unrealistic expectations about what disabled people can achieve, or what they should aim to achieve, if only they tried hard enough (Smith and Sparkes, 2012).

Meekosha (2004) notes that encouraging men with disabilities to engage in sport is a form of therapy through which men are able to assert traditional masculine identities. This is because, through their involvement in sport, men with disabilities challenge the prevailing views of masculinity while closing the gap between the socially accepted masculine ideal and the marginalized, and subordinated other (Ritchie, 2014). Additionally, some men who have disabilities are aware of social stigmas and stereotypes accorded to men with disabilities and use sport as a tool to dispel these myths. Taub *et al.* (1999) found that their research participants believed participation in sport could increase two masculine traits: physical competence and enhanced bodily appearance.

In relation to this study, It has been established that participation in contact sports such as soccer has been used to bolster claims of a naturalized dominance of men over women (Mcghee, 2012: 20). For instance, Ngcobo (2013:29) notes, "boys have to shine in contact sports such as soccer, go for initiation as of the age of fifteen, and have many girlfriends, to mention a few, particularly in the case of Xhosa boys". Therefore, this study seeks to uncover the men's strategies in negotiating these able-bodied expectations in their performances of Xhosa manhood masculinities.

3.3 Sex

I have already established in the previous chapter that masculinity, amongst other things, is demonstrated through related forms of sexual embodiment particularly being able to sexually penetrate with the intent to produce offspring. Barret (2014: 42) also notes, “performance of masculine gender identities is centrally wound-up with the realm of sexuality”. However, the disabled body has been largely denied a “creative sexual agency” within ableist cultures (Shuttleworth, 2010: 3), or presented as negation of sexuality which has had the impact of compelling those around the disabled person to view him/her as asexual and incapable of entering into a sexual or romantic relationship with another person (Lindemann, 2010; Julie-Ann Scott, 2014). However, while this may be a widespread perception of disabled people, there are always exceptions. The case and life of Oscar Pistorius, for example, presents itself as one such exception to the view of asexuality. Oscar Pistorius, the South African Paralympic athlete convicted of the murder of his girlfriend, particularly performed his masculinity through romantic relationships with beautiful women, ownership of weapons, and sports.

The common misconceptions about the sexuality of disabled people relate to their ability to attract members of the opposite sex in the “absence of the perfect body” (Mckenzie, 2012: 9). Not only is the disabled body construed as unattractive, but it is also perpetually that of a child who remains innocent of sexual activity and must therefore be protected from sexual knowledge and discouraged from learning about their own sexuality (Mckenzie, 2012). In addition to being viewed as asexual, Shuttleworth (2010) has also lamented the absence from existing research of “detailed descriptions of disabled people’s actual sexual activities, how they, in fact, often do adapt their impairments using different positions and various sexual aids to facilitate sexual fulfilment” (Liddiard, 2011:18).

Barrett’s (2014) brief review of disabled masculinities literature notes that disability in men is equated to a form of symbolic castration. This position appears to support the notion that men with disabilities are asexual, uninterested, or unable to participate in sexual life. For instance, the men with violently acquired spinal cord injuries in Ostrander's (2008) study felt that their masculinity was threatened because they could not engage in traditional sexual activity associated with phallocentrism. Porter (1997) argued that the disabled body is potentially absent of a sexual identity. However, Lindemann (2010) reminds us that discussions of sexuality and disability adhere to traditional notions of gender and sexuality that are inherently able-bodied. The end result of this is that disabled men are often forced to embrace this traditional masculine ideology or be relegated to the status of non-contenders in the sexual realm.

The dilemmatic relationship between disability and masculinity is also captured by Barrett (2017: 117) when he notes that men who acquire spinal cord injuries face a transformed suite of sexual expectations in that, "the presumed inevitability" of the insatiable male sex drive is then replaced by immense doubt and uncertainty surrounding spinal cord injured sexuality. The bulk of the research in this regard reports on feelings of embarrassment, inadequacy, shame, disappointment and frustration associated with difficulties related to reproducing hegemonic standards of sexuality (Addlakha, 2007; Sithole, 2013; Barrett, 2017).

Addlakha's (2007:113) research on sexual identity among urban youth in India notes the disjuncture between traditional notions of what it means to be a man, defined as: "aggressive, strong, self-reliant, and providing financial security and social status to the family, while being a man with a disability who is in need of assistance, has potentially devastating consequences on sexual identity and overall self-concept of men with disabilities". Oliffe (2006) also emphasises the importance of sexual performance for a masculine identity, suggesting that those who are disabled and unable to perform sexually become marginalized and their masculinity becomes subordinated.

In Richardson's (2010) study, young men who are unable to have sex as a result of their disabilities due to car accidents, for example, reported that they felt depressed, useless, and embarrassed, as they were unable to perform one of the essential functions of being a man. Additionally, men who were physically disabled as a result of spinal cord injuries reported an unsatisfying sexual life, with limited chances to express their sexuality due to socio-cultural barriers resulting from society's construction of masculinity (Sakellarion, 2006).

However, Lindemann's (2010) ethnography of wheelchair quad-rugby players has tentatively countered the narrative about persons with physical disabilities being asexual. The players who were participants in this study spoke frankly about disability and sexuality, something not usually addressed in literature. Lindemann (2010) listened to how players talked about their sex lives and came up with two interesting conclusions. Firstly, talk accomplishes things, as players produced and reproduced experiences and thus bringing into being a particular reality through enactment. Secondly, he noted that the discursive practices of players emulate traditional gender and sexuality norms that are able-bodied. Lindemann (2010) reached these two conclusions because the players who bragged about their sexual prowess were deemed successful by their peers; not because they had sex like 'normal' heterosexual men, but because they talked about it like 'normal' heterosexual men might. 'Normal' in this case is loosely used to refer to 'able-bodied'.

Sithole (2013) draws on the experiences of blind male students and how they negotiate their masculinity. He argues that the inability to perform expected gender roles is a burden to men with disabilities since their impairment may limit their ability to comply with normative masculine standards. Sithole's (2013) line of argument revealed that blind students talked about using different sex enhancing drugs to support their sexual performance and satisfy their partners so that they can be regarded as '*inkunzi' (*a bull), which is an aspect of a dominant masculinity among university male population.

Literature on Xhosa manhood practices reveal that there is pressure on Xhosa men to have sex after the initiation process is complete. The participants in Ntombana's study (2009) alleged that they had been taught by the *ikhankatha* (traditional initiation caregiver/guardian) that after graduating from initiation they were expected to have sexual intercourse with any woman who was not their girlfriend. The purpose of such an act would be to remove the bad luck that they had acquired during the initiation. We also learn from Vincent (2008) that the role of Xhosa traditional initiation in sexual socialization as a marker of the start of responsible sexual behaviour has largely broken down, and instead replaced by the emergence of a norm in which circumcision is regarded as a gateway to sex. Sex and access to sex becomes a typical theme upon acquisition of manhood after circumcision rites (Vincent, 2008). If sex is so important a component then what happens to the masculinities of Xhosa men who cannot have it because of disabilities?

3.4 Fathering

Literature on men and masculinities also reveals that fathering is a central aspect of masculine identities, although more so in certain cultural groups than others. The line of argumentation in this regard is that the father plays the role of the "protector of both mother and child, providing them with the necessities of life, and fighting for their safety against dangers from the outside world if necessary" (Khunou, 2006: 42). Krivickas (2010) shows us that the connection between masculinity and fatherhood is intricate, from the emphasis placed on men to be breadwinners, to a father's role in developing a son's masculine identity.

In this regard, the father figure is expected to train the male child for a masculine role in the community and set a pattern of masculinity in relation to femininity for the male child (Khunou, 2006). Malinga (2015) discusses this training of sons by fathers in terms of three dimensions: paternal motivation to be engaged fathers; paternal influence in terms of impact and guidance; and paternal involvement, which is usually used as a yardstick for good versus bad fathering.

Kilkey and Clarke's (2010) research on disabled fathers notes that disabled people have had their ability to parent and develop positive parenting relationships with their children questioned; where impairments have been constructed as congenital, and further laced with a genetic risk argument to suggest that there is a moral case for dissuading disabled people from becoming parents in the first place. Sithole's (2013) blind male participants reported that in addition to the pressure to have a partner (*girlfriend)*, there was also pressure to produce children as proof of their masculinity. Having a child while disabled serves as tangible proof to society that men with disabilities, blind men in this case, are not asexual. This is because pressure to have children is mainly influenced by cultural expectations that having a child or children is a defining characteristic of being a man.

Research reveals that while some fathers with disabilities have expressed positive outcomes with the fathering role, such as closer and more nurturing relationships with children, others found discord with changes in power dynamics within their relationships, and having their parenting ability constantly questioned (Kilkey and Clarke, 2010; Ritchie, 2014). Additionally, fathers with physical disabilities have been reported to worry about things such as the "ability to physically defend their families, and the ability to provide a certain lifestyle" (MacQueen, 2016: 69).

MacQueen's (2016) study of men with traumatic brain injuries reported that fathers identified that they felt they were not fulfilling their role as a father due to their injury. These fathers worried about "not being able to be responsible to care for children, not fulfilling the role of a provider and also not being able to cope with a busy family environment" (MacQueen, 2016: 108). The fathering role perfectly illustrates this dilemma of disabled masculinity because being able to enact their roles as fathers is quite critical to men with physical disabilities and serves as both a source of positive self-esteem and masculine identity, but also serves as a source of reduced self-esteem and diminished masculine identity (MacQueen, 2016).

There has been research on the importance of bearing children in Xhosa manhood circles (Mfecane, 2016; Ntozini and Ngqangweni, 2016) but up to this point, no research has focused on the experiences of Xhosa fathers with physical disabilities. There is little existing relevant literature on fathering with a physical disability. Kilkey and Clarke (2010) also note that we know more about disabled mothers than we do about disabled fathers in all relevant bodies of scholarship and yet fathering is a central part of a masculine identity. While this thesis is not wholly about fathering while living with a physical impairment among Xhosa men, there is, however, an intention to explore the fathering dynamic as it has been shown, in the previous chapter, that fathering occupies a key role among Xhosa manhood practices.

3.5 Intimate partners

Living with a visible physical impairment can have a negative impact on a man's identity not only because of how they perform sexually but also with regard to finding someone to be intimate with (Sithole, 2013). In addition to the discomfort that many personal carers and medical professionals express in facilitating sexual encounters for the disabled in their care (Barrett, 2017), the barriers that exclude disabled people from participation in mainstream social structures and activities such as educational institutions, workplaces, and leisure venues, render it difficult to meet potential intimate partners (Bullard and Knight, 1981; Barrett, 2017).

Shuttleworth (2004) conducted an ethnographic study with fourteen men who live with cerebral palsy on their interpersonal encounters and the ways they initiated intimacy and sexual relationships with potential partners. Several of the participants reported that they wait for the other to make the first move toward sexual intimacy, "inhabiting what might be described as passive interest" (Shuttleworth, 2004: 172). The most striking concern of Shuttleworth's (2004: 169) participants was "how to adequately embody and negotiate masculinity". Thus, he noted that the inability to use their bodies in conventional ways gave the men motivation to go beyond hegemonic masculinity and focus on alternatives. Shuttleworth's (2004: 166) study also reported that men with disabilities who are successful in love usually "assume a flexible gender identity and expand their masculine repertoire of orientative-ideals and embodied, interpersonal practices beyond those associated with hegemonic masculine ideals".

Liddiard's (2011) research on *disabilities, sexualities, and intimacies,* highlights the dilemmas experienced by people with disabilities in the realm of romantic relationships. This research notes that romantic relationships for people with disabilities not only challenge ableist notions of being sexless and asexual but also serve as 'safe spaces' from a range of oppressions, discrimination, and prejudices experienced in other interactions. Despite the aforementioned positive benefits of relationships, Liddiard (2011: 155) found that people who lived with disabilities "stayed in unhappy relationships as a means to avoid further prejudice and discrimination experienced outside of the relationship". Additionally, Liddiard's (2011: 157) research also noted that the "intimate relationship was a site where the disabled person could be both devalued by their (non-disabled) partner and where they devalued themselves, in a variety of ways".

An interesting dynamic is seen in Staples' (2011) research on men affected by leprosy, and cerebral palsy in India wherein the author observes that the possibility to marry was only kept alive for those who were less severely disabled. The institution of marriage was seen as an important route through which normalcy could be achieved. The possibility to marry was denied to those who were severely disabled as their lack of self-control over the capacity for reproduction was seen to be a threat to normative kinship relationships (Staples, 2011).

A common theme, which emerges from research on the intimacy of men with physical disabilities, is that intimacy with a partner can look like many things, and sex does not necessarily need penetration. Liddiard's (2011) participants spoke about resisting phallocentrism and decentring penetration from sexual relations, which in turn offered space for new forms of sexuality to emerge. Some studies have reported that the men with disabilities have spoken about developing adaptations to their sexual activities, or even redefining what intimacy meant to them in order to work within their abilities (Shuttleworth, 2004: Kattari, 2014).

Another common theme, which emerges from research in relation to romantic relationships, is that of people with disabilities choosing to partner with able-bodied people. Mckenzie (2012) has argued that disabled men prove their worth by having relationships with non-disabled women. Lindemann's (2010) quad rugby players spoke openly about their preference for able-bodied female partners. Julie-Ann Scott (2014) observes that an able-bodied female partner as a caretaker can often heighten a disabled man's perception of overall cultural success.

Heterosexual intimate partnerships occupy a central role in Xhosa manhood practices and discourse. Wood and Jewkes' (1998) Xhosa speaking participants in Mthatha in the Eastern Cape, reported that they were taught at the initiation schools that having particularly large numbers of sexual partners was 'what boys do', and that, as men, they were encouraged to have one partner and think of marrying her upon becoming men. Mhlahlo (2009) notes that Xhosa speakers believe that a male becomes an adult once he has a homestead and that a key part of that homestead is a wife and children. Similarly, both Ndangam (2016) and Mfecane (2016) argue that upon completion of the initiation process, Xhosa men acquire a new status, which allows them to get a plot of land and take on a wife.

3.6 Employment

Scholarship on men and masculinities has also recognised gainful employment as an important signifier of masculinity (Morrell, 2006; Malinga, 2015). It is important to note that the focus of this thesis is on rural Xhosa masculinities in the Eastern Cape in South Africa, where unemployment is very high. According to the latest Statistics SA report (July, 2018) the "Eastern Cape has the highest unemployment rate, at 45.8%" (HeraldLive, 2018). One of the main assumptions of hegemonic masculinity is a man's ability to protect and provide for his family financially (Ritchie, 2014). However, Morrell (2006) has argued that the same fathers who often have difficulty providing for their children due to poverty draw on this provider discourse.

Additionally, Mfecane's (2010) study of men living with HIV in Bushbuckridge highlighted that the participants defined real manhood as being powerful, strong, respected and in control. The research also recognised being an independent provider as an important avenue through which the attributes of real manhood can be achieved. Mfecane (2010: 68) went on to argue that "being an independent provider gave men control and authority within the household as well as social respect and easier access to women". Thus, it is important to consider employment as a variable in order to illustrate the dilemma of disabled masculinities.

However, it will become apparent in Chapter 4 that I will not be relying on Connell's (1995; 2005) theory of hegemonic masculinities despite its undoubted influence and significance in the field of men and masculinities. It is also for the reason of high unemployment rates in rural Eastern Cape areas that I am wary of relying on Connell's (1995; 2005) theoretical orientations. Dery (2017) has already noted that:

> As Africans, we exist as a unique people and continent characterized by a gamut of cultural, economic, social, racial, historical, poverty, unemployment, and traditional complexities. To apply Connell's hegemonic masculinity theory wholesale in a complex context as Africa may cloud useful nuances, which may very much differ from a typical Western context (Dery, 2017: 28).

Similarly, Ratele (2016) has also noted that scholars of masculinities outside the global, culturally hegemonic and rich West need to approach the dominant model of masculinity with caution. He goes on to suggest that in regions such as Africa, scholars should rather rely on "hegemony within marginality or marginal hegemonies" instead of unfiltered applications of Connell's (1995; 2005) hegemonic masculinities theory (Ratele, 2016: 72). Elsewhere, Ratele (2008) has also cautioned that even interventionist programmes in Africa have failed to produce useful changes in men's practices because analyses of boys' and men's lives have remained blind to significant social categorisations, such as being without gainful employment. Indeed, African scholars on masculinities should tread carefully and modestly around the theory of hegemonic masculinity when theorizing African masculinities (Dery, 2017). As already intimated in this chapter, my approach and analysis in this thesis is rooted in the concept of dominance without hegemony.

Barrett (2014) also notes that manhood is usually defined in relation to a man being a breadwinner. The kind of masculinity defined according to the man's ability to find a job and take care of the family became the valorized version with the rise of the gendered division of labour. This makes it difficult for disabled men to attain this valorized version of masculinity as capitalism and the factory required certain body shapes and forms that often exclude disabled masculinities. Not only does this marginalize men, who as a result of disabilities are unable to work and economically provide for their family, but it also places undue pressure on them to adhere to this valorized masculine version (Ritchie, 2014). In essence, men with disabilities are expected to work to provide for their families by virtue of being men, but at the same time they are excluded from the labour market because of their disability (Barrett, 2017).

While "employment provides for men a sense of satisfaction, pride and respect" (Ritchie, 2014: 23), the inability to work due to a disability or sickness threatens a man's means of financial support, their place in society and places "constraints on their performance of the male breadwinner role" (Kilkey and Clarke, 2010: 10). Barrett's (2017: 125) research found that men living with a spinal cord injury become a liability within the labour market, in terms of "opportunities for participation, possibilities for career advancement, and the recognition of achievement". Thus, several of the participants in that research expressed having "experienced economic precariousness" after they acquired the spinal cord injuries (Barrett, 2017: 123).

Jones and Curtin's (2010: 1) study of men living with traumatic brain injuries also reported that the participants' failure to continue working after the injury had a significant impact on their "self-identity". Furthermore, the men in the study recognised the need to work as an important part of maintaining well-being and autonomy. In Wheeler's (2004) study of men with learning disabilities, only one out of twelve participants had regular, paid, full-time employment. This is a clear illustration of the challenges faced by people with disabilities in the labour market. This study highlighted that employment for men with disabilities may provide a number of advantages such as assisting in defining social status and facilitating increased independence, “it may also engender self-esteem and assist in overcoming prejudice and stigma” (Wheeler, 2004: 166).

Despite the high unemployment rates in rural areas, traditional Xhosa culture envisions men as economic providers (Medich *et al.*, 2018). Magodyo *et al.*’s (2017: 7). Xhosa speaking participants also reported that the masculine ideal within the Xhosa culture is not attainable by all as a result they described it as a “burden of *ulwaluko”*. They reported that the “burden was felt to emanate from the cultural expectation that initiates had to plough money back that was spent on their ceremony, to work, provide for siblings and parents, and be financially independent of parents amidst high unemployment levels” (Magodyo *et al.*, 2017: 8).

3.7 Disabled men negotiating their gendered identities

As demonstrated in the above sections, men with disabilities face a dilemma when it comes to the performance of their masculinities as most of the defining features of masculinity are predicated on an able-bodied embodiment. Therefore, the spectrum of negotiation strategies employed by disabled men illuminate the complexity through which physically disabled men negotiate their embodied performances of gender (Julie-Ann Scott, 2014). Literature is replete with negotiation strategies of how men with disabilities navigate this dilemmatic relationship between masculinities and disabilities (Gerschick and Miller, 1997; Shakespeare, 1999; Julie-Ann Scott, 2014). Gerschick and Miller (1997) investigated the extent to which men with physical disabilities reframe their masculinity in the face of barriers to inclusion in their communities. It is important to bear in mind that their research explored how men with physical disabilities coped with demands of hegemonic masculinity as it has been accepted in the Western gender order. They devised the “Three ‘R’ Framework,” a description of a combination of strategies employed by men to come to terms with masculinity and physical disability (Gerschick and Miller, 1997; Gibbs, 2005).

These strategies are characterised by *reformulation*, in terms of which men with physical disabilities tend not to contest the standards of hegemonic masculinities as they are culturally conceived but realise their inability to meet the standards and hence reformulate it along the lines of their abilities. Secondly, there is *reliance*, which entails a double bind because men with physical disabilities embrace predominant masculinity standards yet are continually reminded that they are incomplete because they cannot meet them. Lastly, *rejection* explains how these men believe that the dominant conception of masculinity is wrong and hence develop new standards of masculinity in the place of the ones they have rejected. The rejection framework was later supported by Cecil *et al.* (2010) in their claim that for men living with impairments not to feel inferior, they need to reject hegemonic masculinity standards and adopt a lifestyle that suits them. Gerschick and Miller (1997) acknowledged that no man's masculinity falls neatly into any of the three categories.

Julie-Ann Scott (2014) employs a performance analysis to study the emergence of masculinity in the narratives of men who self-identify as physically disabled. Similarly to Gerschick and Miller (1997), Julie-Ann Scott (2014) comes up with strategies through which her participants negotiate their gendered identities. The strategies she comes up with are characterised by pining for *restoration* of a lost masculinity through performance; *resisting* the stigma of lost masculinity; *embracing* the "loss of masculinity"; and *interpreting* the disability as strength. Similar to Lindemann (2010) and Sithole (2013), Julie-Ann Scott's (2014) participants also reported that an able-bodied female partner as a caretaker can often heighten a disabled man's perception of overall cultural success. Therefore, in relation to this body of scholarship, which highlights that men with disabilities develop with strategies in their constructions and negotiations of masculinity and disability, I intend to investigate any such strategies, or lack thereof, in the cases of Xhosa men with physical disabilities.

3.8 Conclusion

This chapter has presented a review of existing literature on the dynamics of disabled masculinities in order to reveal, and give context to the lives of men with physical disabilities in relation to how they are socially positioned, and how they construct, navigate and maintain their masculinities. This chapter has done this through a selection of themes (sport, sex, fathering, intimate partners, and employment) or contexts which have been previously identified as markers of masculinity in order to illustrate the dilemmatic relationship between disabilities and masculinities when they co-exist. In this chapter, I have also demonstrated that gender identity is forever developmental rather than complete therefore this is not an exhaustive list of areas that expose this dilemmatic intersection. Lastly, this chapter has also demonstrated, through an engagement with the existing literature, that men with disabilities come up with strategies in negotiating the dynamics that the disability presents. In this regard, I have shown some of the strategies which include reformulation of masculinity, reliance on existing dominant ideals, rejection of dominant ideals, working toward restoration of lost masculinity, embracing and bringing about new interpretation of masculinity to suit their conditions. The following chapter presents the theoretical framework through which disability, as it relates to manhood, will be studied in this thesis.

Chapter 4: Theoretical framework: Understanding disabled Xhosa manhood masculinity

4.1 Introduction

A large bulk of literature in the field of disability emerges from the West, and thus predominantly theorises about the lives of disabled people in the Global North (Lipenga, 2014a). Similar to Lipenga's argument (2014a: 12), this chapter is an attempt to not only apply, but challenge some of the postulations of such scholarship, highlighting its non-universality, and suggest possible advances in thinking about definitions and theorisations of disability. This chapter is arranged into four main sections. The core aim of this chapter is to outline the theoretical framework that guides the analysis in respect of disability for this thesis. However, before I outline my theoretical framework, the first section begins by grappling with the definitional challenges in the conceptualization of the term 'disability'. While I am aware that policy influencing organisations such as the WHO, the ICF, the World Bank, and country policy documents have defined disabilities, for this chapter and thesis at large, I have decided to focus only on academic literature.

This section's grappling with the definitional issues serves to show that the understandings and meanings of disability are both evolving and contested throughout history and cultures (Fitzgerald, 2007: 12). In the following two sections, I provide a brief overview of the established disability models. The most established models in the theorization of disabilities are the biomedical (individual) model and the social model of disability, as discussed respectively. In this regard, I will examine each approach and its utility in our contemporary understandings of disability. As will become apparent, both the medical model and the social model are unsuitable as theoretical underpinnings for this study. Following this, in the fourth section, I outline my chosen theoretical framework. Similar to scholars such as Powis (2017), I suggest that an embodied approach to disability is essential to investigating the embodied experiences of a group of Xhosa men with physical disabilities in rural parts of the

Eastern Cape. This section is divided into five parts that flesh out the philosophical underpinnings of this embodied approach.

4.2 Conceptualizing disability

Barrett (2017) points out one of the major factors in the definitional challenges regarding the concept of disability. He notes that the terms "disabled and non-disabled are conventionally constructed as delineating two mutually incompatible categories of humanity" (Barrett, 2017: 11). The first major problem with this approach is that physical and psychological normality is not easily defined (Barnes and Oliver, 1993). In addition to the definitional struggles, Shakespeare (1998: 22) notes, "the term 'disabled' is used as a blanket term to cover a large number of people who have nothing in common with each other, except that they do not function in the same way as those people who are called normal".

The impact of this binarised construction of ability and disability is visible through the normalised othering of those labelled as disabled (Barrett, 2017). Additionally, the blanket use of the term bears the possibility of obscuring differences between the disabled people which may be about gender, sex, ethnicity, sexuality, and class (Nicholas Watson, 2001). This then presents disability as a concept enamoured in fluidity, indistinctness and contestations. Nicholas Watson's (2001: 244) analysis shows the "complexity of disability, its variability, its contingent nature, its historicity, its fluidity". He goes on to characterise disability as a "quintessential post-modern concept"… because it cannot be "described as any one thing, it is a multiplicity, a plurality".

Definitions are dependant upon temporal, cultural and situational factors (Barnes and Oliver, 1993). Society's comprehension and definitions of disability have changed throughout time and space. Grappling with the concept of disability through the ages clearly illustrates the fluidity of thought and perception in society. To this end, society has progressed from understanding disability as a punishment from God for sins (Henderson and Bryan, 2011); as an impediment on a person's capabilities in respect of labour at the beginning of industrialisation (Retief and Letšosa, 2018); disabled people as victims of circumstances who should be pitied and assisted by their able-bodied counterparts as charity cases (Duyan, 2007); as an individual personal tragedy (Oliver, 1990a); and as a purely socially constructed phenomenon (Oliver, 1990). This illustrates the concept's (disability) "radical instability" not only in terms of definitions but also its social functions and the construction of stigma around it (Barrett, 2017: 11). Clearly, disability is a contested term regarding its definitions and theorizations. It is, therefore, the intention of this chapter to grapple with the different definitions in relation to this study.

Barrett (2017) is of the view that to fully encapsulate the complexity of disability, it is necessary to consider its historical nature, the diversity it encompasses, and the relativity of its manifestations. Similarly, Staples (2011: 548) notes that it is useful to approach disability not merely as "descriptive of qualities that people have, or restraints imposed upon them, but as describing objects of knowledge that are enacted". In this way, the focus is on the practices through which disability is enacted. Approaching disability from these perspectives should allow for cultural markers and structural specificities which challenge assumptions about how disability is generally conceptualized (Staples, 2011).

Couser (1997: 112) also puts forward a description, which captures the complexity of the term. He notes that "disability may affect the form of the function of the body or both; it may be invisible or manifest; it may be static, intermittent, or progressive in its manifestation; it may be acquired at birth or later in life; it may affect physical, sensory, or cognitive function; and it may be moderate or severe in degree" (Couser, 1997: 112). However, the problem with this description is that it does not consider the socio-cultural context which, as has been argued, is inscribed on the body.

Leonardi *et al.*, (2006: 1219) posit that for a definition of disability to be able to withstand scrutiny, it should be "applicable to all people, without segregation into groups such as 'the visually impaired' or 'wheelchair users' or those with a chronic illness, and be able to describe the experience of disability across many areas of functioning". The definition should allow comparison of severity across different types of disability, be flexible enough for different applications (e.g., statistical or clinical use), be able to describe all types of disability, and recognise the effects of the environment on a person's disability (Leonardi *et al.*, 2006). Finally, the definition should not include stipulations about the causes of any disability. These authors go on to propose the following definition: "disability is a difficulty in functioning at the body, person, or societal levels, in one or more life domains, as experienced by an individual with a health condition in interaction with contextual factors" (Leonardi *et al.*, 2006: 1220).

The above definition marries the biology of individuals and social factors. However, it fails to account for the severity of the disability, status of the disability, and the time of its acquisition. These factors are important considerations for this study because it focuses on Xhosa men with various visible physical disabilities, with various degrees of severity, who may have acquired it at birth or later on in life. At this point, it becomes necessary to provide a definition of physical disability underpinning this study. In light of the above complexities and limitations of the above two definitions, I have combined the above description by Couser (1997), and the definition by Leonardi *et al.* (2006) to come up with the following definition which captures all the variables of this study:

> Physical disability refers to a difficulty in either the visibly physical form or functioning of the body, a person, or societal levels; it may be static, intermittent, or progressive in its manifestation; it may have been acquired at birth or later in life; and it may be moderate or severe in degree, as it is embodied and experienced by an individual with a health condition in interaction with socio-cultural contextual factors.

The focus of this study is on visible physical impairments. The reason for focussing solely on visible physical impairments is because this study seeks to contest and challenge Western scholarship which summarily argues that "the visible 'deformed body' den(ies) men the power that comes with gender conformity, and destabilizes their position among other men and concerning women" (Nyame, 2013: 34). In this regard, men become the unprivileged individuals within a strict dichotomy of gendered social identities (Joan Scott; 1986, Lorber; 1994). They are not 'men enough' due to their visible "deformed body" in relation to abled-bodied men and assumed inability to perform the gender expectation of providing and exhibiting "control and mastery over others" in the family and society (Chapman and Rutherford, 1988; Edwards and Imrie, 2003). The following two sections will demonstrate the contestations in the definitions of disability through the ages. I begin by introducing the understanding of disability through the medical model.

4.3 The medical model

Disability, in contemporary western cultures and modalities, is predominantly understood through the rubric of medical sciences (Barrett, 2017; Oliver, 1990a&b). The medical model, also known as the individual model, perceives the disabled body as existing outside the bounds of normative bodily standards (Shakespeare, 2006; Barnes *et al.*, 1999). This model is regarded as the individual model because it locates the problem of disability squarely within the individual and sees the causes of this problem as stemming from functional limitations or psychological losses (Oliver, 1990a; Haegele and Hodge, 2016). From this lens, each person with a disability is seen as unique, as an individual patient whose distinct pathology requires medical intervention in the form of a cure or treatment designed specifically for it (Siebers, 2017).

Oliver(1990a) notes that the idea of the disability as individual pathology only makes sense when we have an idea of the individual able-bodiedness. Able-bodiedness, in this lens, is the benchmark against which physical and intellectual normality is judged (Barnes *et al.*, 1999). The idea of being able-bodied has become increasingly associated with hegemonic masculinity (Korn, 2017). Moreover, the problems that people with "disabilities experience are regarded as a direct consequence of their disability" (Oliver, 1990: 15), and the individual is "characterised as having individual attributes of incapacity and dependence" (Areheart, 2008: 186). Sociologically, this idea of disability as individual pathology can be read from a deviance theory perspective. In this case, people with physical disabilities are seen as involuntary deviant from normative able-bodiedness in contrast to criminals whose deviancy is seen as voluntary (Jonathan Watson, 2000).

The medical approach enters the discourse on disability in the nineteenth century and regards the individual with the disability as the victim in need of care, attention and dependency on others (Barnes *et al.*, 1999). Prior to this era, disability was understood through the religious model, to have been either manifestation of punishment from God for sins by the disabled person or their parents (Retief and Letšosa, 2018); as a sign of God's holy favour (Tankard, 2010), or as proof of Satan's existence (Barnes *et al.*, 1999). Thus scholars such as Alenaizi (2017) and Corker and Shakespeare (2002) note that the emergence of the medical model can be regarded as the consequence of the European modernity project.

This model of disability also assigns tremendous power to medical professionals to diagnose people using criteria formulated in terms of what is considered 'normal' in society (Ritief and Letšosa, 2018). Thus, this model is also heavily normative in this regard (Haegele and Hodge, 2016). Barrett (2017: 14) notes, "diagnosis is constructed as a techno-scientific task, reflecting the capacity of medical practitioners to neutrally access and interpret the somatic, sensory or cognitive capabilities of patients". Additionally, Oliver (1983) is of the view that the medical professional's job, in terms of this model, is to adjust the disabled individual in two ways:

> First, there is physical adjustment through rehabilitation programmes designed to return the individual to as near normal a state as possible; and second, there is psychological adjustment which helps the individual to come to terms with the physical limitations (Oliver, 1983: 15).

The overall picture of this model, particularly in terms of the above-cited adjustments, is that "the human being is flexible and 'alterable' while society is fixed and unalterable" (Llewellyn and Hogan, 2000: 158). In the case of current in this study, medical model proponents would advise blind participants, for example, to consult opticians for treatments such as cataract surgery or laser treatment until their sight is restored, or to hire guides to walk them around the community which, in turn, would assert their status as men who can afford to pay for their independence rather than being dependent on the community. In the cases of paralysed participants, advocates of this model would advise them to seek treatments such as physiotherapy or consider getting an electric wheelchair to augment the functioning of their bodies and feign some independence. Because there is great currency placed on treatments and adjustments, people "who do not share the desire to be fixed may be labelled non-adherent or unmotivated" (Roush and Sharby, 2011: 1717).

Sociologically, this model's over-reliance on medical professionals can be understood to be located within a structural-functionalist perspective (Jonathan Watson, 2000). Read through Talcott Parsons'(1951) structural functionalist lens, people with physical disabilities cannot fulfil their roles and duties in society, thus they must surrender their will to medical professionals which in turn fulfils their 'sick role'. In terms of their sick role, they are encouraged to see their condition as "abhorrent and undesirable" (Barnes and Oliver, 1993: 29). Through their surrender, they are then "absolved from social obligations and culpability for their condition is removed" (Jonathan Watson, 2000: 13).

This model is also known as the personal tragedy approach (Barnes *et al.*, 1999) because it defines disability only in negative terms as objectively bad, "abnormal and defective" (Fitzgerald, 2007: 38); a pitiable condition, "a personal tragedy for both the disabled individual and their family" (Retief and Letšosa, 2018: 3). Seeing disability as a personal tragedy also suggests that it is "some terrible chance event which occurs at random to unfortunate individuals" (Oliver, 1990b: 2). This personal tragedy account seems to stem, in Sociological frameworks, from a negative reading of symbolic interactionism as the focus is solely on the difficulties that physical disability raises in interpersonal relationships and the ways through which individuals negotiate these difficulties (Jonathan Watson, 2000).

A critique of this model has been that it has given medical professionals absolute power and left the disabled people powerless and this, in turn, has justified the "ideology of normality, and medical intervention, whatever it costs in terms of the pain and suffering of the individual living with the disability" (Oliver, 1990b: 44). Secondly, because this model sees the difficulties experienced by disabled people as a result of their dysfunctional bodies (Hughes and Paterson, 1997), the impact of the "environment built for the 'normal' body, and the desirability of the 'normal' body, is not to be questioned" (Tankard, 2010: 9).

This medicalized approach to understanding disability is unsuitable for this study for several reasons. Firstly, the reliance on medical intervention 'whatever it costs' is an assumption of privilege as access to funds for medical interventions is a luxury for most South Africans, and free access to decent basic health services only exists in policy documents. For example, In the cases of paralysed participants, an hour of physiotherapy can cost nothing less than R380 and thus only privileged individuals will be able to afford to sustain a relationship with a physiotherapist (Mckenzie and Muller, 2006).

In the case of blind participants, for example, eye cataract surgery can cost up to R20 000 in private hospitals (IOL News, 2007), and about R2000 to R5000 in government hospitals with a waiting period of 12 to 18 months (BusinessDay, 2018). It is for this reason that I claim that the interventionist approach of the medical model is an assumption of privilege and in this regard, this model cannot be applicable to this study as the rural Eastern Cape is "critically under-resourced" and about 62% of the population lives in rural areas and are poor (Green, 2015). Additionally, this reliance on medical intervention to fix the abnormality presents a conundrum for people whose impairments are permanent (Lonsdale, 1990) as is the case with most of the participants in this study.

Secondly, this model presents an individualistic understanding of disability (Powis, 2017), which in turn suggests that the problems faced by people with disabilities are completely independent of the wider socio-cultural, physical, and political environments (Brittain, 2004). Again, this assumption renders this model unsuitable for this study because this claim disregards research which has shown African notions of personhood, and by implication manhood status, as fundamentally relational, meaning it is achieved in social interaction rather than in isolation (Mfecane, 2018). Lastly, this negative approach to understanding disability "reinforces the notion that all disabled people are fragile and helpless, and views disability as something to overcome" (Powis, 2017: 27), and in this regard it cannot account for participants who, despite their severe impairments, are respected community men, fathers, and husbands and, therefore, fall outside medical definitions of fragile and helpless.

Thirdly, the explicit normative nature of this approach is deeply problematic for this study. According to this account, living with a physical impairment separates the individual from the rest of the society and their disability becomes their defining characteristic. The disability assumes master status in their life, one that limits an individual from accessing their expected social roles. Additionally, this model fails to account for cultural meanings ascribed to a disability and also fails to address why disabled people tend to be excluded (Jonathan Watson, 2000). As mentioned in the introduction, this model is not the only way through which disability has been defined. The following section will introduce understandings and definitions of disability through the social model.

4.4 The social model

The social model of disability enters the discourse on disability in the 1970s as a critique and negation of the claims purported by the medical model. The emergence of this model is linked to the formation of the Union of Physically Impaired Against Segregation (UPIAS) by the British disability movement in the early 1970s to campaign for social change and against the social segregation of disabled people (Oliver, 1990a; Liddiard, 2011; Powis, 2017).

> In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society (UPIAS, 1976:14)

It is clear from the above that the social model, from its early days, introduced a paradigm shift in our understanding of disability by drawing a conceptual distinction between disability and impairment. The former is structural and public, while the latter is individual and private (Shakespeare, 2010). Kitchin (2000:7) defines impairment as a physical manifestation related to the biology of the individual, while disability is defined to mean being "disadvantaged or restricted by a society which takes insufficient account of people who have physical, sensory or mental impairments and thus [are]... excluded from mainstream social activities". The paradigm shift introduced by this model is, in essence, a call for the "gaze on the body to be shifted to *[the]* gaze on society" (Alenaizi, 2017: 105).

Put differently, disability is the outcome of social barriers (Thomas, 2004) and therefore adjustment, in terms of this model, is a problem for society, not for 'disabled' individuals (Oliver, 1983). Additionally, the social model of disability viewed the medical model's claims as oppressive insofar as they tend to locate the origin of the disadvantage within bodily limitations of the individual (Oliver, 1983; Priestley, 2006). While the "medical model pathologises the deviant body, the social model requires a consideration of how prevailing social structures and cultural norms presume particular cognitive, sensory and/or physical embodiments" (Barrett, 2017: 16). In this regard, proponents of the social model of disability argue that people with impairments are 'disabled' by a society that is not organised in ways that take account of their needs (Finkelstein, 1980; Oliver, 1990, 1996, 2004; Siebers, 2008). Oliver (1990a) notes the social model of disability rejects the idea that disability is caused by the functional limitations of one's body; rather it locates the cause of disability in a social failure instead of the individual's biology. This is regarded as one of the major achievements of the social model (Oliver, 1990; Hughes and Paterson, 1997; Barrett, 2017).

While the social model's distinction between impairment and disability has been regarded as a major achievement of this movement (Hall, 1999), it has also been criticised for its "apparent failure to recognize either that impairments are also socially constituted or that the social consequences of bodily differences can never be divorced from the body" (Staples, 2011: 546). Put differently, this distinction produces an undesirable separation between the body, culture, and society. Imrie (2004) argues that biology and society are intertwined in a dialectical relationship.

The social model of analysis presents a structural analysis of disability. In its early days, the model presented a "theoretically materialist" lens in its understandings of disability (Barrett, 2017: 17). Early conceptualizations of this model from Finkelstein (1980), Oliver (1983, 1990), and Barnes *et al.* (1991) locate their understanding of disability within the socio-economic, and ideological structures in society. Finkelstein (1980) had earlier postulated an understanding of disablement through the development of the Western capitalist system. His main argument was that the emergence of industrial capitalism and its reliance on heavy machinery coupled with heightened mass production had privileged an "ableist model of the standard body" (Barrett, 2017: 17).

Similarly, Oliver's (1983, 1990) early conceptualization of disability was influenced by the Sociology of Karl Marx's and Max Weber's analyses of the modes of production through their association of patterns of exclusion experienced by disabled people with the emergence of capitalist modes of production (Finkelstein, 1980; Oliver, 1990). Barrett (2017: 17) citing Finkelstein (1980) argues that the development of "industrial factory systems rendered idiosyncratic labour practices problematic"; mass production principles required standardisation, and the rigid industrial regimes that emerged relating to time, space, mobility, speed, and movement were developed to reflect a particular, ableist model of the "standard" body.

There have been calls within scholarship for a renewal of the social model (Hughes and Paterson, 1997), for it to consider bodiliness (Hall, 1999). Crow (1996, in Hall 1999: 140) argues that an effective renewal of the social model of disability can only occur if a recognition is made of an individual's experiences of their body over time and in variable *[social and environmental]* circumstances and if these 'limitations' of an impaired person are included. This renewal would produce a paradigm shift away from focussing solely on the constraints of the physical environment as the disabling factor to consider the ways in which varying kinds of bodily impairments impose certain limitations upon certain groups or categories of people (Oliver, 1983: 23).

While most disability studies are predicated upon the social model's claim that "disabling environments produce disability in bodies and require interventions at the level of social justice" (Siebers, 2008: 25), this model and line of argument has been criticised for its failure to sufficiently account for differences between people with disabilities (Williams, 1999). To this end, the social model has been characterised as a "one size fits all approach" (Mutanga, 2015: 63). Some disability scholars advocate for a renewal of this model to accommodate an understanding of disability from a position that enables "lived experiences to be better understood" (Fitzgerald, 2007: 40). Meekosha (1998: 175) has further noted a limitation of the social model as its one-dimensional focus on the disabling effects of a prejudiced and discriminatory society... beliefs and practices which leave the impaired body as untouched and unchallenged: "a taken-for-granted fixed corporeality". This is the main reason why it would be untenable to use the social model as a theoretical framework for this study with its focus on embodied lived experiences of men with visible physical impairments.

Secondly, the social model, in spite of its critique of the medical model, actually concedes the body to medicine and understands impairment in terms of medical discourse (Hughes and Paterson, 1997: 326). Thomas (1999) observes that the medical and social models are often presented as dichotomous, but disability should be viewed neither as purely medical nor as purely social: persons with disabilities can often experience problems arising from their health condition. To recapture this lost corporeal space without returning to the reactionary view that physicality determines social status, Hughes and Paterson (1997: 326) are of the view that a suitable approach should consider that "the impaired body is part of the domain of history, culture and meaning, and not, as medicine would have it, an ahistorical, pre-social, purely natural object".

As has become apparent, this study will neither rely on the medical nor the social approach to disability because of their identified shortcomings to fully capture the lived experiences of physically disabled Xhosa men who are the participants in this study. Therefore, an embodied approach to disability was selected as an appropriate framework for this study. The following section will outline the nature and epistemological boundaries of this approach.

4.5 An embodied approach to disabled Xhosa manhood masculinity

With the embodied approach to disabled Xhosa manhood masculinity I hope to bring together theories of embodiment and Sociologies of the body, and transcend the binaries and boundaries of both the social and medical understandings of disability. Hall (1999) notes that if we are to think about the body concerning disability, then consideration must be given to both the physicality of the disabled body and the impairment itself. Following Riggs and Bartholomaeus (2017), my intention with this approach is to discuss disability less in connection to impairment than to "atypical modes of embodied functioning" (Almassi, 2010: 129). Through this approach, my hope is to shift the focus to the disabling norms in relation to embodied manhood identities of the participants thus focussing on the corporeality of the body rather than mere surfaces of bodies as it has been generally the case in social sciences (Hall, 1999). Following Robinson and Hockey (2011: 77), through this theoretical framework, I seek to examine the physically disabled Xhosa man's body in motion, "situated within the materialities of particular times and spaces and in relation to a whole range of embodied others": partners and wives, children; other men, friends and family members; members of the community in rural settings.

The intersection of physical disability and manhood in the Xhosa society presents itself as an interesting site of study. This is because physical disability and Xhosa manhood are both deeply rooted in notions of the body and physicality. It has already been argued, in Chapter 2, that the notions of manhood in Xhosa society are primarily embedded in the physical sense of the body. It is therefore untenable to underpin this study with theoretical approaches that do not acknowledge the corporeal basis (Powis, 2017). Embodiment is often understood as a synonym for corporeality, which is the state of living in and through a body (Wilkerson, 2015). It is for this reason that other scholars (Monaghan, 2005; Robinson and Hockey, 2011) have preferred the term 'male embodiment' as this captures the corporeality and sociality of men's bodies over the gendered life course.

Wilkerson (2015) sees embodiment in relation to disability as a way of thinking about the bodily experience that, unlike the medical and social model, is not engaged solely with recovering the historical mistreatment of disabled people. Instead, Wilkerson (2015: 67) notes that an embodied approach "includes pleasures, pain, suffering, sensorial and sensual engagements with the world, vulnerabilities, capabilities, and constraints as they arise within specific times and places". Siebers (2005) observes that disability makes theories of embodiment more complex than the ideology of ability allows. Thus, while Siebers (2005: 25) differs in terminology by calling this approach the "theory of complex embodiment", he argues, similar to Wilkerson (2015), that this approach "raises awareness of the effects of disabling environments on people's lived experience of the body, and that it also emphasises that some factors affecting disability, such as chronic pain, secondary health effects, and ageing, derive from the body".

In Anthropology, Thomas Csordas (1994: 12) argues that embodiment is to be understood as an "indeterminate methodological field defined by perceptual experience and the mode of presence and engagement in the world". He views the cultural phenomenology of embodiment as an attempt to gain an understanding of culture and self from the starting point of our bodies as being in the world which, he argues, "requires recognition that our bodies are at once the wellspring of existence and the site of experience" (Csordas, 1993: 137). This embodied approach utilised in this study is anchored in this understanding of embodiment - an understanding of culture and self from the starting point of bodies as being in the world.

Robinson and Hockey (2011: 81) explain that embodiment in this sense means that the lived "body is the site from which we perceive and engage with our environments, the means by which we come to understand and objectify who and what surrounds us". From this embodied perspective, we begin to approach the body as a set of relations, the place where we experience our lives which in turn makes way for an argument that disability is a "mutually constituted entity that involves both the physicality of the person and barriers within the social environment" (Hall, 1999: 118).

The concept of embodiment has been applied widely in various disciplines such as Anthropology (Csordas, 1999; 2002), Feminism (Grosz, 1994) and Sociology (Bourdieu, 2001; Giddens, 1991). Wilkerson (2015) observes that when seen through the lens of disability studies, embodiment frames bodily changes as a horizon for self-understanding and definition, and the body as an agent interacting with others and with the world more generally. With this embodied approach to disabled Xhosa manhood masculinity, I hope to offer a distinct departure from the Western liberal scholarship's understanding of personhood as rational and disembodied (Wilkerson, 2015). Mfecane (2018) has already suggested that in order to fully account for the complexity of African masculinities, scholars need to use theories of masculinity based on African conceptions of reality. He goes on to argue that "such theories should treat masculinity as both socially constructed and as being influenced by unseen elements of personhood, as encapsulated in traditional African thoughts" (Mfecane, 2018: 291).

Wilkerson (2015) citing Weiss (1999) argues that an embodied approach to disability also advances the phenomenological concept of intercorporeality, which emphasises that the experience of being embodied is never a private affair, but is always mediated by our continual interactions with other human and non-human bodies (Weiss, 1999). Mfecane (2018) in his search for African centred theories of masculinity, has argued that the concept of personhood in the African context could be vital in theorising African masculinities. In this regard, he notes that scholarship in African societies indicates that most "conceive of personhood as fundamentally relational, meaning it is achieved in social interaction rather than in isolation" (Mfecane, 2018: 296). It is this approach to embodiment – embodied experiences not being a private affair – that I seek to rely on in this study.

Due to the novelty (Hall, 1999; Powis, 2017) of this approach and the transdisciplinary applications of the concept of embodiment, it is at this point necessary that I establish the boundaries for its application in this study. In the following sections, I set out the philosophical underpinnings that guide this study's embodied approach.

4.5.1 Lived bodily experience: Phenomenology

The concept of the 'lived body', from which this study's embodied approach to physically disabled Xhosa manhood masculinity draws influence, comes from the phenomenological tradition of Maurice Merleau-Ponty (1945). Merleau-Ponty's phenomenology is influenced by philosophers such as Martin Heidegger (1927) and Edmund Husserl (1916, cited in Bloom, 2009) who were the first to reject positivist explanations about the body and sought to explain reality "through a subjective interpretation of experience" (Farr *et al.,* 2012: 4), thus drawing a distinction between the lived body (*Leib)* and inanimate bodies (*Körper*) (Powis, 2017). Merleau-Ponty's phenomenological concept of the lived body has been applied widely in Sociological fields such as medical Sociology (Turner, 1992; Chisaka, 2007) and Sociology of the body (Waskul and Vannini, 2006; Williams and Bendelow, 1998). This notion of the 'lived body' is central to this study because the subject matter of this research study is about the lived bodily experiences of Xhosa men with visible physical impairments. Similar to Engelsrud (2005: 269), the concept of the lived body in this study "means that the body experiences and expresses meaning through its manner of being in reciprocal relation to the surrounding world". With this phenomenological focus on the lived body, I hope, through this embodied approach, to recapture the lived experiences of the body which both the social and medical models of disability sidelined (Hall, 1999).

This embodied approach to disabled Xhosa manhood masculinity, grounded on the concept of the lived body (adopted in this study), serves to contribute to embodiment scholarship that seeks to undo the impact of the Cartesian dualism. Merleau-Ponty and other existential phenomenologists, in reacting to, and rejecting Descartes' mind-body, and subject-object dualisms, adopted the term *'leib*' known as body-as-subject, to introduce the notion of an "intending, personal and subjectively experiencing body" (Potgieter, 2018: 56). In rejecting the Cartesian logic of exclusion, Merleau-Ponty views the body as the vantage point for perception and a general instrument for comprehension of social reality in the world (Powis, 2017).

Merleau-Ponty (1945) and other existential phenomenologists argue that by viewing the body as '*Leib*' signals aspects of being alive and having intentionality, agency, being dynamic, being personal and subjective, which encourages a person to "achieve an awareness of how they are living in the world, that includes their actions and interactions, perceptions, feelings, emotions, thoughts, wishes and desires" (Potgieter, 2018: 56). According to Husserl, intentionality is "the fundamental property of consciousness" and the "principle theme of phenomenology" (McIntyre and Woodruff Smith, 1989: 147). Husserl's curiosity with intentionality comes from Franz Brentano, his mentor, who himself adopted the term 'intentional' from its use in medieval philosophy (Applebaum, 2014; McIntyre and Woodruff Smith, 1989).

Franz Brentano introduced the concept of intentionality to deal with the "aboutness of experience" (Brownell, 2010:83). Potgieter (2018: 59) citing Mann (2010) notes that "the act of intentionality is an active way of being projected into the world and reaching towards a stimulus or object of attention to make meaning of one's perceptual experience". Potgieter (2018: 60) notes that "phenomenologists have always recognised the importance of how the lived body's embodied intentionality influence and shape perceptions and experiences".

Merleau-Ponty (1945: 148) argues, "to be a body, is to be tied to a certain world, … our body is not primarily in space, it is of it". Li (2015: 21) observes that in proposing an alternative to the Cartesian dualistic thinking about the body, Merleau-Ponty defines the body as an intending subject, as pre/personal existence who/that constructs the world. This study's embodied approach to physically disabled Xhosa manhood masculinity draws influence from Merleau-Ponty's (1945) embodiment because it views the body as standing squarely in the middle of all interactions, reactions, and creation of understanding (Farr *et al.,* 2012: 4).

4.5.2 Sociologies of the body

Secondly, this embodied approach is underpinned by Sociological accounts of the body. Anemtoacei (2014: 48) argues that, while the phenomenology of the body offered by Merleau-Ponty is useful, it is "ahistorical and unable to account for social structures that shape the subject". He goes on to note that this phenomenology is completely individualistic and devoid of History and Sociology. Bryan Turner (1984: 59) also acknowledges that the "limitations of phenomenology are determined by its exclusive focus on my body and the body of the other". It is for these reasons that this embodied approach utilised in this thesis also draws insights from the Sociology of the body. The body and experiences of embodiment have always featured in Sociological scholarship (Turner, 1984, 1992; Giddens, 1991; Bourdieu, 2001; Shilling, 2005).

Sociological literature “critically reflects on how the body is drawn into embodied interactions, regulation, control and identities” (Farr *et al.,* 2012: 9). However, there has been a disconnect between the Sociology of the body and disability studies which is a missed opportunity in the study of the disabled body. In this regard, Hughes and Paterson (1997) make the astute observation that, through the social model lens, the body disappears from disability discourse. They go on to argue that this has happened at the point when Sociology was beginning to make claims upon the body as the site of social and intellectual processes of somatisation (Hughes and Paterson, 1997). Thus, this embodied approach to disabled Xhosa manhood masculinity must draw from Sociological literature on the body as an attempt to fill this missed opportunity. Additionally, Sociological engagement has also been criticised for being obsessed with conceptual notions of the disabling environment rather than conceptual theories of the experiences of people with disabilities. Therefore, by embedding Sociological theories to this embodied approach, I hope to overcome this criticism.

To concretise this embodied approach to disabled Xhosa manhood masculinity, I draw on the embodied Sociologies of Charles Cooley (1902), Pierre Bourdieu (1992), and Chris Shilling (2005). Barrett (2017) has argued that embodied Sociology, which is attentive to the corporeality of social life (Shilling, 2003; Turner, 1996) – viewing minds, bodies and society as thoroughly integrated phenomena – is an important source of reference. Scholars who are proponents of an embodied Sociology theorize from bodies as lived entities (Williams and Bendelow, 1998). Sociological theories on the body share an overwhelming understanding of the body as a socially constructed, and socially experienced phenomenon. In this way, my hope is that this Sociological reading of the disabled Xhosa male embodiment will provide a basis for understanding the lived experience of disability, as not one simply embedded in the body or mind of the individual, but as one laden with personal meaning assimilated from, and hence revealing of, the social context in which the disability is experienced.

My suggestion, similar to Hall (1999), is that Sociological theories of the body are a possible way to overcome the shortcomings of the social model and could potentially present us with solutions for the renewal of the social model (Crow, 1992; Hughes and Paterson, 1997; Hall, 1999). Additionally, anchoring this study's embodied approach in Sociological and phenomenological accounts serves as a reminder that the body is not simply biological or social, but socialised and corporeal; a location where power relations, social events and biological processes are collected, worked upon and fed into the world (Hall, 1999). Lastly, buttressing this approach with the Sociological theories of the body creates "opportunities for dialogue between disability studies and the Sociology of the body which will further disability identity discourses" (Stewart, 2016: 73).

4.5.2.1 Pierre Bourdieu's 'bodily hexis'

Barrett (2017: 51) notes, "Bourdieu's social theory has been received as a substantial contribution towards the rapidly developing empirical and theoretical contemplation of embodiment within Sociology". Bourdieu, in his conceptualisation of embodiment, argues for the body as a metaphor or bearer of symbolic meaning and values, and a key site through which social differences are created, perpetuated and reinforced. Bourdieu's (1992) starting point is that the body is in the social world but the social world is also in the body. It is difficult to find a concise and comprehensive account of Bourdieu's account on embodiment which is why he is usually "read in bits and pieces" (Stewart, 2016: 80). However, Barrett (2017: 51) notes, "the complex and multilayered nature of corporeal experience, its role in the reproduction of inequality, and the instantiation of social logics into the fabric of physical materiality are prominent Bourdieusian themes".

Firstly, Bourdieu's discussion of embodiment is essential for the embodied approach of this thesis because his concepts of "physical capital, symbolic value, taste and violence, emotional expression and affect control can be located within the general approach that views the body as biological and social" (Shilling, 2003: 110). Secondly, Bourdieu's embodiment responds to the binarised analysis of societal and biological factors which emerges in the social model of disability (Barrett, 2017), and this is the binary that this thesis seeks to avoid. In this manner, Bourdieu's theories of embodiment contribute to this embodied understanding of disability through a focus on the corporeal interpretation of the body which the social model denies (Hall, 1999). Thus, this recognition of the “dialectical relationship between biology and society” (Imrie, 2004: 24), which the social model is criticised for downplaying, is appropriate for this work’s embodied approach to disabled Xhosa manhood masculinity.

Thirdly, Bourdieu’s conceptual tools such as the habitus, physical capital, and bodily hexis have a significant contribution to make in the conceptualization of an embodied approach to the disabled body. Central in this conceptual toolkit is his “elaborate theorising of capital and the role of the body as the harbinger of physical capital in particular” (Stewart, 2016: 127). “Physical capital refers to a range of corporeal skills and human attributes, from the development of manners and deportment through to strength, fitness and sporting prowess” (Stewart, 2016: 127). The notion of physical capital is salient for this study’s embodied approach to disabled Xhosa manhood as masculinity scholars have suggested that men’s engagement in activities such as sport, physical fights, sexual conquests, and drinking copious amounts of alcohol can amass them physical capital which in turn gains them masculine status/legitimacy (Coles, 2008; Mora, 2012).

While Bourdieu's discussion of the body primarily focuses on the multiple ways in which the body has become commodified in modern societies, he, however, consistently maintains a more comprehensive view of the materiality of human existence (Shilling, 2003). Thus for him, bodies are unfinished entities which are formed through their participation in social life and develop in conjunction with various social forces whilst simultaneously affected by social, cultural and economic processes (Shilling, 2003: 133). Similar to this study, Pierre Bourdieu's theory of social reproduction, insofar as it relates to embodiment, is concerned with the body as a bearer of both corporeal and symbolic value and meaning in contemporary society (Shiling, 2003: 127).

Similar to Barrett's (2017: 51) study, the Bourdieusian account of the body offers this study's embodied approach "critical conceptual tools to productively negotiate the social model of disability's binarism as critiqued previously, while simultaneously avoiding biomedical reductionism". Bourdieu's ideas about embodiment present us with a powerful attempt to construct corporeal Sociology, an approach towards the structuring of human relationships and identities centred around the socially shaped embodied subject (Shilling, 2003). This could be attributed to the fact that Bourdieusian Sociology recognises that the body has weighty materiality and meaningful social implications; "it is not the discursive corporeality of post-structuralism that disappears under the determining aegis of representation" (Barrett, 2017: 51). This placing of weighty materiality upon the body will be useful in this thesis as it seeks to determine the place of the disabled body in the construction and negotiation of Xhosa masculine identities.

For this study's embodied approach, Bourdieu's embodiment enables us to think about the position of the physically disabled bodies of Xhosa men "within social space through a comprehensive understanding of the habitus, capital and their relative values within this social space" (Stewart, 2016: 82). Stewart (2016: 79) has suggested that using a Bourdieusian approach to disability can provide complex analyses at the level of the body, psychological, cultural, social and political. The body is central to the Bourdieusian account of the habitus (Jenkins, 1992: 74-5): "the habitus is located within the body; its logics are expressed through the body, and it involves the embedding of social knowledges within the body". For Bourdieu, patterns of social domination are corporeally manifested within embodied dispositions, a process captured through the concept of bodily hexis (Barrett, 2017).

Disability scholars (Morris, 1991; Crow, 1992; Hughes and Paterson, 1997; Hall, 1999; Jonathan Watson, 2000; Stewart, 2016) have already noted that the social model needs to be renovated to include embodied notions of disability and experiences of the social nature of impairment. A Bourdieusean analysis of the body thus "provides a relational approach which is simultaneously political, embodied and cultural" (Stewart, 2016: 78) which transcends the binarised conceptualizations of the social and medical models. Thus my argument is that both this embodied approach and disability studies at large could benefit from Bourdieu's Sociology of the body. However, Bourdieu's conceptual framework is not the only Sociological framework upon which this study's embodied approach to disabled Xhosa manhood will rely.

4.5.2.2 Chris Shilling's 'corporeal realism'

Shilling's (2005; 2010) scholarship has massively contributed to the Sociology of the body. His focus has been on theorizing the binaries of agency and structure, mind and body, and nature and culture concerning embodiment (Watkins, 2005). Shilling's (2005: 11) corporeal realism approach advocates a view of the body as a multi-dimensional medium, for the constitution of society is developed in different ways. He goes on to note that this perspective approaches "the body as a source of, a location for and a means by which individuals are emotionally and physically positioned within and oriented towards society" (Shilling, 2005: 11). It follows that:

> The notions of source, location and means are thus 'umbrella' terms, referring to a range of closely related concepts..: they refer respectively to the generative properties of the body, to the social receptivity of the body, and to the body's centrality to the outcomes of interaction between (groups of) embodied individuals and the structural features of society (Shilling, 2005: 11).

Anemtoaicei (2014: 24) sees Shilling's notion of corporeal realism as attempting to "account for a body-society relationship according to which neither the body is conceived in terms of its social construction nor society in terms of its corporeal construction, but rather as a continuous interplay of distinct irreducible ontological dimensions by which bodies and social structures engender the subjects and their social relations". Put differently, Shilling's (2005) approach to the body as a multi-dimensional medium for the constitution of society is corporeal because it puts the body at the centre of its concern with social action and structures. As a medium through which we experience social phenomena, the body becomes both the starting and ending point for social analyses of phenomena. Shilling (2005) notes that corporeal realism, in studies of the body, acknowledges the interaction of the social with the physical. Shilling (2005) notes that corporeal realism, in studies of the body, acknowledges the interaction of the social with the physical. "Dealing with society first, while corporeal realism positions the body as central to its concerns, it recognizes social structures as emergent phenomena" (Shilling, 2005: 11).

Three guiding principles underlie the philosophy of this approach. Shilling (2005: 14) argues that "the first key element of corporeal realism is the idea that in dealing with the body–society relationship we are dealing with an emergent, causally consequential phenomenon". It follows from this that "an ontologically stratified view of the world in which the body and society are understood as real things" (Watkins, 2005: 229) should be adopted instead of accounting for the "body exclusively in terms of its social construction, or for society in terms of its corporeal construction" (Shilling, 2005: 14).

Secondly, this approach advocates a focus on temporality in analysis in order to avoid conflating what are the different types of phenomena (Shilling, 2005: 15), and to simultaneously "acknowledge the ways in which the constraining features of society can generate bodily capacities" (Watkins, 2005: 229). In this regard, Shilling (2005: 14) calls for analyses which trace how "established structures form a context for embodied action and have the potential to shape people's bodily actions and habits; and how the generative capacities of embodied subjects interact with these structures and either reproduce or transform them".

Lastly, Shilling (2005) suggests that corporeal realism should be guided by criticality in the way in which it analyses the body-society relationship. The core of this approach is the acknowledgement that "social action is embodied, and must be recognised as such, while the effects of social structures can be seen as a result of how they condition and shape embodied subjects" (Shilling, 2005: 15). Shilling's (2005:

13) corporeal realism is important for this embodied framework to disabled Xhosa manhood masculinity as it insists on viewing the embodied subject as an emergent, causally consequent phenomenon and an important object of analysis in its own right. Similar to Bourdieu's embodiment, this approach also transcends the body-society binary created by the medical and social models of disability. This is essential to a study that seeks to locate the embodied experience of disabled manhood within the constraints of society and culture. In addition to Bourdieu's (1992), and Shilling's (2005) Sociologies of the body, this study's theoretical framework will also incorporate Charles Cooley's (1902) notion of the looking-glass body.

4.5.2.3 Charles Cooley's 'looking-glass self'

The application of the looking-glass body in this conceptual toolkit for an embodied approach is underpinned by Charles Cooley's (1902) 'looking-glass self' which is situated in embodied action (Charmaz and Rosenfeld, 2016). The concept of the looking-glass self originated in the work of Charles Horton Cooley (1902). This concept suggests that our self-definitions derive from the definitions that we encounter when interacting with others. Cooley (1902) introduced the looking-glass self as an individual's self-concept defined, in part, by societal heuristics. Fricke and Frederick (2017: 1) note that "Cooley used the old English term for a mirror, the looking-glass, as a metaphor to describe an individual's reflection of themselves in terms of their social self". Cooley, in his explanation of the looking-glass self, notes:

> As we see our face, figure, and dress in the glass, and are interested in them because they are ours, and pleased or otherwise with them according as they do or do not answer to what we should like them to be; so in imagination we perceive in another's mind some thought of our appearance, manners, aims, deeds, character, friends, and so on, and are variously affected by it (Cooley, 1902: 96).

This idea of the 'looking-glass' body, is then influenced by Cooley's notion, where the self and the body can only be formed from the imaginary perspective of others (Farr *et al*., 2012). In this manner, Cooley's (1902) concept of the 'looking-glass self' illustrates how we come to envision ourselves through the eyes of others (Byrne, 2017). Put differently, this concept demonstrates that self-relation, or how one views oneself, is not a solitary phenomenon, but rather includes others (Rousseau, 2002). The looking-glass self is both social and subjective as it relies on language and meaning arising out of social interactions (Charmaz and Rosenfeld, 2016: 37). It then becomes clear, through the referencing of others, and social interactions, that the notion of the looking-glass is rooted within the symbolic interactionist school of thought.

According to Cooley (1902: 97), the idea of the looking-glass self is made up of three principal elements: how each person imagines their physical appearance, the imagination of judgment from others because of the appearance, and self-feelings such as pride or mortification resulting from this imagined judgment. However, scholars (such as Charmaz and Rosenfeld, 2016) have broadened the application of the looking-glass self beyond appearances and information control about the body into embodied experiences of people living with illness, and disability. Firstly, for this embodied approach I seek to rely on the looking-glass analogy, to shed light on the embodied manhood experiences of Xhosa men living with physical impairments and the social pressures and expectations placed upon their bodies to fulfil normative manly duties.

Charmaz and Rosenfeld (2016: 37) observe that studying people's experiences with "chronic illness and disability teaches us of the fragility of the human body and its appearance, and how subject people are to contingencies that affect it". The gulf between the embodied self one wishes to present and the self one winds up presenting remains contingent, and ill, and disabled people learn to imagine and try to manage this very contingency (Charmaz and Rosenfeld, 2016). Secondly, Cooley's (1902) 'looking-glass self' provides a context to explain how physically disabled Xhosa men reflect upon embodied selves and the ways in which they manage normative manhood identity ideals in the face of ‘supposedly feminising’ bodily impairments.

Lastly, Cooley’s concept of the looking-glass body brings about the idea of reflexive embodiment. Weinberg and Williams (2010: 48) note that reflexive embodiment has been described as the ‘‘tendency to perceive, emote about, reflect and act upon one’s own body…such a capacity is shaped by the consideration of other people's reactions, captured in the notion of the looking-glass body’’. Identity, and masculine identity in particular, in this manner, is complicated because people with disabilities confront tensions between body, self and identity, as does everyone, however, they experience these tensions in an accelerated, intensified, and magnified form. This is because the degree of social connectedness with others allows being attuned to the images they form of us and interpreting them accurately. However, people with disabilities are forced to view their reflected images held by people with whom they are not attuned (Charmaz and Rosenfeld, 2016). Such audiences treat the body as a comparative and normative looking-glass, separated from self and situation. Their “taken-for-granted comparative images and normative standards result in unitary judgements imposed upon ill, and disabled individuals” (Charmaz and Rosenfeld, 2016: 39).

There is a disparity between the ideal body, the real body, the “dream body, and the looking-glass self, reflected in the reaction of others” (Byrne, 2017: 31). Research on the body and disability notes that failure of the body to live up to the ideal practices and, to function in expected ways (Nicholas Watson, 2001; Mara, 2018), “changes it from a disappearing entity (one of which we are unaware) to a *dys*-appearing one” (Charmaz and Rosenfeld, 2016: 46). Mara (2018: 43) explains that the body becomes problematic, present and dysfunctional (hence the term *‘dys*’ appearing, meaning present in its dysfunction). Nicholas Watson (2001: 28) goes further to note that “people become aware of their bodies because it is in a *dys*-functional state - *dys* is from the Greek prefix signalling bad, hard or ill and is found in English words such as dysfunctional”. In this manner, my aim is to use this concept of the looking-glass self to interrogate the ways through which embodiment complicates identity for Xhosa men living with physical impairments (Charmaz and Rosenfeld, 2016). In addition to the above Sociological and phenomenological accounts of the body, this study's approach will also consider socio-cultural ideas of embodiment within the context of the research.

4.5.3 Socio-cultural dimension of embodiment

Cohen and Leung (2009: 1278) argue for a view that sees culture as encoded in the body and perpetuated through the way "people walk, sit, stand, eat, wash, breathe, and otherwise comport their bodies as they go through daily life". They go on to observe that the body, in this way, is thus a key element of cultural transmission, because the actor's body manifests cultural values. Following Hall (1999: 140), my argument here is that the limitations, pain and fatigue experienced by people with physical disabilities are not solely physical or biological experiences, but deeply rooted in social and cultural contexts too. Similarly, Garland-Thomas (1997: 6) thinks of "disability as a product of cultural rules about what bodies should be or do".

It becomes clear that bodies are affected by socio-cultural practices. Barrett (2017: 52) notes that "recognizing the body as having a substantial, socially [*and culturally]* meaningful existence allows us to examine how particular corporeal, sensory and cognitive endowments generate differentiated opportunities and foreclosures". Goldenberg (2009: 223) argues that the set of habits, customs, beliefs, and traditions that characterise a culture also refer to the body. Therefore, it can be said that there is a cultural construction of the body, which involves the valuing or devaluing of certain attributes and behaviours so that each society has its typical body.

Van der Watt (2007) cites Susan Bordo's (1999) book, *The male body: A new look at men in public and in private* wherein she argues that the way people experience bodies is powerfully affected by the cultural metaphors that are available to them. Van der Watt (2007: 197) expands the argument and posits that this is part of the reason why it is important to pay attention to the interactions between biology and culture when thinking about the body. He goes on to note, "we should, therefore, recognise that when we look at bodies, we don’t just see biological nature at work, but values and ideals, differences and similarities that culture has written on those bodies” (Van der Watt, 2007: 198). Similarly, Powis (2017: 24) argues for the validity of an embodied approach to disability because it “simultaneously recognises the social and biological aspects of the body”.

Powis (2017) notes that an embodied approach lies ambiguously across the nature/culture divide. Additionally, Nicholas Watson (2001: 68) argues that embodiment as a standpoint, which underpins the embodied approach in this thesis, “allows for a rethinking on culture since culture is grounded on the human body”. Powis (2017) refers to this as the social dimension of embodiment. This dimension of this approach shall enable the analysis in this study to establish a sense of identity(ies) ‘predicated on fluid boundaries’ which Murphy (1990) called ‘embattled identities’. In addition to socio-cultural notions of embodiment, this study’s approach will also rely upon local notions and beliefs about disabled people.

4.5.4 Recognition of local notions, terminologies, and beliefs

In the introduction to this chapter, I stated that most of the literature on disability comes from the West. Lipenga (2014a: 15) observes that where studies of disability in the Global South do emerge, they are often characterised by fitting into “a discernible pattern of homogenisation, simplification and generalisation achieved through the alignment of the assumed disability experience in the majority world [developing countries] with that proposed by Western disability studies”. Another feature of this study’s embodied approach, which seeks to escape this academic dependency, is the recognition of local notions of disability and “local biologies” (Staples, 2011: 458) in relation to contextual explanations and meanings of disability.

This approach must take into accounts isiXhosa notions of disability because, as has been argued, disability is a dynamic concept which is brought to life experientially by social and cultural practices that are made meaningful through this engagement and the effects of these practices experientially and culturally. This is because human beings embody their social and cultural values in everyday movements until they are eventually impossible to slough off (Bourdieu, 1977). Thus the respective cultural meanings, beliefs and stereotypes are likely to influence the positioning of men with disabilities within the social orders of gender in the AmaXhosa context.

Staples (2011) notes that different kinds of disabiliti*s* have very specific, context-defined, meanings that, in turn, have different implications for how gender and disability might intersect. Similarly, Martha Geiger (2015) notes that in southern Africa, there are diverse concepts, and beliefs about disability, with variations determined by geography, language, culture, nature of the disability and generational differences. For instance, in Ghana, there is a view that, within the Ga people, children with a disability might have a higher level of acceptance as opposed to acceptance within the Asante community, due to the different representations and meanings assigned to disability. The Ga people supposedly believe that children with disabilities are deities (godly) and thus, should be treated with respect and care by the family and the community, while the Asantes may treat such children as outcasts because they are believed to be a curse from the gods (Munyi, 2012). Similarly, Dingana (2012) notes that amaXhosa people have a belief that if you laugh at someone who was born with a disability (*isidalwa*) - either at the way he/she walks or looks like - then you will be punished and give birth to a child with a disability.

There is, however, a dearth of literature about meanings and understandings of disability within the Xhosa context. Very few of the studies that have broached this topic have done so with an acknowledgement of local (Xhosa) notions and meanings of disability (Skota, 2007; Toni, 2007; Dingana, 2012; Vergunst, 2016). Sone and Hosa's (2017) paper on the perceptions and conceptualizations of disability as portrayed in isiXhosa and Bakossi oral traditions does not define disability for these two contexts. What this paper does, however, is illustrate, through the use of proverbs, folklore, and songs, that disabilities are portrayed "negatively in demeaning and dehumanizing, stereotypical ways'' in both cultural communities (Sone and Hoza, 2017: 11). Despite not providing a clear definition of disability, the literature (Skota, 2007; Dingana, 2012; Sone and Hoza, 2017), around disability in the Xhosa context does provide terminology with which to work when studying disability in this context.

While I disagree with Sone and Hosa's (2017: 16) claim that "amongst the amaXhosa, disability in rural areas implies mental deficiency", I do, however, agree with their use of isiXhosa terminology to denote disabilities in particularly rural Xhosa localities. The isiXhosa common noun for people with all kinds of disabilities is '*abantu abakhubazekileyo*' which directly translates to 'disabled people' in English. The most commonly used isiXhosa terms for people living with physical impairments are *isilima* and *isidalwa* (cripple). The term *isilima* is derived from a noun *ukulimala*, meaning to be injured (Sone and Hosa, 2017: 17).

Local notions of disability are essentially rooted in labelling theory. Therefore considering the local notions and meanings requires researchers to pay attention to the ways in which participants interact, in embodied ways, with their locally given labels. Lastly, through this embodied approach to disabled Xhosa manhood, I also seek to recognise the disabled men's agency.

4.5.5 Disabled people as agentic subjects

Another dimension to this embodied approach to disabled Xhosa manhood masculinity entails approaching the participants as agentic subjects. Key to the notion of the lived body with intentionality and resistance, as discussed above, is the recognition of the agency of the subject. Powis (2017) identifies agency and resistance as a central feature of an embodied approach to the study of disability. People with a disability, through agency and resistance, "are productive in conforming to, reiterating and contesting normative standards of 'acceptable' bodies through which they are seen and known" (Powis, 2017: 35). To this end, the significance of agency is that it goes beyond the other frameworks to disability, by "placing value on individual choices and freedoms to act" (Mutanga, 2015: 76).

It is also for this reason that I will not be using the medical and social models of disability. These models of disability have neglected the agency, intentionality and resistance of people with disabilities (Hughes and Paterson, 1997; Mutanga, 2015; Powis, 2017). Hughes and Paterson (1997: 19) in their critique of the social model note that by centring the social environment and sidelining the body, the social model also presents a body without intentionality or agency. Similarly, Barrett (2017) is also of the view that the privileging of medical understandings revokes the agency of patients under the auspices of a paternalistic nurse assisting the disabled person in the process of rehabilitation.

Gilleard and Higgs (2013) refer to Donna Haraway's (1997) distinction between the body as a 'social actant' and as a vehicle of 'social agency'. This distinction is particularly important for the application of agency in this thesis. These scholars argue that "the body as social actant refers to the relatively unmediated materiality of the body and its material actions and reactions that are socially realized without recourse to concepts of agency or intent" (Gilleard and Higgs, 2013: 17). Additionally, Nancy Carranza (2018: 1) citing Bruno Latour (1996) defines an "actant simply as something that acts or to which activity is granted by others". From this, it follows that the current models of disability have been approaching the body as a social actant.

While the "body as a social agent, by contrast, refers to its materiality being an inseparable element in the expression of personal and social identity" (Gilleard and Higgs, 2013: 17). They go on to note that embodiment "is a term that signifies the body as a vehicle of social agency because embodiment is taken to encompass all those actions performed by the body or on the body, which are inextricably oriented towards the social" (Gilleard and Higgs, 2013: 17). It is also for this reason that this study's embodied approach to physically disabled Xhosa manhood masculinity rests on the tradition of representing personal experiences by valuing the voices and intentionality of the participants (Powis, 2017) which Foucault (1982) refers to as agentic subjects. This is because disability is a complex and fluid concept depending on context and history, which “sits at the intersection of biology and culture and of agency and structure” (Nicholas Watson, 2001: 244).

Mutanga (2015: 76), in his argument for a capabilities approach to disability, acknowledges that how choices and decisions are made is crucial in the study of people with disabilities “who may take different subjective actions depending on their choices, circumstances and personal goals”. He goes on to argue that the relevance of agency is that it goes beyond the other frameworks to disability, by placing value on individual choices and freedoms to act. While arguing from a different epistemological paradigm, Gabel and Peters (2010: 594) similarly make a call for a resistance theory to disability which “recognizes agency in the sense that individual resistance operates across the individual and collective levels and is enacted through critical self-reflection coupled with action”.

Acknowledging the agency of disabled men holds a promise for discovering ways through which these men, in their embodied interactions, resist the dominant manhood practices and discourses in the Xhosa manhood circles and possibly create alternative masculinities (Powis, 2017; Mfecane, 2010). Mfecane (2010), in his study on HIV and masculinities in Bushbuckridge, South Africa, has already established that men abandoned the dominant manhood practices and discourses after they fell sick and used their agency to construct alternative ways of being a man. At the core of alternative manhood practices because of physical disability are the embodied, personal experiences of the subjects (Powis, 2017).

4.6 Conclusion

In conclusion, the strength of this embodied approach is that, through the Sociologies of the body as espoused by Cooley (1902), Bourdieu (1992), and Shilling (2005) it transcends the body-society dichotomy created by the two established models of disability, namely, social and medical models. Secondly, this approach recognises the lived experiences of the individual whilst still acknowledging the external social, cultural, and political structures in society (Powis, 2017: 34). Unlike the medical and social models, this approach sees impairment as not solely individual, and disability as not purely social. “Both disability and impairment are social and physiological concepts, both constructed and real, both collective and individual” (Hall, 1999: 122).

This approach acknowledges that the “exclusion of bodily experiences from the social model denies people with impairments the opportunity to talk about the realities of physical and mental limitations” (Hall, 1999: 120). Similarly, the phenomenology of Merleu-Ponty, which places emphasis on the lived body as standing squarely in the middle of all socio-cultural interactions, will add a considered dimension to how the body-society relationship is investigated. Moreover, while placing emphasis on the socio-cultural dimensions of embodiment and the influence thereof on the lived body, the phenomenological approach also accounts for the agency and intentionality of the participants in how they construct their embodied masculine identities. The following chapter presents the theoretical framework through which Xhosa manhood will be studied in this thesis.

Chapter 5: Theorizing disabled Xhosa manhood masculinity

5.1 Introduction

The intention of this chapter is to outline the theoretical approach that underpins my investigation of disabled manhood masculinity in the Xhosa culture. I draw insights from Mfecane's (2016, 2018a, 2018b) scholarship about Xhosa manhood, and other African scholars of masculinities such as Ratele (2016), and Dery (2017) in how they approach theorizations of masculinities outside the Global North. Whilst recognising and appreciating the utility of well-established Euro-American theorizations of masculinities – as we cannot avoid drawing from them – my aim in this chapter is to contest the wholesale application of these concepts and theories in contexts outside the West. Similar to Dery (2017), I acknowledge that Raewyn Connell's framework of hegemonic masculinities has had a significant contribution in the field of masculinities. However, I approach her framework with caution and modesty, through assessing its strengths and shortcomings, in terms of its usefulness in theorizing disabled manhood amongst Xhosa men. For the interests of my research, this review is particularly interested in theorizations of masculinities in relation to disability and manhood in the Xhosa culture.

This chapter begins with a summary of Connell's theory of masculinities, followed by a critique and justifications as to why her popular theory is not suitable for this study. As already mentioned, this study's framework draws insights from and seeks to expand, the theoretical suggestions of Mfecane (2016; 2018a; 2018b) in terms of theorizing Xhosa manhood. This study's theoretical approach is organised into 4 sub-sections. Firstly, I begin by grappling with the practice of *ulwaluko* (initiation) in the Xhosa culture as a process through which 'men as persons' are made. This subsection also looks at the utility of the concept of personhood in distinguishing theories of masculinity from the South from those of the North.

Secondly, as an act of both appreciation and deconstruction of the utility of Connell's concept of hegemony, I draw from Ratele's (2016) theory of dominance at the peripheries/dominance without hegemony instead of hegemonic masculinities in a bid to position this study within the broader theoretical universe. My argument in this subsection is that Xhosa men in rural areas, particularly those with physical disabilities, cannot be studied through the lens of hegemonic masculinities as they exist outside hegemony. Thirdly, I argue for a local theory of men and masculinities that incorporates local meanings of manhood through a consideration of the idioms and proverbs of manhood within the Xhosa culture as a guide in this process. Lastly, as one of the primary goals of this thesis is to investigate the place of disabled men within Xhosa masculine hierarchies, I consider how we might investigate hierarchies within Xhosa manhood circles without relying on the theory of hegemonic masculinities.

5.2 Defining and theorizing masculinities

The study and theorizations of men and masculinities developed in the 1980s and drew significant influence from feminist scholarship. Anemtoaicei (2014) makes a distinction between the Sociology of men and masculinities (SMM), and critical studies of men and masculinities (CSMM): the latter is positioned within the influence of the second wave feminism while the former is identified with third wave feminist scholarship. This study will draw from both traditions thus there is no need to dwell much on the philosophical differences. According to Connell (2002: 161), "the new feminism of the 1970s not only gave voice to women's concerns, it challenged all assumptions about the gender system and raised a series of problems about men".

Barrett (2017: 24) goes on to note, "feminist scholarship … deconstructed the social conventions, within everyday experience and academic enquiry, that render 'man' the default representative of humanity, without explicitly recognising the partiality or particularity of this gendered position". Similarly, Dery (2017: 21) is of the view that "such theorization has usefully moved debates away from the assumption that masculinities among men are unilaterally, and 'naturally', associated with a set of traits which inform their desire to dominate and control all women and other less powerful men".

Since its introduction, masculinities became a field of study across many academic disciplines such as Sociology (Connell, 1995; 2000; Kimmel, 1994; 2004), Psychology (Macleod, 2007; Ratele, 2016; Siswana, 2016), Anthropology (Mfecane, 2016; 2018), Education (Morrell, 2019), and political science (Vincent, 2008; Vincent and Chiwandire, 2013). The cross-disciplinary nature and application of this concept has led to the challenge of arriving at one unified definition of masculinity. Barrett (2017), however, sums it up nicely that these varied definitions of masculinity all revolve around the Butlerian concept of 'performance', Connell's (1995) notion of 'practice', and lastly the notion of 'manhood acts'.

Since the recognition of masculinities as multiple (Connell, 1995; 2005), the concept of masculinity is generally used to refer to the cultural construction of maleness or manhood, the construction of men as gendered in relation to their practice or performance of cultural manhood acts (Hearn, 1996). This construction of maleness or manhood is embedded in the "social roles, behaviors and meanings prescribed for men in any given society" (Kimmel and Aronson, 2004: 503). In this regard, Mfecane (2016: 206) argues, "masculinity is something people achieve through established manhood acts which are read socially as representing manliness in a particular historical period".

In theorizing masculinities, Connell (1987; 1995; Connell and Messerschmidt, 2005) emerged as the most critical, and widely used theorist, within the field of men and masculinities. In her critique of the sex-role theory of gender for its failure to theorize the questions of power and change, structure and agency (Demetriou, 2001: 338), Connell (1995, 2005: 77) uses Antonio Gramsci's conceptualisation of class relations through the concept of hegemony, and comes up with a "particularly influential typological conceptualization of the permeable systems of gendered inequality characterising relationships between different groups of men" (Barrett, 2017: 28). The underpinning argument of the sex-role theory is that societal expectations about men and women's status in society produce conformity to a given role and related sets of functions (Bollard, 2013). Mthembu (2015) notes that Connell uses the concept of hegemony to analyse power relations and inequalities between men. Connell's theorisation becomes known as the theory of hegemonic masculinities. Demetriou (2001) characterises this approach as Connell's departure from and transcendence of the fault-lines of the sex-role theory. "By hegemony, Connell refers to the point where institutional powers and cultural ideals converged to produce a standard definition and aspirational image of being a social male" (Dery, 2017: 23). Connell (1995: 77) defines hegemonic masculinity as "the configuration of gender practice which embodies the currently accepted 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 over time and space". In this sense, "hegemonic masculinity is a question of how particular groups of men inhabit positions of power and wealth, and how they legitimate and reproduce the social relationships that generate their dominance" (Carrigan *et al.*, 1985: 592).

Since this study is an attempt to analyse masculinities in relation to bodiliness, Dery (2017), citing Ratele (2006) offers a useful and relevant definition of "hegemonic masculinity as the power of embodiment within culturally and contextually valued ways of being seen or evaluated as a man". He goes on to note, "hegemonic masculinity embodies the production and maintenance of behaviors, ideas, practices, structures, and systems that inevitably normalize male dominance and supremacy over others" (Dery, 2017: 24). Similarly, Anemtoiacei (2014: 10), citing Thomas (2002), further suggests that a "productive way to analyze male power and hegemony, and to reconfigure male identification and desire, involves a specific sort of attention to the matter of the male body and to the materialization of that body in writing".

The concern of this study is the lived experiences of Xhosa men in rural areas who live with visible physical impairments as they navigate manhood and disability within the Xhosa culture. Thus, the most poignant point, for this study, from Connell's conceptualization is her rejection of the idea of one stable masculinity and the recognition of multiple masculinities and roles in any given context (Demetrious, 2001; Mfecane, 2014; Ratele, 2016). Because this model recognises the multiplicity of masculinities, there is also attention paid to the relations of power between the different groups of men in what becomes known as the "gender hierarchy among men" (Connell, 1995: 77). Connell goes on to explain the nature of these relations:

> Different masculinities do not sit side-by-side like dishes on a smorgasbord. There are definite social relations between them. Especially, there are relations of hierarchy, for some masculinities are dominant while others are subordinated or marginalized (Connell, 2000:11).

While this study seeks to depart from, and perhaps contest, a "wholesale application" (Dery, 2017: 28) of Connell's theoretical framework, for it was expressly created for the "Western gender order" (Connell, 1995: 71; Demetriou, 2001: 341; Mfecane, 2016: 206), this notion of unequal relations and hierarchy amongst men is however particularly useful and relevant. Connell (1995) organises these different masculinities into hegemonic, complicit, marginalized and subordinate groups. As the above excerpt illustrates, Connell (1995) recognizes that these masculinities are not ranked equally. As hegemony is at the centre of this taxonomy, Barrett (2017) argues that "hegemonic masculinity operates through the symbolic expulsion of particular groups of men who represent a failed manhood". Hegemonic masculinity is a dominant, culturally celebrated form of masculinity, which serves to subordinate other masculinities (Connell, 1995).

In Connell's (1995; 2005) classification, men with disabilities are outside the hegemony because they lack the key attributes associated with hegemonic masculinity. Men who are in the hegemony are described as physically strong, independent, authoritarian, aggressive, heterosexual, athletic, and competitive (Connell, 1987; 1995; Demetriou, 2001; Anderson, 2009; Siswana, 2016; Mfecane, 2016). Subsequently, men with disabilities are classified as marginalized masculinities as they are deemed to not have access to the hegemonic masculinity because physical disability is in direct contrast to the attributes of complete independence, strength, athleticism, etc. This is what Shuttleworth *et al.* (2012: 175) call the "dilemma of disabled masculinity". Gerschick and Miller (1997) observe that the bodies of men with disabilities serve as a continual reminder that they are at odds with the expectations of the dominant culture. Men who are classified as marginalized only benefit from aspects of hegemonic masculinity by virtue of their gender, which Connell (1995: 82; 2005: 79) refers to as "patriarchal dividend".

Connell's theoretical notion of hegemonic masculinities is widely applied, more so without a critical evaluation of its position, in the South African context. In a way, her theory has colonised the study of masculinities throughout Sub-Saharan Africa and other regions outside the Global North. Mfecane (2018a: 30) notes, "today, Connell is the leading intellectual authority among South African masculinity scholars and her theory of hegemonic masculinity is applied in such diverse fields of study…". In this light, Morrell and Clowes (2016: 6) warn us against Northern Theory of gender which becomes so dominant that it becomes the single voice in the room and thus succeeds in silencing or marginalizing alternative theories. Mfecane (2018a:10) argues "theorising masculinities locally has the potential to strengthen South African scholarship on men and masculinities". There is consensus amongst the leading scholars of masculinities in Africa that Connell's theory is both "useful and unhelpful" (Dery, 2017:22) in theorizing the full extent of manliness in the many African cultures as it is primarily grounded in western epistemologies (Mfecane, 2016; 2018a; 2018b; Ratele, 2016; Dery, 2017).

5.3 Critiques of Connell

Connell's notion of hegemonic masculinity/ies is underpinned by two factors: certain performances and acquisition of material things. Firstly, a man who achieves hegemonic masculinity is one who performs strength, aggression, bravery, heterosexuality, and athleticism. Secondly, a hegemonic man is one with a job, independent, propertied and thus is a breadwinner for the family. In this light, Connell (1995) goes on to note that not all men will successfully attain this ideal form of masculinity. However, as already mentioned in Chapter 2 (see Section 2.1) and, as argued by Mfecane (2016: 207), hegemony, which he defines as “the circle of legitimacy”, amongst Xhosa men is primarily achieved by having a traditionally circumcised penis. Similarly, Mayekiso (2016: 87) argues that “unlike the Western biological model of masculinity in which a man is a natural outgrowth of a boy - a product of chronology - in Nguni societies, men are culturally produced through a process of at least five different stages”. Thus, while only a small number of men will achieve hegemony within Connell’s framework, almost all men within the Xhosa context will achieve what is deemed to be ‘hegemony’ by virtue of successfully completing the traditional initiation process during which the traditional circumcision mark is inserted.

There is an ongoing debate within the scholarship on men and boys on how to theoretically analyse men who, both geographically and socio-economically, are outside the hegemony. In this regard, Dery (2017: 27) identifies a shortcoming of Connell’s theory of hegemonic masculinity in not addressing, satisfactorily, the cultural, economic, social, racial, historical, poverty, unemployment challenges, and traditional complexities confronting the continent and African people over time. This is the critique that is pertinent for this study as the focus is on physically disabled men who live in rural areas where employment opportunities are limited, poverty is rife, and who are essentially, at the surface level, facing the double disadvantage of being disabled and being in rural South Africa. Another similar concern with Connell’s theory emanates from the definitional challenges and struggles embedded within her concept of hegemony. Dery (2019: 4) notes, “the notion of gender hegemony is a very slippery and unsustainable construct as multiple hegemonies coexist and none may claim absolute cultural legitimacy over others”.

Therefore, this study’s engagement with Connell’s theorization of masculinities will be limited to the notions of hierarchy, hegemony and marginalization, as useful but not wholly helpful concepts, since the study’s focus is the positionality, and lived experiences of disabled men within Xhosa masculine hierarchies. The concepts of hierarchy, hegemony, and subordination will provide a useful guideline in examining and understanding the "gender power relations within a legitimated gender order" (Anderson, 2009: 51) amongst the Xhosa men with physical disabilities and other men within their communities. My engagement with these theoretical concepts will, however, not be a wholesale application of Connell's ideas, for reasons established in the above critiques of her theory. In a way, this engagement is an appreciation of the utility that these ideas provide for a study that seeks to look at the place of men with physical disabilities within the Xhosa context since Connell introduced the notion of hierarchies.

5.4 Theorizing disabled Xhosa masculinities

As mentioned in the introduction, this chapter offers possibilities for the theorization of Xhosa manhood masculinity. The following four subsections look into the utility of these concepts in an attempt to contribute to the emerging branch of scholarship that seeks to produce African-centred theories of masculinities for the analysis of African men.

5.4.1 *Ulwaluko*: Entry to manhood & personhood

Xhosa notions and meanings of manhood emanate from the practice of *ulwaluko* (Siswana, 2016; Mfecane, 2016). This practice of *ulwaluko* refers to the customary rite of passage from boyhood to manhood which is undertaken by boys aged 18 years and older (Ntsaba, 2002; Vincent, 2008; Ntombana, 2011; Mfecane, 2016). The ritual marks the boy's transition from boyhood to manhood and also affords him legitimate membership in the tribal community (Gwata, 2009) thus conferring upon him a state of high responsibility (Ntsaba, 2002). Siswana (2016) notes that the term *ulwaluko* in isiXhosa refers to the initiation ritual which is not limited to the cutting of the foreskin. Similarly, Ncaca (2014) also cautions against the perception of *ulwaluko* as merely the act of circumcising. *Ulwaluko* can be more accurately understood as a journey than as a singular event of circumcision (Mayekiso, 2016). Ntombana (2011) also adds that the historical role of the rite of passage must be acknowledged and understood in order to arrive at more accurate meanings of the process.

There has been a proliferation of scholarly debate about meanings associated with the practice of *ulwaluko (*Vincent, 2008; Gwata, 2009; Siswana, 2016; Mayekiso, 2016; Magodyo, 2017*).* These scholarly views range from studying *ulwaluko* as a prevention measure against sexual diseases and a site of sexual socialisation (Vincent, 2008); as a practice for moral regeneration (Magodyo *et al.*, 2017); and as a process of connecting with cultural and ancestral worlds (Siswana and Kiguwa, 2018). However, for the purpose of the present study, *ulwaluko* is approached as a rite of passage to Xhosa manhood. For the purpose of the focus of this study on Xhosa manhood and physically disabled embodiment, the circumcised penis of a male body is a defining component of male subjectivity that reaffirms, endorses and celebrates a man's identity within Xhosa manhood circles (Ndangam, 2008).

Gwata (2009) observes that in many parts of Africa, male circumcision is practised primarily as an initiation ritual into adulthood. Among the Xhosa people, successful completion of *ulwaluko* is compulsory for one to achieve manhood and an uncircumcised male is called *inkwenkwe* (a boy). It is for this reason that Mfecane (2018a: 35) refers to the process of *ulwaluko* as a "fountain of manhood" amongst the Xhosa people. The circumcision ritual is so integral within the Xhosa culture (Ntozini, 2015) that an uninitiated boy is denied that state of high responsibility conferred upon men such as the rights to marry and to participate actively in the performance of rituals in his surrounding community (Mavundla *et al.*, 2010), and a right to land for building a homestead (Mfecane, 2016).

Mayekiso (2016) writes about the role of traditional initiation in the making of adult Xhosa manhood masculinity. He also describes it as a process that is intended to mark the transition from boyhood to manhood amongst Xhosa men and in such a process certain conditions have to be fulfilled for it to be culturally recognised (Mayekiso, 2016). He goes on to identify five transitionary stages in the lives of Xhosa men. The first and most important of these stages being *ulwaluko* (initiation) which Mayekiso (2016) incorrectly refers to as *ubukhwetha. Ubukhwetha* is derived from the noun *umkhwetha* (initiate) and it refers to the state of being an initiate. A boy becomes *umkhwetha* during the initiation (*ulwaluko)* period. I, therefore, disagree with Mayekiso's (2016) naming of the first stage but I agree with the essence of his description. The second stage in Mayekiso's (2016) taxonomy is *ubukrwala* (state of being a new Xhosa man). He identifies the third stage as *ubufana* (young manhood). The penultimate stage is *ubudoda* (being a man) and the final one being *ubuxhego* (an old man).

Secondly, I disagree with Mayekiso's (2016) suggestion that a boy must go through all these stages for him to be recognised as a man within the Xhosa culture. The implication of Mayekiso's (2016) suggestion is that one only becomes recognised as a real man, in the Xhosa culture, when one has passed all the five stages. He argues, "while it is often erroneously thought that a boy becomes a man through initiation (including circumcision), as I show below, ideally for AmaXhosa at least there are five stages" (Mayekiso, 2016: 87). It is the successful completion of the process of *ulwaluko* (first stage) that I regard the most important for this study since doing so affords Xhosa boys equal access to the manhood status as "Xhosa notions of manhood centre on this practice" (Mfecane, 2016: 204).

In this thesis, I recognise all these stages as modalities through which full adult personhood is socially constructed and acquired amongst Xhosa men. These are stages which signify a transition to adult personhood rather than stages in the hierarchy of Xhosa manhood. For instance, Staples (2005) in his research amongst men who live with leprosy in South India observes a similar transition to adult personhood amongst the men. He notes that the first stage into adult personhood begins with *Brahmacharya* (initiation), followed by *Grihasthaómarried (*family men involved in making a living), *Vanaprasthaóretired* (men who withdraw from the world), and the last stage is *Sannyasa* (when men renounce the world and take up a more spiritual path) (Staples, 2005: 285).

Manhood in the Xhosa culture is acquired upon successful completion of *ulwaluko* and the isiXhosa idiom of manhood which says, *indoda inye* (there is oneness in manhood/there is one man) supports this notion. Successful completion of the traditional rite of passage (*ulwaluko)* makes one a man within the Xhosa culture. Therefore, they transition through these stages as equal men. While I accept the classification, I disagree with its premise that a boy must go through all these stages for him to be recognised as a man within the Xhosa culture.

For the interests of this thesis, Mayekiso's (2016) discussion about the materiality of the body – the expectation of an able-bodied corporeal presence – in making adult male Xhosa personhood in all 'these stages' is crucial. In the first stage of *ulwaluko*, he identifies that the process begins with the stripping of the boys' clothing to symbolically mark the break with boyhood and the entry into a transitory phase en route to manhood (Vincent, 2008). Before this stage, Xhosa boys are not even afforded the status of personhood. Xhosa boys are called dogs (Mhlahlo, 2009; Ncaca, 2014; Mayekiso, 2016; Siswana, 2016). Boyhood in this context is afforded a depersonalised status. Tradition oriented Xhosa speakers believe that a "man who is not circumcised is a boy (*inkwenkwe*), a dog (*inja*), an unclean thing (*inqambi*)" (Mhlahlo, 2009: 18; Ncaca, 2014: 4). Then the cultural mark (circumcision) is written into the penis. The initiate must stay in the 'bush' throughout this period. The bodies of the initiates must be covered in white ochre throughout this period. Lastly, pain is an important marker in one's ability to endure hardships in the bush but also in life (Mayekiso, 2016).

Corporeality is key again as the second stage (*ubukrwala*) begins with the initiate running naked to the river, whilst being chased by boys and men (Mayekiso, 2016), to wash off the white ochre. As *ikrwala* (singular- a new man), the body must stay covered in red ochre. Additionally, Mayekiso (2016) notes, another important stage for *ikrwala* is *ukosula* ('to wipe-off'). "*Ukosula* means a new man 'from the bushes' must have sexual intercourse with a female to 'wipe-off' all the bad luck he might have" (Mayekiso, 2016: 100). Similarly, Tshemese (2012: 154) also argues that "the main reason for having sex immediately after initiation is to test if the new Mercedes Benz (colloquial for penis) works effectively. It is also through sex that they rid themselves of extreme bad luck". "For young men to engage in this activity brings about social acknowledgement/recognition and dignity. It forms a key part of being a real man" (Mayekiso, 2016: 100). In Chapter 3, I have demonstrated how sex and procreation form an important part of being a man in most cultures.

Again, the third stage involves the use of physicality in proving one's manhood. Mayekiso (2016) argues that during the *ubufana* (young manhood) stage, one is expected to partake in all community activities such as digging graves for the dead, building *amabhoma* (initiate huts*)*, *ukuxhela* (to slaughter), making fire, and attending community meetings and many other communal activities. Evidently, this stage similarly requires a lot of able-bodied corporeal presence and labour from the men.

As shown above in all these stages, an active corporeality is essential in the transition to both manhood and personhood amongst Xhosa men. To become men and full persons, boys must first endure the pain of circumcision during the initiation process. In order to complete the initiation process and transition to new men, the initiates must run to the river while being chased. To transition from new men status to young men and adult men, they must take part in all community activities such as digging graves for the dead, building *amabhoma* (initiate huts*)*, *ukuxhela* (to slaughter), making fire, and attending community meetings and many other communal activities. In light of such bodily demands in the acquisition of manhood and personhood, I wish to investigate how Xhosa men with disabilities negotiate these demands. What happens to men with impairments who cannot run, cannot dig, cannot slaughter? How do they transition from boyhood to manhood in light of all these demands? How do they navigate all these expectations of an able-bodied physicality that can easily fulfil all these expectations?

However, I ask all these questions in relation to corporeal requirements for adult male Xhosa personhood with an awareness that personhood in the African context is not summarily abstracted from just the body. Mfecane (2018b: 292) in his use of the concept of personhood to theorize Xhosa manhood masculinity, has argued that the “concrete human body on its own, and what it does socially, does not define a person fully as humans possess other unseen elements which can have a greater influence on their behaviour and character”. Menkiti (1979) also notes a crucial distinction in the conception of personhood separating African thought from Western thought. He notes, “in the African view it is the community which defines the person as person, not some isolated static quality of rationality, will, or memory” (Menkiti, 1979: 172). This, however, is not to deny that the Western notion of hegemonic masculinity by its very definition is understood and interpreted by the community. My claim stems from the fact that this interpretation is often based upon an individualistic ontology that defines masculinity as being “about individual men’s quest to accumulate those cultural symbols that denote manhood" (Mfecane, 2018b: 294). While in this context, the interpretation is largely through doing things not just for the individual but also for the community.

Mfecane (2018b: 300) has noted that “masculinity theories developed in the Global North generally reflect the ethic of individuality which is regarded as a core feature of personhood in western society”. This individualistic ontology fails to recognise that in most African cultures, such as the Xhosa community in Mhlambini where Rice conducted his research, “achieving full personhood entails being embedded in a community that both confers and *realizes* one’s status” (Rice, 2015: 56). Rice (2015: 61) observes that “in the community, independence and autonomy are less valued personal qualities in comparison to mainstream North American society, and solitude is problematic and strange”. The fact that socially-embedded personhood is valued while a small premium is placed on independence and autonomy, which are prized traits in the Northern theories of masculinity, is poignant for this study as it exposes the “narrowness *[Insofar as the definitional traits are concerned]* in Northern conceptions and definitions of masculinity and thus their inability to fully account for the complex life experiences of African men” (Mfecane, 2018b: 292).

Similarly, Menkiti (1979: 176) argues that “various societies found in traditional Africa routinely accept this fact that personhood is the sort of thing which has to be attained, and is attained in direct proportion as one participates in communal life through the discharge of the various obligations defined by one's stations". Manzini (2018: 22) notes that "central in Menkiti's theorization of personhood in Africa is the notion that an individual has a special relationship with their community, and this relationship is premised on the idea that for an individual to be regarded as a person, they need to meet the obligations that are prescribed by the community". Nyamnjoh looks at the competing idea of personhood and agency in this context. He similarly notes that "the freedom to pursue individual or community goals exists within a socially predetermined framework that emphasizes conviviality with collective interests while simultaneously allowing for individual creativity and self-fulfilment" (Nyamnjoh, 2004: 38).

Common to all the scholarship about personhood in Africa is the assumption of an individual's humanity as a work in progress; the ontological progression that an individual human life takes from being a human child into personhood (Comaroff and Comaroff, 2001; Nyamnjoh, 2004; Rice, 2015; Klaasen, 2017; Manzini, 2018). As argued in Mayekiso's thesis, rural Xhosa men are expected to fulfil certain communal duties which range from digging graves for the dead, slaughtering when there is a ritual, building kraals and fences, and attending community meetings. It becomes clear, as argued by Menkiti (1979), that the acquisition of adult male Xhosa personhood is about participating in the various activities and ceremonies of one's community. A tension similar to that pointed out by Manzini (2018) arises here: does this mean that Xhosa men with physical disabilities who, as a result, cannot meet the expectations set by the community, are not regarded as men in the first instance and full persons not worthy of moral consideration, value, and dignity in the second instance? Personhood is, after all, about the cultural recognition of an individual's social value and dignity (Hansen and Sait, 2011).

5.4. 2 Dominance at the peripheries / Dominance without hegemony

African scholars of men and masculinities such as Ratele (2016), Mfecane (2016; 2018a; 2018b), Dery (2017), Dery and Ganle (2019) have been grappling with ways, other than Connell's framework, to study masculinities from low-income, rural, and poverty-stricken areas in the region. Dery (2017) however, has noted that researchers of masculinities cannot doubt the theoretical currency of Connell's theory within the field. Dery and Ganle (2019: 9) argue that "for many critical men's studies' theorists in Africa, the notion of gender hegemony is a very slippery and unsustainable construct: multiple hegemonies co-exist and none may claim absolute cultural legitimacy over others". For instance, in the context of manhood amongst Xhosa people, Mfecane (2016: 205) argues that "*ulwaluko* and the associated concept of *indoda* present a version of masculinity that does not fully conform to the established theories of masculinity from the Global North", particularly their conceptualisation of embodiment and masculine hierarchies. Dery (2017: 27) makes a sincere suggestion to African researchers in the field of masculinity studies in Africa to be "extra careful and vigilant at which point in our conversation on masculinity to use the framework of hegemonic masculinities or not to use it".

Ratele (2016: 11), acknowledging the contribution of Connell's ideas but cognizant of the context, has argued that "in a country such as South Africa, with a history of colonialism and apartheid, where white men oppressed not only white women, but also black women and men, … it is useful and enlightening to think of hegemony within marginality or dominance at the peripheries". Thus, for the analysis of the relations and hierarchies amongst Xhosa men and the place of men with physical disabilities, this study will depart from a point of "dominance at the peripheries or dominance without hegemony" (Ratele, 2016: 11). In doing so, this study does not deny that men have dominance through "patriarchal dividends" (Connell, 1995: 82) which accrue to them by virtue of being men. Mfecane (2016: 209) has, for example, argued that being *indoda* is generally characterised by dominance and oppressive practises towards other masculinities such as uncircumcised adults and medically circumcised males, and boys.

Ratele (2016: 71) goes on to suggest hegemonic ideals about manhood in the South African context are thus complicated by the marginality of African countries in juxtaposition to powerful multinational capitalist ideologies. Similarly, Dery and Ganle (2019: 4) also note that while men in contexts outside the "Northern hegemony may aspire for patriarchal hegemony through heterosexual marriage, economic breadwinner roles, fatherhood, maintaining physical and emotional fortitude, and independence, they may be marginalized by their social, cultural, and political circumstances, as well as age hierarchies, which may compel a complex reconfiguration and renegotiation of masculinities".

Ratele (2016), Dery (2017), and Dery and Ganle (2019) argue that theoretical approaches to masculinity within the African context should consider the colonial legacies, political, and socio- economic conditions "that circumscribe the daily life of men and boys in often deeply patriarchal, classed, and capitalism-driven societies" (Dery and Ganle, 2019: 4). Once researchers, particularly in poor African contexts, consider these realities, they may soon realise that hegemony as applied by Connell (1995; 2005) does not exist. As Ratele (2016) has argued, prioritising the lens of dominance without hegemony does not repudiate the concept of hegemonic masculinities. "Instead, it implies that we cannot analyse men from the colonising group and subjugated group, rich white men and unemployed black men, male managers and workers, and heterosexual men and queer men from the same vantage point" (Ratele, 2016: 12).

Thus, similar to Ratele (2016), and Dery and Ganle (2019) the theoretical framework for studying and analysing the intersection of Xhosa manhood and physical disability in this thesis will be through the lens of dominance without hegemony. As shown above, Connell's hegemony implies the possession of power and wealth in order to legitimate and reproduce the social relationships that sire dominance. This is a study of men who lack both power and material wealth, as accounted for in Connell's (1995; 2005) conceptualization, but they have dominance by virtue of being men. Xhosa men have dominance in decision making terms of traditional rituals, when to send their sons for initiation, in *lobolo* (bride price) and *intlawulo* (pay for damages) negotiations when daughters get married or fall pregnant out of wedlock, respectively. Therefore, approaching them from a theoretical angle of dominance without hegemony rather than hegemonic masculinities "allows for a more careful consideration of how multiple currents, including age, gender, location, poverty, and abled-bodiness are likely to shape masculine identities..." (Dery and Ganle, 2019: 5).

5.4. 3 Everyday rhetoric & local idioms/proverbs of manhood

Mfecane (2018b: 52) envisions African-centred theories of masculinity grounded on concepts and idioms that exist in African settings and frame the normal flow of everyday life. Thus, it is my intention with this section to engage with isiXhosa proverbs and idioms of manhood and argue for their utility in building up theories that can accurately capture the complexities of Xhosa masculinities. I have decided to look at both idioms and proverbs as Simelane-Kalumba (2014: 49) argues that there is a fine line between proverbs and idioms in isiXhosa; "they are both metaphorical and similar in purpose in terms of usage". He goes on to note, "proverbs continue to play an integral part in normal, everyday conversations across the African continent, particularly in rural areas. Proverbs reflect the prevailing attitudes in a given society" (Simelane-Kalumba, 2014: 49).

The importance of local proverbs and idioms in theorising has been demonstrated in other fields such as Psychology (Davies *et al.* 2016; Vivian, 2008) and theology (Mtshiselwa, 2011). Davies *et al.*, (2016) carried out research which involved the use of localised isiXhosa idioms of distress and everyday rhetoric as part of the theoretical framework to inform a localised and culturally relevant intervention for perinatal depression for health care workers in a township in Cape Town. Similarly, Vivian's (2008: 53) research on psychiatric disorders amongst Xhosa men after circumcision shows that isiXhosa idioms of distress "encapsulate social information that has previously been culturally encoded into a person's psychological and bodily disposition". In the field of Theology, Mtshiselwa (2011) argues for an indigenous Xhosa South African biblical scholarship. In his argument he notes, Xhosa ideologies and worldviews are embedded in Xhosa narratives, idioms, proverbs, and songs thus an indigenous (Xhosa) biblical interpretation is an approach to ancient texts which is underpinned in Xhosa perspectives (Mtshiselwa, 2011). Elsewhere, Ncube and Moyo (2011) analyse IsiNdebele proverbs and idioms in the context of gender construction to make an argument about Ndebele society being a patriarchal society that is highly sexist.

Simelane-Kalumba (2014: 49), citing Acher (1931), argues that "proverbs are the simple truths of life and contain the ethical or moral values of a society". Similarly, Khotso and Mashige (2011: 105) argue that it is through the interpretation of proverbs that one learns the experiences of community, as proverbs represent an "embodiment of the distilled collective experiences of the community". In this way, idioms, proverbs, folktales, and songs are regarded as conduits of cultures. In relation to Xhosa manhood, Mfecane (2016) signals to the utility of proverbs and idioms in theorizations. He notes that South Africa has 11 official languages, each with its own concepts, proverbs and idioms to describe and refer to men. "These idioms embody different ways of being a man; they are not mere language differences between various ethnic groups. Currently, there is a lack of masculinity theories that speak to these diverse concepts and idioms" (Mfecane, 2016: 206).

It is, therefore, my intention to tentatively fill this gap by drawing from Xhosa proverbs and idioms of manhood to underpin the theorization and analysis of the experiences of participants in this study. Sone and Hoza (2017) also show that language symbols were frequently used by AmaXhosa to shape their culture as well as instil values that were highly regarded in their society. IsiXhosa is rich with proverbs/idioms which not only describe manhood but also prescribe certain manhood acts. For instance, I have already established that pain is an important aspect in the makings of Xhosa manhood. There is an isiXhosa proverb which says *indoda ayikhali* (a man does not cry). Mayekiso (2016: 94) argues that this saying is "not only meant to discourage men from expressing their feelings through crying but also to encourage them to endure hardships during the initiation process and also in life". Consequently, in times of hardship, one is consistently told to be a man. Mpola (2007) narrates a scenario wherein a man has lost his son. He writes, "when the other

Tshangisas (clan name) exhort this man who has lost a son they say *yiba yindoda* (be a man) meaning that he must be strong as he cannot change what has happened" (Mpola, 2007: 162).

On the one hand the aesthetic of hegemonic masculinity is centred around the notions of athleticism, physical strength and muscularity. One of Byrne's (2017: 217) participants sums up the place of physical strength and beauty in thinking about hegemonic masculinities in the West. He notes:

> *"David Beckham seems genuine and is a good influencer... he's a physical man who looks good... and seems like he's the full package"*.

As the above excerpt shows, there is generally a currency placed on beauty, strength and athleticism within the Western masculine hierarchies. On the other hand, there is an isiXhosa proverb which says *ubuhle bendoda ziinkomo zayo (*The beauty of the man is his cows.) Simelane-Kalumba (2014: 66) argues that Xhosa men did not need to be physically attractive because they acquired prestige from the number of cattle that they owned. Relatedly, there is another proverb which says, *ibhongo lendoda bubuhlanti bayo* (The pride of a man is his cattle kraal).

There is another isiXhosa saying which has the potential of disrupting hierarchies and discrimination amongst Xhosa men. The saying goes, *Indoda inye* (There is oneness in manhood/There is one man). This saying signals the fact that all Xhosa men undergo the same process to manhood, learn the same language codes in the process, and have a distinct scar from the circumcision which can be distinguished from the "cat-claws - the scars from stitches that point to a hospital circumcision" (Vincent, 2008: 435).

5.4.4 Theorizing physical disability within Xhosa masculine hierarchies

It has been established that within the different segments of society exist social hierarchies that distinguish individuals and groups of people (Bourdieu, 2001; Staples, 2005; Connell, 2005; Fitzgerald, 2007; Rice, 2015). Bourdieu (2001: 241) goes on to note that "the social world is essentialist and as such, creates hierarchies of worth and unworthiness”. These hierarchies are constantly re-negotiated in an attempt to accumulate, retain or convert different forms of capital (Bourdieu, 1985; Fitzgerald, 2007).

Similarly, MacQueen (2016) observes that the dominant theory within the study of men and masculinities acknowledges a hierarchical structure where men strive for masculine ideals. Thus, one of the goals of this thesis is to investigate the position of men with physical disabilities within Xhosa manhood masculine hierarchies. One of the most valuable insights of Connell’s theory of hegemonic masculinities within the field of men and masculinities is the introduction of the notion of hierarchies of masculinities. I have already mentioned how Connell’s theory ranks men in the Western gender order. Researchers of men and masculinities in South Africa and elsewhere outside the Global North have applied Connell’s hierarchy without engaging the particularities of their contexts. In all his writings, Mfecane has lamented the wholesale applications of this theory. Mfecane (2018a: 38) has noted that there is a “hierarchical ranking of human beings in the Xhosa social order based primarily on seniority”.

The question I seek to investigate in relation to Xhosa manhood hierarchy is: If successful completion of traditional initiation puts Xhosa men at the top of the hierarchy, as *indoda* is the most celebrated form of masculinity in this culture, then does that mean even men with physical disabilities who have gone through the initiation are at the top of the hierarchy? As the place of disability within Xhosa manhood circles has not been researched, I seek to uncover, in the first instance, how Xhosa men with physical disabilities are positioned and position themselves within Xhosa manhood masculine hierarchies. Secondly, an affirmative answer to the question would open up a conversation with Western scholarship and caution against the wholesale application of Connell’s theory by researchers in the region since her hierarchy ranks men with disabilities as marginalized men.

Mfecane (2018a) uses the isiXhosa idiom *akukho butho lungena dyongo zalo* (there are levels of inequality in every social grouping) to illustrate that there is a ranking system within the Xhosa culture. Similarly, Rice (2015: 50), also researching a Xhosa community in the Eastern Cape, observes that as in many rural communities in South Africa, social life in the village is characterised by hierarchies of gender, but also of age. This section draws a lot from the scholarship of Rice (2015) and Mfecane (2016; 2018a; 2018b) because, similar to this study, they focused their research on rural Xhosa settlements known as *ilali.*

Both Mfecane (2018a) and Rice (2015) establish that hierarchical ranking organizes everyday social interactions, seating, rights, privileges, and duties and is reinforced in various ways amongst the Xhosa people who live in rural areas. Rice (2015: 115) observes that "the distinctions between boyhood and manhood, and girlhood and womanhood are significant because of the deeply hierarchical relationships between age, status, power, and respect among the Xhosa". Similarly, Mfecane (2018a: 390) argues that the hierarchical social structure is embodied in the use of concepts such as *bhuti* (brother) and *sisi* (sister) to show deference to older male and female persons respectively, as well as t*ata (*father) and *mama* (mother) for community elders, especially between relatives. Maseko (2011) explains that old age in the Xhosa culture is assumed to come with honour, wisdom and respect. As a result, when you refer to people as *sisi* or *bhuti* or *mama* or *tata*, they will take it as an honour rather than an insult (Maseko, 2011). Mfecane (2018a) shows that even Xhosa boyhood is organized along hierarchical lines. He notes that there are *amakhwenkwe amadala* (senior boys), *amakhwekwe aphakathi* (middle boys), and *iidyongo* (young boys).

While most research on men and domination has focused on what Demetriou (2001: 314) refers to as "external hegemony" which is hegemony over women, there have been calls to examine internal hegemony - hegemony over subordinate masculinities- which both Demetriou (2001) and Mfecane (2018a) argue has been left untheorized. Additionally, most of the research on men outside the Global North has focused on violence against women, and the spread of HIV/AIDS. There is a paucity of scholarship focusing on the internal hegemony in the contexts outside of the Global North. Research on hierarchies and ranking within Xhosa manhood circles has shown that traditionally circumcised men are the most celebrated regardless of their sexual orientation (Ntozini and Ngqangweni, 2016; Mfecane, 2016; Mashabane, 2018), while medically circumcised men are at the very bottom of the hierarchy (Ndangam, 2008). As a result, Matyu (2005, in Ndangam, 2008: 219) writes, "let us not forget some of those who went to hospitals to avoid the pain to manhood are customarily ostracised in our society and not treated as *amadoda* (men)". There has been little or no research focusing on other categories of identification and the effect thereof on masculine hierarchies. This is the gap in scholarship that this thesis seeks to fill by looking at the role of bodiliness within these hierarchies.

Hierarchies of manhood amongst Xhosa men in the rural areas are visibly practised during traditional rituals, community meetings, and other social gatherings. According to Rice (2015: 163), it is because "traditionalists believe that ancestors are present and partake at these events, thus providing a strong impetus to observe and enact gendered and age hierarchies which are framed as traditional". Seating during rituals and at social gatherings is also based on this notion of seniority and deference. Senior male elders (*amaxhego*) occupy the most visible space inside the kraal. As per Mayekiso's (2016) ranking classification, old men (*amaxhego*) sit next to the entry point (in the kraal or in a house) and are served first, followed by *amadoda* (men), followed by *abafana* (young men), and then *amakwrala* (new Xhosa men). Similarly, in his research on beer drinking rituals amongst Xhosa people in rural areas McAllister (2004: 124) notes that "in both everyday life and at beer-drinks, older people sit near the front, the eldest next to the door, while younger people sit toward the back, in the upper part".

The elderly men "receive larger quantities of alcohol and meat than members of other subgroups do but are also expected to share as a sign of generosity towards others, and to foster social solidarity" (Mfecane, 2018a: 39). Bongela (2001) also notes that they are offered special and comfortable service as a mark of respect and honour. However, as argued by Mayekiso (2016), one does not simply become recognised as *ixhego* (elderly) or *indoda* (old man) merely because of age. They must have performed the duties expected of them in each of the adult male personhood stages and consequently get promoted to the next stage. The said promotion is done publicly, usually during a meeting or social gathering, in the presence of other men wherein the men will decide that someone can now sit with the next ranking in the hierarchy. And this is particularly why as researchers we need to infuse African notions of personhood in our theories. As Rice (2015: 59) argues, this is because the "relations within which the person is embedded have long been characterised by hierarchical dependencies that are premised on both a very different understanding of value and a lesser valuing of autonomy relative to Western individualism".

Therefore, a tension arises for the men who, because of their disabilities, cannot perform the manly duties expected of them, and cannot participate in social gatherings. If then this kind of adult Xhosa male personhood is "something which has to be achieved, and is not given simply because one is born of human seed" (Menkiti, 1979), or simply because one is initiated in this case, how do men with physical disabilities negotiate these tensions? Does not being able to partake in these activities, not being able to get to social functions easily, and for some, not being able to find or keep a spouse diminish their standing in the eyes of other men in manhood circles?

5.5 Conclusion

The primary purpose of this chapter has been to present the theoretical framework which underpins the study of physically disabled Xhosa masculinities in this thesis. In doing so, this chapter begins with a critical evaluation of Connell's (1995; 2005) framework of hegemonic masculinities and the reasons why it would be unsuitable as a theoretical framework for this particular study. In this regard, my argument is simply that theories are not universal, and we should, therefore, pay attention to the particularities of each context before we embark on a wholesale application of the theory. As acknowledged at the beginning of this chapter and in other chapters, many researchers of men and masculinities outside the Global North have fallen into the trap of total dependency on theories from the North in their theorizations and analysis. Therefore, this chapter proceeds to offer possibilities for the theorization of Xhosa masculinities which inform this research. In offering possibilities and contributions, I draw from the emerging scholarship of men and masculinities in Southern Africa from scholars such as Mayekiso (2016), Ratele (2016), Mfecane (2016; 2018), and Dery (2017). In an attempt to extend the conversation beyond the North vis-a-vis South dichotomy, I also draw from the scholarship of Staples on Indian masculinities and leprosy.

In this chapter, I have argued that in order to capture the complex realities of rural Xhosa men with physical disabilities, this thesis will pay attention to the practice of initiation as a modality through which manhood and male personhood are acquired in the Xhosa culture. Secondly, I argue that instead of studying rural men in poverty-stricken contexts through the lens of hegemony, this thesis will approach the data from the framework of "dominance without hegemony" (Ratele, 2016: 11). Furthermore, in an attempt to employ a framework that is rooted in the particularities of the context, this chapter engages isiXhosa idioms and proverbs of manhood as useful possibilities in embarking upon theorizations that capture local meanings. Lastly, this chapter proposes ways of studying Xhosa masculine hierarchies as it is the goal of this thesis to investigate the positionalities of men with physical disabilities in such hierarchies. The following chapter presents the methods and decisions made concerning data collection and analysis for this thesis.

Chapter 6: The research process

6.1 Introduction

The preceding chapters have grappled with the debates and discussions emanating from theoretical questions relating to the intersection of the disabled body and masculinity broadly, and in relation to Xhosa manhood masculinity in particular. The aim of this chapter is to provide a reflexive account of the methodological journey undertaken during this study. This chapter will detail the research design insofar as it relates to the selection of participants, access to the study areas, data collection methods, data analysis, and ethical procedures. In this chapter, I lay out the research design of this thesis in order to narrate the relationship between the theoretical framework, the goals of this study and the empirical process and how these parts of the study work in symbiotic fashion to inform and shape each other rather than using the one to prove or disprove the other (Hall, 1999). In addition, I also outline my subjectivity in relation to the research.

6.2 Qualitative methodology

This study seeks to explore and gain insights into the lives of rural Xhosa men with visible physical impairments in the selected villages in the Eastern Cape. Due to the nature of the study, a qualitative design was deemed the most appropriate as qualitative methodology is often used to "explore complex phenomena" in order to "understand and represent the experiences of people and explore complex phenomena" (MacQueen, 2016: 37). Qualitative research seeks to study a person's thoughts, experiences or feelings in depth (Wheeler, 2004), and is therefore concerned with understanding "thick descriptions" (Geertz 1973: 8) gained from the subjective viewpoint of study participants (Ritchie, 2014). Lichtman (2006: 119) sums up the arguments for the utility of qualitative research, pointing out that the aim is "to hear what the participant has to say in her/his own words, in her/his voice, with his/her language and narrative… participants can share what they know and have learned and can add a dimension to our understanding of the situation that questionnaire data does not reveal". Creswell and Poth (2018) define qualitative research methodologies as:

> A situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible and turn it into a series of representations such as interviews, field notes, recordings, conversations, etc. In this way, qualitative research involves an interpretive, naturalistic approach to the world as researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Creswell and Poth, 2018: 7).

From this definition, it is clear that this approach seeks to view the world through the eyes of those taking part in the research study. Additionally, qualitative research inquiry seeks to produce a complex, holistic, and nuanced image of the researched phenomenon, formed with words, reporting detailed views of informants in their natural setting (Creswell, 1994).

A qualitative research methodology was the most appropriate for this study for the following reasons. Firstly, qualitative methods are more suitable in the studies of "complex subjects which are difficult to quantify" (Wheeler, 2004: 131). This study is concerned with developing an understanding of the meanings and experience dimensions of the lives and social worlds (Fossey *et al*., 2002) that emerge when physical disability and Xhosa manhood co-exist in one body, which are difficult to quantify. Silverman (2014: 9) sums this up when he notes, "if you are concerned with exploring people's life-histories or everyday behaviour, then qualitative methods may be favoured".

Secondly, Hartley and Muhit (2003: 107) are of the view that "there is a need to utilise qualitative methods to collect information which is culture specific and for researchers to act on the knowledge that the complexities of human behaviour, and the dynamic and cultural nature of such behaviour, may be beyond the scope of quantitative methods". This is a study about culture as both disability and manhood are culture specific concepts. I have argued in Chapter 4 (see Section 4.5.5) that disability is a complex concept depending on context and history, which sits at the intersection of biology and culture. Furthermore, the embodied theoretical approach adopted in this study lies across the nature and culture divide. The lived experiences of disabled manhood masculinity in this study are therefore culture-specific and fall outside the scope of quantitative methods. Qualitative research methods have a lot to "contribute to disability studies worldwide because of the need to examine the effect of the socio-cultural environment and reflect a comprehensive view of disability" (Hartley and Muhit, 2003: 112).

Thirdly, "qualitative research methods are known to be appropriate and effective when little or nothing is known about the situation, as they do not require a predictive statement and therefore seek the answers to open questions" (Hartley and Muhit, 2003:108). I have argued and shown in Chapter 4 that a bulk of the literature on the intersections of masculinity and disability comes from the Global North and consequently theorises about the lives of disabled people from that region (Lipenga, 2014b), and this is the gap in scholarship which this thesis identifies, and tentatively attempts to occupy. Additionally, Hartley and Muhit (2003) also note that disability research in the majority of countries is still in its infancy. Very little has been researched about the significance of the physical body, particularly the disabled body, in the construction, negotiation, and meaning making about manhood amongst Xhosa men with physical disabilities, despite manhood status among AmaXhosa being grounded on the body. For this reason, qualitative methods were most suitable to elicit the narratives of the participants.

Research methodology scholars (Cresswell, 1994; Willis, 2007; Silverman, 2014; Cresswell and Poth, 2018) show that there are distinct various approaches to qualitative designs which have different underlying philosophical assumptions and methods of analysis. In considering which approach was most appropriate for the current study, the aims were carefully considered, and Interpretive Phenomenological Analysis was selected.

6.3 Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) was selected for this study as the main focus is on the experiences of living at the intersection of physical disability and Xhosa manhood. The interpretive phenomenological tradition requires the researcher to focus on the lived experiences of the research participants and the meanings that these experiences are given (Vernon, 2007; Murray and Holmes, 2014; Smith and Osborn, 2015; Porter *et al.,* 2015; Connerty *et al*., 2016; Idahosa, 2016; Creswell and Poth, 2018; Noon and Hallam, 2018;). Murray and Holmes (2015: 17) present the purpose of phenomenological study as understanding the ways in which individuals perceive the world around them and make sense of their lived experiences. IPA is therefore “exploratory in nature in relation to the individual's personal perceptions or accounts of the phenomena being studied” (Tankard, 2010: 133).

While IPA as a qualitative methodology developed in Psychology (Smith, 1996; Tankard, 2010), it has been successfully used in studies on educational research (Noon and Hallam, 2018), lived experiences of pain (Smith and Osborn, 2015), agency for transformation in South African higher education (Idahosa, 2016), masculine identity negotiation after traumatic brain injury (MacQueen, 2016), research on men with learning disabilities (Tankard, 2010), and lastly, Siswana (2016) used it to explore young Xhosa men’s experiences of traditional initiation. Murray and Holmes (2015: 17) citing Smith *et al.* (2009) suggest that IPA “complements traditional methodologies (which measure ‘objective’ or ‘quantitative’ variables) because it affords insight into a subject’s intimate experience of body and illness, psychological distress, and personal identity”.

As a qualitative research methodology, IPA draws upon the philosophical fundamentals of phenomenology, idiography, and hermeneutics (Noon and Hallam, 2018; MacQueen, 2016). As already discussed in Chapter 4 (see Section 4.5.1), phenomenology aims to “produce an account of lived experience in its own terms rather than one prescribed by pre-existing theoretical preconceptions” (Smith and

Osborn, 2015: 41), in order to reveal the essence of the phenomenon being studied (Idahosa, 2016). Therefore, in line with the philosophical influence of phenomenology, "IPA seeks to understand the meanings individuals attach to human experience and is concerned with exploring experience in its own terms" (Noon and Hallam, 2018: 75). IPA was most suitable as this is a study that is concerned with exploring lived experiences of Xhosa men who live with visible physical impairments.

The second influence from philosophical underpinnings of idiography addresses a "concern for individuality and a commitment to a rigorous finely-textured analysis of contingent, unique and often subjective phenomena" (Noon and Hallam, 2018: 76). Thackeray and Eatough (2018: 181) describe IPA as advocating for an idiographic approach whereby the participant is positioned as the experiential expert and transcripts are analysed individually. The idiographic dimension of IPA emphasises detailed and in-depth focus and prioritisation of how individual persons in their unique contexts make sense of a given phenomenon (Shinebourne, 2011), and it further attempts to "learn from each participant's individual story, and through a deep individualised analysis…" (Noon and Hallam, 2018: 76). Given the influence of idiography, IPA leads researchers towards a more cautious way of making claims which generalise across a population (Smith *et al.*, 2009) and this "enables the person's experience to be understood from the perspective of a person in their particular context" (MacQueen, 2016: 24). Again, this is a study that sought to uncover the subjective experiences of Xhosa men with physical disabilities in the selected areas in the Eastern Cape and in this regard, IPA was most suitable as the aim is to understand their realities from their perspectives.

The third philosophical influence from hermeneutics deals with the practice or theory of interpretation (MacQueen, 2016; Noon and Hallam, 2018). "A commitment to the hermeneutic tradition means that IPA fully embraces the role of interpretation in the analytic process, recognizing that both researcher and participant are engaged in this activity as they attempt to make meaning of a given phenomenon" (Thackeray and Eatough, 2018: 182). The researcher must recognise that the participant is also engaged in this activity as all human experience of something is always through interpretation, therefore we all engage in hermeneutic phenomenology (MacQueen, 2016). In this regard, the IPA researcher is engaged in a double hermeneutic, or a two-stage interpretation because the researcher is trying to make sense of the participant whilst the participants are simultaneously trying to make sense of their own world (Smith *et al.*, 2009; Murray and Holmes, 2015; MacQueen, 2016). The participants in this study had never been researched about the impact of their disability on their manhood identities thus we were (myself and the participants) simultaneously making sense of the intersection of the two phenomena. Similar to Idahosa's (2016: 77) argument, this study also leans towards a "hermeneutic phenomenological perspective that conceptualises human experiences as integrally linked to context, comprising social, [*cultural*], and structural relations".

IPA was chosen as an appropriate methodology for this study because "it explores how people ascribe meaning to their experiences in their interactions with the environment'' (Murray and Holmes, 2014: 18). Thus, it presents an avenue for answering the present research question due to the focus on exploring the lived experience and personal meaning-making in relation to their interactions with other men and the community at large. Thus, it is IPA's "explicit commitment to person-in-environment and not just phenomenon-as-experienced" (Noon and Hallam, 2018: 75) which is also in line with this study's embodied approach to disability as discussed in Chapter 4 (see Section 4.5).

Smith and Osborn (2015: 41) argue that IPA is a particularly "useful methodology for examining topics which are complex, ambiguous and emotionally laden". Both Xhosa manhood and physical disability are sensitive, complex and emotionally-laden topics of discussion. Lastly, it has been observed that IPA is "compelled with affording privilege to the narratives of groups of individuals whose voices may otherwise go unheard" (Noon and Hallam, 2018: 80) and I have already established in Chapters 3 and 4 that there is a paucity of scholarly research about the subjective realities at the intersection of disability and Xhosa manhood.

6.4 Sampling & inclusion criteria

This is a qualitative study of the intersection of physical disability and Xhosa manhood masculinity involving in-depth one-on-one interviews with 17 men from rural areas in the Eastern Cape province. Noon and Hallam (2018: 76) argue that "IPA researchers seek to generate a purposive, fairly homogeneous sample; this ensures the study holds relevance and personal significance to respondents and enables investigators to capture detail on a specific group of individuals who have experienced the phenomenon being studied". In line with the objective of this thesis, which is to phenomenologically explore the embodied lived experiences of disabled Xhosa men, I adopted a purposeful sampling technique which is widely used in qualitative research for the identification and selection of information-rich cases for an in-depth study (Patton, 2002; Palinkas *et al.*, 2015; Creswell and Poth, 2018). Patton (2002: 230) defines information-rich cases as those "from which one can learn a great deal about issues of central importance to the purpose of the enquiry". Creswell and Poth (2018) identify three key considerations for purposeful sampling technique in qualitative research – namely, the decision as to whom to select as participants or sites for the study, the specific type of sampling strategy, and the size of the sample to be studied.

Participants whom I considered to have in-depth and rich information for this study had to satisfy the following requirements. Firstly, they had to be Xhosa men who had undergone traditional initiation (*ulwaluko)*. Secondly, they had to be living with a visible physical impairment. For the purpose of this study 'visible' means that it must be a noticeable physical impairment. Men who are deaf or live with other forms of invisible and/or mental impairments were, for this reason, not considered suitable participants for this study. Lastly, the participants needed to permanently reside in a rural area in the Eastern Cape. In a nutshell, the inclusion criteria for participants in this study was as follows:

- Xhosa men who had undergone traditional initiation;
- Living with a visible physical impairment; and

- Permanently reside in the rural areas surrounding Peddie, King William's Town, and East London.

Creswell and Poth (2018: 158) argue that purposeful sampling means that the researcher "selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon of the study". In this manner, the researcher hand-picks the participants that are to be included in the sample, on the basis of their typicality or possession of particular characteristics being sought (Cohen *et al.*, 2011: 156). In addition to being knowledgeable about or experienced with a phenomenon of interest, the selected individuals or groups must also have been willing to participate and able to communicate their experiences of the phenomenon being studied (Palinkas *et al.*, 2015). The aspect of being able to communicate their experiences meant that Xhosa men with both physical and mental disabilities and mute men were, for instance, not considered as suitable participants for this study because they lack the capacity to relate their experiences in ways easily understandable to me for the purpose of audio-recording and transcription.

The purposive sampling technique is understood to be appropriate for exploratory research (Wagner *et al.*, 2012) and is particularly well suited for research around participants' experiences (Tongco, 2007). Barbour (2001) in Mavuso (2018: 128) notes that when used accordingly, this sampling technique highlights differences between participants (or participants' experiences) which other sampling strategies seek to remove: differences which then need to be discussed during the analysis to take full advantage of the sampling technique. This is particularly relevant for this study as this study encompasses different types of disabilities which were acquired at different stages in the lives of the participants. It is also for this reason that I have divided the participants into two groups: those who acquired the disability before Xhosa traditional initiation, and those who acquired it post initiation.

6.5 Positionality: Researching and writing from an insider/outsider subjectivity

Zelizer (2010: vii) notes that our “choices of scholarly projects rarely stray from the personal”. Similarly, Magadla (2016: 136) argues that our scholarly interests and questions “are often shaped by a particular personal history which leads us to connect our own experience, those of our participants, with broader national and global structural processes”. In this section, I turn to reflect on my biography and identity, as a Xhosa man and PhD candidate, and the influence thereof on the choice of research project, interactions during data collection, and in writing up this study. As already mentioned, the aim of this project was to interrogate the intersection of physical disability and manhood amongst Xhosa men with physical disabilities in the selected rural areas in the Eastern Cape.

As the heading of this section declares, I am writing from an insider and outsider subjectivity. I have lived most of my life in rural Eastern Cape in Mthatha. I also underwent my traditional Xhosa initiation in the same rural area in which I was born. While I have not lived in the rural areas permanently for the past 11 years, I do visit home regularly and have thus sustained a connection with the ways and duties of manhood in my rural area. Therefore, I am well-versed in the ways, duties, and meanings of Xhosa manhood in a rural setting. Insofar as disability is concerned, I am writing from an outsider subjectivity as I do not live with a physical disability.

However, my father lived with a physical disability which he acquired when he was a little boy. When, during the literature review stages, I encountered Kurt Lindemann’s auto-ethnographic scholarship (2010a; 2010b; 2009; 2006) I wondered if, like him, I was “searching for academic answers to personal questions” about the ways my father negotiated his manhood while living with a visible physical impairment (Lindemann, 2006: v). While my interest in this topic did not consciously stem from interactions with my father’s embodiment, there were times in my engagement with literature on disabled manhood when I thought some generalized theoretical claims did not capture his reality insofar as I knew it. Perhaps I decided on this topic because the literature represents men with disabilities as dependent, weak, undesirable, unmanly and I remember my father as none of those things.

The thought of this awakens primary school memories of my younger self bragging to my friends about, and in retrospect perhaps subconsciously defending my father's abilities despite his disability. "My father has a job, and a gun, and a mistress" I recall in sheer embarrassment the absurdity of boyhood competitiveness. As this thought crosses my mind, I immediately start to wonder, again, if my father was not overcompensating for his disability. In this regard, Taylor (2001: 17) notes that the identity of the researcher influences the selection of the research area as the researcher is likely to choose projects that are in line with his/her "personal interests, sympathies and political beliefs". Creswell (1994: 179) also argues that "how we write is a reflection of our own interpretation based on the cultural, social, gender, class, and personal politics that we bring to research".

For a long time, scholarly research was presented as indifferent to the embodied dimensions of the researcher and the impact thereof on the research (Adelman and Ruggi, 2016). Malinga (2015: 71) observes that "the 'reflexive turn' in social science has transformed the way in which the process of knowledge production is understood". In this regard, Malose (2012: 124) underscores the importance of a researcher's reflexivity in qualitative data collection and analysis "which is about how the researcher's own values, experiences, interests, beliefs, political commitments and social identities may have shaped the research and data analysis process". Liddiard (2011: 109) points out that offering a reflexive account of the process demystifies the research activity as it "provides the means to flesh out and unpack many of the tensions, contradictions and politics inherent within research".

Reflexivity in research requires the researcher to engage in "explicit self-aware meta-analysis" (Finlay, 2002: 209) in terms of how the relationship between the researcher and participants unfolds and the impact thereof on the research process, the writing process and analysis (Simbürger, 2014). Patton (2002: 65) characterises the impact of this 'reflexive turn' as a "reminder to the qualitative researcher to be attentive to and conscious of the cultural, political, social, linguistic, and ideological concerns of one's own perspective and voice…". In addition, Creswell (1994: 216) captures reflexivity as an awareness of "biases, values, and experiences" that the qualitative researcher carries with him/her during the research process. It is in this manner that Mavuso (2018: 154) describes the practice of reflexivity as "reporting on the research process and the findings of the research in a manner that does not 'sanitise' the research process by removing all traces of the researcher's involvement and the consequences of this involvement".

Being a Xhosa man who grew up in the rural Eastern Cape and having been raised by a father with a physical disability, however, meant that I went to the field with an awareness of the cultural conventions, fluency in both isiXhosa language and the language of manhood, the sensitivity with which to approach the participants, and also "mindful about local conventions and etiquettes of acceptable and unacceptable modes of dressing and behaviors" (Dery, 2017: 102). Therefore, my being, identity, and embodiment were an unavoidable part of the field work (Liddiard, 2011). For example, my grandmother believes that a Xhosa man should always dignify his head with a hat and should never wear shorts that go above the knee. And this is unfortunately where she and I differ with absolute conviction.

As a result, when I visit home, she always drills these two 'manhood teachings' into me: *'indoda ayisinxibi isikhindi'* (a man does not wear shorts) and '*indoda ithwala umnqwazi, Thoko*' (a man wears a hat, Thoko). And because I did not wish for my manhood to be doubted, I always put on long pants and a cap when I was in the field. While I disagree with my grandmother's ideas about dress and manhood, I had to consider the possibility that there may be other people who share similar beliefs and sentiments as her.

6.6 Seeking and negotiating access

When I started thinking about and planning data collection, my biggest challenge was accessing participants who fit the description for this study. Because of this challenge, accessing suitable participants took various methods. In the beginning it seemed to me, strangely so, that no one knew a rural Xhosa man living with a visible physical impairment in these three towns. And I could not simply drive to Peddie, King William's Town or East London without at least one lead. I started phoning and messaging friends whom I knew come from rural areas in these towns and asking them if they knew any man in their rural area who lives with a physical disability and none of them could think of anyone. I was getting stressed and wondering if I had decided to study a phenomenon that does not exist because, again, of my father. However, deep down I knew that men with physical disabilities exist in rural areas because I have seen and spoken to them in my own area, though I had intentionally discounted them for this study because of my proximity to their stories and lives.

I remember telling my partner how strange it was becoming that none of my many friends who are from the rural areas in these towns knew of at least one man living with a visible physical impairment. I must admit that I was getting a bit desperate that I even considered broadening my research site to my own rural area for easier access. This was completely strange to me because I remember walking in Grahamstown city centre on the day of government social grants (3rd of each month) and the street would be filled with men in crutches, wheelchairs, carried on backs and wheelbarrows whom I assumed must have come from the surrounding farms to collect their social grants. This hypervisibility of people with disabilities on social grants day was also interesting to me because one does not encounter as many people with disabilities on any other day in the city centre. I wondered if families keep them behind closed doors until the day of the pay cheque.

Throughout this time, I was also constantly searching the internet for stories about disability in the rural Eastern Cape. Then one day, I came across this article from the Daily Dispatch[1] 22 July 2015:

Disabled 8 graduate as men

Nomzamo Care Centre sees them through

DAD'S PRIDE: Tears of joy flow as parents celebrate the initiation graduation of their disabled sons at Nomzamo Centre for the Disabled in Peddie yesterday

This had happened in Peddie which by then I had decided was going to be one of my study areas. This article opened up doors for me in terms of accessing participants. A certain Reverend Dr. Sox Leleki had been cited by the paper as one of the people who were driving this initiative. I then did an internet search on his name and found out that he is a circuit superintendent of the Peddie circuit and a vice bishop of the Grahamstown District of the Methodist Church of Southern Africa (MCSA) and being a member of the MCSA myself, I asked one of my leaders in church if they knew him. I then got his contact details and we met a few weeks later. He took me to Nomzamo Care Centre in Peddie where this initiation and graduation, as mentioned in the story, had taken place. While I did not interview anyone from Nomzamo because they did not meet all the requirements for this study, the director of the centre gave me names and contacts of men with physical disabilities in the surrounding villages. Once I had met and interviewed the first participant, the snowballing effect propelled the study.

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[1] The Daily Dispatch is the Eastern Cape's highest circulating daily newspaper. It is published in East London in the province of Eastern Cape.

Within one week, I had met four participants and had made appointments with more participants. My first participant also took me to the municipality offices in Peddie (Ngqushwa local municipality) where I was introduced to the "disability war room" section of the municipality. Coopoo (2019: 30) defines the war room model as "an integrated service delivery structure comprised of community-based organisations, non-governmental organisations, government, municipality, business and other stakeholders at ward level". Upon introducing myself and my research to the relevant persons, I was generously given the database (with names and numbers) of the different ward[2] leaders for the disability war rooms. From this point, the snowballing effect took over the data collection logistics. As previously mentioned, being a Xhosa man who has lived in rural areas "undeniably facilitated access to participants and thus yielded information I would not have otherwise acquired" (Liddiard, 2011: 110) and for me this was proof that a researcher's embodiment is always present within the research context (Reich, 2003).

6.7 The interviewing process

Because this present study is about the role of the body [*embodied experience*] in Xhosa manhood identity and "bodily experience is deeply embedded in narrative" (Smith and Sparkes, 2008: 19), I sought, through an open ended, in-depth semi-structured narrative approach to interviewing, to centre the subjectivities of the participants and the ways in which they relate and make sense of their manhood status and position in society (Magadla, 2016) as both disability and manhood are social phenomena that are storied, negotiated and constructed in different ways (Goodley and Tregaskies, 2006). This then makes a compelling argument that the narratives of disabled men, who experience impairment (and disability) in both a personal and social construct, are particularly insightful regarding their masculine identities (Goodley and Tregaskis, 2006). Through this approach, the body which is the focus of this study, "becomes a storyteller, and it partly through the tales it tells

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[2] A ward is political subdivision of municipalities for electoral purposes.

that we may interpret, give meaning to and understand bodies" and their place in Xhosa manhood circles (Smith and Sparkes, 2008: 43).

Consistent with Murray and Holmes' (2014:17) guidance regarding IPA, the open ended in-depth interviews were designed: [1] to gain access to narratives about the bodily phenomenon of being a Xhosa man living with a visible physical impairment in rural areas, and [2] to offer privilege to the voice of participants and their own narratives of living with visible physical impairments (Noon and Hallam, 2018), and lastly [3] "through phenomenological interpretation, to understand the subjective processes and meaning-making of this experience" in relation to their masculine identities (Murray and Holmes, 2015: 17).

During the interviews with participants, I sought, through open ended, in-depth semi-structured narrative-soliciting questions, to explore their experiences of being a Xhosa man who lives with a physical disability and the impact that the said disability has on their manhood identity. Goodley and Runswick-Cole (2013: 149) argue that open-ended and narrative approaches to interviewing emphasise the narrator's expertise on their lives and thus provide powerful encounters that elicit the complexities of embodiment. The aim of the interview questions was to solicit the participants' narratives of living with a visible physical impairment and the impact this has on their embodied manhood identity, relations with other men and women, their social standing in manhood circles and the broader society in which they live as men.

In this manner, the personal narratives help the researcher to discover how the participants perceive reality and to evaluate their stories about their reality (Smith and Sparkes, 2008). Moreover, beyond the personal aspect, "the stories people tell are also social and cultural because individuals are creatures of culture and society" (Smith and Sparkes, 2008: 18) and this is particularly important for this study as both disability and manhood are embedded in social, cultural and personal dynamics. Moreover, recording the stories was particularly important for the purpose of this thesis which is to explore embodied experience of disabled Xhosa manhood, as the stories people learn to tell about themselves and their bodies, are important in terms of how they come to impose order on the said embodied experiences and make sense of events and actions in their own lives (Sparkes and Smith, 2008: 261).

Pearce (2012: 43) makes an argument for the utility of narrative interviews in that they allow varied individual experiences to be drawn together and analysed in the light of the social *and cultural* context which in turn allows for the evolution of an identity to be *fully, and comparatively* considered in the research. Narratives allow for this because while personal stories [*about disability and the impact thereof*] may be unique to the individual, they are structured and narrated according to socially and culturally [*understandings of the phenomenon*] shared conventions of telling and the narrative resources they have access to (Smith and Sparkes, 2008: 19). Furthermore, Smith and Sparkes (2008) observe that narratives have epistemological and ontological dimensions. "Epistemologically, narratives are both a way of telling about our lives and a means of knowing, while ontologically narrative is a condition of life in that social beings live storied lives" (Smith and Sparkes, 2008: 18).

Moreover, the interviews explored participants' experiences and perceptions of their position in each rural area, how, if at all, living with a visible physical impairment affected their manhood status and relations with other men in their communities. In this regard, the personal narratives of being a man who lives with a physical disability were valuable because "identity is narratively constructed and the stories we tell about ourselves define who we are, what we do, and why" (Mara, 2018: 6). Slevin and Linneman (2010: 503) argue that narrative approach in data collection proves particularly salient as a method that exposes the ways that the body is central to the notions of masculinity as the voices of the interviewees allow us to glimpse the contradictions and messiness of how they grapple with embodied masculinity throughout the life course.

Idahosa (2016: 91), citing Hamill and Sinclair (2010), argues that it is "beneficial for the researcher, to express prior learning or theoretical knowledge of a concept to direct participants whilst in the field collecting data". My own experiences of being raised as a boy in the rural areas in the Eastern Cape and subsequently traditionally initiated into Xhosa manhood in later years played a role in how I conducted the interviews. Giorgi and Giorgi (2003) suggest that it is best to study phenomena in their natural environment rather than an artificial setting. All of the interviews were carried out "face-to-face" (Oltmann, 2016: 15) and took place at participants' homes or at a place they suggested. I greeted the participants and introduced myself using my name and surname, the name of my clan, and the name of my home village in the Eastern Cape, as is customary for formal introductions in Xhosa communities, particularly amongst men. My greeting to the participants went as follows:

> *"Igama lam ndingu Thoko. Ifani ngu Sipungu. U-Ndala, Momane, Msunu sidumbu. Ikhaya lise Mthatha kwilali zase Mgqumo".*
>
> [My name is Thoko. My surname is Sipungu. My clan name is: *Recites 3 parts of the clan name*. My home is in Mthatha in Mgqumo location]

This form of greeting and introduction may seem ordinary and insignificant but I was certain that by greeting and introducing myself in this in this manner the men (participants) would immediately recognise me as a Xhosa man because I learnt this in the initiation school. Introducing yourself by name and surname, clan name, your location and mentioning the chief of your area was part of the teachings we were taught. While I disagree with Ntozini and Ngqangweni's (2016:1314) collective naming of all the initiation school teachings as *isikhwetha,* I, however, agree with them that the vocabulary and language learnt "is significant as it is an important part in the cultural socialisation of initiates and further acts as a means of acquiring social identity and belonging." Similarly, in his thesis on manhood and fathering in Cape Town, Mayekiso (2016: 94) argues "language is another defining characteristic because one can easily tell where you have been initiated by the terms one uses and most importantly it demonstrates *ukwazile ukunyamezela* (that you were able to withstand the pain)". Thus, this simple but, culturally coded way of greeting was a way of signifying my belonging to the community so that we could speak freely and openly as men. I needed the participants to know, from the start, that I am one of them insofar as Xhosa manhood is concerned.

After the introductions, I gave each participant a copy of the letter of introduction (see Appendix A) and the consent form (see Appendix B) and further talked the participants through the nature and purpose of the research in isiXhosa. This enabled me to introduce the study and ensure that participants had a good understanding of what taking part would involve and the aims of the research (MacQueen, 2016: 49). I made it clear to each participant that I was not sent by the government, that I was merely conducting academic research and that there would be no benefits, material or otherwise, for their participation. In this manner, the research boundaries were established with participants by acknowledging that they were taking part voluntarily with no expectations to gain anything. It was important for me to clarify this from the outset because participants in poverty-stricken areas in South Africa usually assume that researchers are sent by the government to bring about change. Ezezika (2014) sums this up as follows:

> In Soweto, South Africa, small-scale farmers I wanted to interview were eager to meet with me because they thought I was from the South African government and I could give them seeds to plant. However, I had to explain that I really had nothing to give them and I had no influence with the South African government or the private sector. They were disappointed but appreciated my clarity and honesty on the fact that there were no benefits (Ezezika, 2014).

The above excerpt illustrates the fact that research interviews are not an interaction between two equal partners (Tankard, 2010). Similar to Ezezika's (2014) comment above, the participants in this study also appreciated the clarity and honesty. In addition to the above, Dery (2017) writes about a challenge I continually experienced during my fieldwork. He notes that researchers carrying out research with "economically disadvantaged people, and especially their own people" tend to be perceived, by participants and the community at large, as working to bring about improvements in their lives (Dery, 2017: 106). He goes on to argue that this perception is heightened by the belief among local people that “writing down names of people is synonymous with aid giving” (Dery, 2017: 107). Again, having grown up in rural areas I went into the field with this uneasy anticipation that some of the participants were going to think that I was sent by the government. It is for this reason that I made it explicit from the beginning to all the participants that I was not coming from the government. Despite my efforts to explicitly and honestly distance myself from the government, some of the participants consistently dropped hints about what the government should do for them in their responses to most of my questions. Dlamini, who was the most cynical and straightforward-talking participant, asked me the following question which reflects Dery’s observation about writing down names and form-filling being synonymous with aid-giving amongst economically disadvantaged people.

> Interviewer: So, iminyaka yakho mingaphi bawo? (*So, how old are you, father?*)
> Dlamini: Uzayenzani iminyaka, wandibhalisa iminyaka, uzayithini? Uzandinik’ imali? (*What are you going to do with my age, why are you registering my age? Are you going to give me money?)*

While we both laughed at this because I assumed it was asked in jest, I took this opportunity to reiterate to Dlamini that the forms were merely for permission to “chat” to him and that there would be no monetary benefits for taking part in this study. Additionally, I was mindful of the unequal power relations, or at least the perception thereof, between myself and the participants. I came to the participants’ rural areas and homes driving a car. And I come from a university. I was mindful that, in their eyes, these descriptors make me an important person. Charnock (2013) citing Maykut and Morehouse (1994), makes a comment on the nature of the power relationship and notes that the interviewer should work hard to make the interviewee feel that they are a collaborator in the process of data collection. Similarly, Munyuki (2018) notes that she conducted her interviews as if it was a conversation with a colleague rather than a simple tool for data collection. In my introduction to the participants, I always asked if I could have '*incoko encinci*' (small conversation) about being a man with a disability. I did this because I did not want them to feel like I was an important person interviewing them but rather that we were two people having a chat. As previously mentioned, I also always mentioned in my introduction that my home is also in a rural area. I mentioned this because I did not want them to see me as a complete outsider.

Upon giving the background explanation and the purpose of the research, I would always invite the participants to ask any questions they had. I also asked for permission both verbally and in writing (in the consent form) to use an audio-recorder which "allowed me to concentrate on participants' stories without distraction" (Idahosa, 2016: 92). In addition to the recorder, I also kept a reflective diary which I used to record the interactions with participants because an "audio-recorder has limitations such as the fact that it does not record non-verbal data" (Tankard, 2010), and also to write down follow-up questions based on the responses I received. For instance, in my interview with Sandile, who was bedridden because he was sick at the time, I wrote:

> "*Participant reaches for a 2 litre Stoney bottle from under the bed and starts peeing while talking to me" (*Interview, 22 November 2018).

Again, this may seem insignificant but I am aware that Xhosa men don't ordinarily take out their penises, for any reason, in front of people whose manhood credentials they are uncertain about. I therefore considered this as proof that in my introduction I had successfully convinced him that I am also a Xhosa man. Had I been a boy or woman, the participant would have asked me to step outside so he could relieve himself. While I did not write a lot of notes in the diary, the brief notes and pointers I managed to jot down "served as a way of encouraging me to remember and write as much detail as possible about observed behaviours…" (Mayeza, 2015: 45). The interviews lasted from 40 minutes to 2 hours and they were all completed in one sitting.

As already mentioned, the primary method for data collection in this study was in-depth, open ended semi-structured interviews. Mavuso (2018: 137) notes that "semi-structured interviews are a useful data collection method in qualitative research where the unit of analysis is the individual and the data are participants' narratives of experience". Moreover, Atkinson (1998) suggests that in-depth interviews are particularly appropriate when they include situations involving complex and highly sensitive subject matters.

The main feature of an interview is to facilitate the participants to share their perspectives, stories and experience regarding a particular social phenomenon being observed by the interviewer (Wahyuni, 2012). The interviews in this study were used to explore each participants' unique life encounters in relation to the acquisition of impairment and how their manhood identity had been subsequently constructed and performed in manhood circles. As previously mentioned, I interviewed men who acquired their disabilities before undergoing traditional initiation and those who acquired disabilities post initiation. In the tables below, I divide the participants into these two respective groups.

Table 1: Description of participants who acquired physical disabilities before initiation

NAME[3]	**AGE**	**LOCATION**	**PHYSICAL DISABILITY**	**LIVES WITH**	**EMPLOYMENT**	**CHILDREN**
Sandile Kala	46	King William's Town, Mtyholo location	Polio Paralysis. Use crutches. He was bedridden on the day of the interview due to a sickness	Lives at his parents' home alone. His brother went to Cape Town to look for work. Never married	Never been employed	No children
Mkululi Sinto	47	Sotho Location, East	Spinal Cord injury from a tackle during a rugby match in	Lives in his own homestead	Runs a disability centre in the	Two daughters

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[3] As previously mentioned, I have used pseudonyms for all participants except for the expert interview with Matshoba.

		london	1990. Quadriplegic. Uses an electric wheelchair.	with wife and children.	rural area of Sotho, East London	
Sandisile Zeba	62	Peddie, Nompumelelo location	Born disabled. Uses a wheelchair	Lives alone. Does not have his own homestead. Never married.	Never employed. Used to repair shoes and did some knitting and beadwork.	No children
Zicelo Lubanzi	50	Sotho Location, East london	Car accident when he was 8 years old. Use crutches	Lives with his brother but has recently built his own homestead. Never married.	Never employed. Says he used to fix cars. Says his hands are gifted. That he can build furniture but does not have resources	No children
Sandile Kula	33	Peddie, Crossroads location	Paralysis from a fire incident in 2000. Uses wheelchair	Lives with his mother who takes care of him. Does not have own homestead. Never married	Unemployed.	No Children
Lulama Mazwi	31	Peddie, Feni location	Injury from a skateboard accident in 1997. Left arm and left leg not working. Uses crutches	Lives with his mother. Does not have own homestead. Never married.	Unemployed. Has previously done some internships designed for people with disabilities	No children
Zukile Fulani	43	King William's Town, Lenge location	Paralysis from Polio since age 5. Uses walking stick	Lives at home alone. Other siblings are in Johannesburg and Cape Town. Never married	Unemployed. Used to do knitting and had a stand in King Williams Town cbd. He does not do this	No Children

					anymore	
Sarhili Mxebe	58	East London, Mzwini location	Says he fell from a tree while playing when he was 3 years old. His right hip jammed and he had a limp. Then in 1990, post initiation, he was in a car accident in 1990. Lost function in the right leg	Lives in his own homestead with wife and children	Unemployed.	
*Lukhasi	40	East London, Sotho location	Right arm amputated when he was 11 years old doing standard 6 (grade 8)	Lives in his own homestead with wife and children.	Unemployed. Says he has had piece job but never permanently employed.	Has children
Mncedisi	58	Peddie, Crossroads location	Right side of the body does not work due to a head strike (injury) from a boyhood stick fight.	Lives in his own home with wife and children	Never been employed. Lives on disability grant	Has children

Table 2: Description of participants who acquired physical disabilities post initiation

NAME	AGE	LOCATION	PHYSICAL DISABILITY	LIVES WITH	EMPLOYMENT
Naso Mdeni	54	East London, Sotho location	Blind since 1998. Has a walking stick but prefers using his stick (*induku*)	Lives in his own homestead with wife and his children. He has 6 children in total but some of them have left home to look for work	Unemployed. Used to work in the mines in Rustenberg.
Sinqoko Thana	71	Peddie, Crossroads	Car accident in 1975. Limps heavily. Uses a walking stick	Lives in his own homestead with wife and children.	Unemployed. Used to drive a delivery truck until the accident

		location			happened.
Mfuyi Menziwa	59	Peddie, Mpekweni location	Leg amputated in 2016 because of diabetes in 2016. Uses wheelchair	Lives in his own homestead with wife and children.	Unemployed. Used to work in Gauteng and Plettenberg Bay on the golf course
Zenzele Kakana	59	Peddie, Crossroads location	Spinal cord injury from a car accident in 2000. Uses wheelchair	Lives in his own homestead with wife and children.	Unemployed. Used to work in the mines in Gauteng until the car accident on his way home.
Kwinana Mthunzi	33	Peddie, Peddie extension	Paralysis from a shooting incident in 2014. Uses a mobile wheelchair	Lives at home with his parents and siblings. Not married. No children.	Employed.
Bandile Mbaleki	38	East London, Sotho location	Stroke in 2009. Left side not working. Uses a walker	Lives at home alone. Other siblings are working. Does not have own homestead. Not married. No children.	Unemployed. Used to work in Gauteng until he acquired the disability
Zolani Bhana	57	King William’s Town, Nonkcampa location	Fell off a truck coming from watching a rugby match in 1982. Dislocated hip. Limping. Use walking stick	Lives in his own homestead with wife and children	Unemployed. Part of a group that runs an on and off farming community project
Sintusakhe	38	Peddie, Woodlands location	Blind. Violently attacked at a tavern in 2003	Lives at home. Does not have own homestead. Unmarried. No Children	Unemployed
Dabane	68	Peddie, Tyamanzi location	Accident in the mines in 2001. *“He showed me his hospital papers and the diagnosis was*	Lives in his own homestead with wife and children	Unemployed. Used to work.

			written as portal traumatic”. Uses crutches.		
Gcwanini	68	Peddie, Nompumelelo location	Car accident in 1990. Limps heavily and uses a walking stick.	Lives with wife and children in his own homestead. Never worked	Has children

6.8 Group interview

Hayter (2003: 121) has argued that “the emergent nature of qualitative research necessitates that the research design unfolds, cascades, rolls and emerges as the study progresses”. From the beginning of this study, I was set on collecting data through one-on-one interviews only. I had envisioned the data collection process being an intimate one between myself and the participant. One at a time. I had successfully done so in Peddie and King William’s Town. I then drove to East London, Sotho location to interview Sinto, whose number I had gotten from the directors of Nomzamo special centre in Peddie. Little did I know that he runs a multi-purpose disability centre in his own rural area of Sotho Location. Upon interviewing him, I asked if I could interview the other men who were in the centre and he gave me permission to approach. I then approached the men and introduced myself and my study to them. I noticed that they were reluctant to do a one-on-one with me. ‘Perhaps because they had seen me go into the boss’s office’, I wondered. It was at this point that my research design cascaded.

Upon noticing their reluctancy, I asked if they would be willing to do the interview as the group and they all agreed. Frey and Fontana (1991: 175) note that the group interviewing “technique is not meant to replace the individual interview, but rather group interviewing will provide data on group interaction, on realities as defined in a group context, and on interpretations of events that reflect group input”. I then asked if I could still do one-on-one interviews in the days to follow and they agreed, therefore, the group interview was used to break the ice and the one-on-one interviews followed the days after. In addition to being the ice-breaker, I also regarded this interview as a sifting exercise insofar as the requirements for this study are concerned. These men knew each other and Xhosa men will not talk about anything to do with manhood with people whose manhood credentials they are unsure about. Their willingness to talk openly amongst each other was assurance that everyone in that boardroom, myself included, was a traditionally initiated man. This was the only group interview conducted in this study. It lasted for about 2 hours 40 minutes.

As already mentioned, the primary aim of the group interview was to break the ice and introduce myself and the study to the men while simultaneously soliciting their narratives and experiences in relation to disability and Xhosa manhood. However, it has been suggested that the interpersonal and interactive nature of group interviews allows them to produce information that might not be gathered from a one-on-one interview (Guest *et al.*, 2017), as the group setting encourages participation from those participants who would otherwise be reluctant to be interviewed alone (Owen, 2001), and it offers the researcher the opinions and narratives of a large number of subjects in a relatively easy-to-access fashion (Frey and Fontana, 1991). However, I was also aware that a group interview could steer the conversation in directions it would not otherwise do – as the group members prompt each other in ways which an interviewer might not.

Prior to starting with the interview, I introduced myself and the nature of the research to all the men who had congregated in the boardroom. I gave them copies of the letter of introduction (see Appendix A) and the consent form (See Appendix B) and further talked the participants through the nature and purpose of the research in isiXhosa. I also asked for their permission to audio-record the session. It helped that all the men who took part in this interview already knew each other. While I thought the interview was a success because I managed to not only gather different narratives but also began to build rapport with the participants, I, however, faced a number of challenges. I had not prepared myself for a group interview. While I laid down the rules about speaking, the participants would sometimes all speak at once.

Additionally, when it came to the questions about sex and intimacy, I only had two participants dominating the conversation while the others were giggling. Ultimately, the group interview broke the ice between myself and the participants and opened up my access to a number of willing participants.

Table 3: Group interview participants

Name	**Age**	**Location**	**Physical Disability**	**Lives with**	**Employment**
Thembani Satyo	34	East London, Sotho location	Paraplegic. Was born with the disability. Uses both wheelchair and crutches, sometimes	Lives with his family. Not married. No children	Unemployed. Has a post matric qualification. Looking for internships
Alizwa Bonani	30	East London, Kwelera location	Lives with albinism.	Lives with family. Not married. No children.	Unemployed. Wants to upgrade his matric results in order to qualify for University
Naso Mdeni	54	East London, Sotho location	Blind since 1998. Has a walking stick but prefers using his stick (*induku*)	Lives in his own homestead with wife and his children. He has 6 children in total but some of them have left home to look for work	Unemployed. Used to work in the mines in Rustenberg.
Zicelo Lubanzi	50	East London, Sotho location	Car accident when he was 8 years old. Use crutches	Lives with his brother but has recently built his own homestead. Never married.	Never employed. Says he used to fix cars. Says his hands are gifted. That he can build furniture but does not have resources
*Lukhasi	40	East	Right arm	Lives in his own	Unemployed. Says he

		London, Sotho location	amputated when he was 11 years old doing standard 6 (grade 8)	homestead with wife and children.	has had piece job but never permanently employed.
Sarhili Mxebe	58	East London, Mzwini location	Says he fell from a tree while playing when he was 3 years old. His right hip jammed and he had a limp. Then in 1990, post initiation, he was in a car accident in 1990. Lost function in the right leg	Lives in his own homestead with wife and children	Unemployed.
Bandile Mbaleki	38	East London, Sotho location	Stroke in 2009. Left side not working. Uses a walker	Lives at home alone. Other siblings are working. Does not have own homestead. Not married. No children.	Unemployed. Used to work in Gauteng until he acquired the disability

6.9 Expert Interview

In July 2018, before the data collection of this study began, I attended a National Arts Festival discussion of the *Inxeba: The Wound*[4] film in Grahamstown. I attended the discussion because of my interest in issues about Xhosa manhood. One of the

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[4] *Inxeba: The Wound* is a controversial South African film which depicts a "gay love story" performed entirely in isiXhosa, released in 2017/8 and directed by John Trengrove to predominantly critical acclaim worldwide (Siswana and Kiguwa, 2018). The film itself is set in 'the bush' during initiation known as *ulwaluko kwa Xhosa.*

panelists was Mr[5]. Matshoba who was introduced as a Xhosa cultural activist and expert. After the discussion, I introduced myself to him and also briefed him about my research. I also indicated that, when the data collection time comes, I would like to interview him to solicit his views about Xhosa notions of manhood. We exchanged numbers and left it at that. Five months later, I was collecting data in King William's Town and I remembered that Mr. Matshoba lives there. I contacted him and requested to have a sit-down interview with him and he generously agreed.

Libakova and Sertakova (2015: 117) note that unlike an ordinary research participant, the expert participant "is a carrier of deep knowledge of the research object". Therefore, the focus of this interview with the cultural expert was only on matters surrounding meanings of Xhosa manhood as he had been introduced as someone who works as a cultural expert in this area. I wanted to find out, in addition to my personal knowledge and knowledge gained from literature, what it means to be a Xhosa man so I could use it in my analysis in comparison and alongside the literature and the narratives of the participants. Scholars in this area note that the purpose of the expert interview is to obtain additional unknown or reliable information, authoritative opinions, serious and professional assessments of the research topic (Libakova and Sertakova, 2015). The interview was about 1 hour long and it took place in Mr. Matshoba's office in the Department of Arts and Culture in King William's Town. I followed the same protocol as all the other interviews except his identity is not anonymised. I received permission to not anonymise his identity because he was merely offering expert, therefore learned, opinion on Xhosa manhood rather than a personal narrative.

Table 4: Expert interview

Name	**Location**	**Role**
Mr Nkosohlanga Matshoba	King William's Town	Xhosa cultural activist/expert

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[5] Mr. Matshoba is the only participant who introduced himself with the mister title.

6.10 Ethical Considerations

Smith *et al.* (2009) note that any starting point for any research undertaking is avoidance of harm. Idahosa (2016) goes on to argue that while a data collection method such as qualitative interviewing may, at face value, appear to not pose any harm in terms of life or death, it is not entirely risk free. In this case, talking about the disability, how and when it was acquired, and the impact it has had on the person's life and masculine identity could potentially cause some distress (Pearce, 2012). When this study began, at Rhodes University, ethical approvals were considered and approved at departmental and faculty levels simultaneously with the proposal. This study's ethics were approved by both the department of Sociology and the faculty of humanities. A year later, Rhodes University centralized ethical applications by forming the Rhodes University Ethical Standards Committee (RUESC).

Ethical clearance to conduct this study was granted by the Rhodes University Ethical Standards Committee (RUESC) which is registered with the National Health Research Ethics Council in South Africa (see Appendix C). The RUESC ethical guidelines for research involving human subjects require the researcher to protect the rights and safety of the participants involved in terms of potential risks for harm, offence or distress, precautionary measures against harm, informed consent, voluntary participation and withdrawal, anonymity and confidentiality. All of these requirements were met for this study.

Creswell and Poth (2018: 156) emphasise that in a "phenomenological study in which the sample includes individuals who have experienced the phenomenon, it is important to obtain participant's written permission to be studied". The participant-informed consent form which they were required to sign is written in both isiXhosa and English. I however, read out and explained the letters orally to all participants. The consent form explicitly states that participation is voluntary and withdrawal at any point is permitted, and that the interview would be audio-recorded. All participants, except the expert interview, were given pseudonyms. Smith *et al.* (2009) note that in IPA research, the informed consent in terms of confidentiality and anonymity must cover not only data collection, but also for the likely outcomes of data analysis. The informed consent form for this study covered this aspect through the inclusion of the following line:

> *Naluphi na uphando olushicilelweyo oluvela kule projekhti luya kukhusela amagama abathathi - nxaxheba ngokupheleleyo.* (Any published research emanating from the study will be fully anonymised and the identity of the participant protected).

The guarantee of confidentiality in social research, as illustrated above, aims to protect the participants' rights to privacy (Munyuki, 2018), show respect for participants and their families (Creswell and Poth, 2018; Mara, 2018), and not placing participants at risk (Patton, 2002).

Contrary to most research on people with disability, which is usually underpinned by the social model of disability, I made the decision to not approach my participants as vulnerable people. I decided on this because in the context of Xhosa manhood in rural areas, as previously mentioned, men enjoy a great deal of patriarchal benefits over women and boys. Powis (2017: 47) similarly argues that summarily positioning participants as vulnerable because of their disabilities is problematic and misleading as "it is socially constructed and levels of vulnerability can change due to the social context".

6.11 Data Analysis

I analysed the data for this study using an interpretive phenomenological thematic analysis. In this regard, I have heavily relied on Smith *et al's*., (2009) guidance on how to conduct Interpretive phenomenological thematic analysis. Smith *et al.* (2009: 79) argue that "Interpretive Phenomenological Analysis (IPA) does not prescribe a single method for working with data", instead they emphasise that "the focus directs our analytic attention towards our participants' attempts to make sense of their experiences". The authors (Smith *et al.*, 2009: 79) go to note that "there is no clear right or wrong way of conducting this analysis" and encourage IPA researchers to be reflexive and innovative in the ways that they approach analysis. However, Smith *et al.*, (2009: 79) present a series of steps, also known as "common processes", as a suggested guiding framework for novice IPA researchers to follow.

In my analysis, I combined the first two steps in the guidelines suggested by Smith *et al.* (2009). I did this because the authors argue that there is considerable room for manoeuvre between the steps. They advise that even though the guidelines are presented in a step-by-step manner, "the analytic process is multi-directional and that there is a constant shift between the analytic processes" (Smith *et al.*, 2009: 81). The first stage that the authors (Smith *et al.*, 2009: 82) suggest is "the reading and re-reading of the data". They argue that this stage highlights the importance of the participant as the "focus of analysis" (Smith *et al.*, 2009: 82). During this stage, I read each interview transcript whilst simultaneously listening to the interview recording. I did this primarily because I had not transcribed the interviews myself. Therefore, it served as a mechanism to ensure accuracy, validity and reliability of the transcripts. I wanted to ensure that the transcripts had been done word for word as suggested by Smith *et al.* (1009: 180). While reading and listening, I added to the interview notes I had made about each participant. According to Smith *et al.* (2009) making notes is step 2 in the guidelines for IPA analysis. The authors advise that the researcher should "examine the semantic content and use of language within the transcript" and make the initial notes (Smith *et al.*, 2009: 83). I jotted down "anything of interest within the transcript" and some of the "most striking observations *[and comments]* about the interview" (Smith *et al.*, 2009: 82), and my recollections of the participants' reactions to some of the questions. In line with the authors' guidelines, I made "descriptive comments" about the participants' narratives experience (Smith *et al.*, 2009: 84). I have already noted in section 6.7 that I kept a reflective diary in which I made notes. For instance, while listening to the recording of the interview with Kwinana I noted:

> '*he keeps emphasizing that his manhood (ubudoda bakhe) was not impacted by the impairment but goes on to describe how painful it was to be in a relationship while he could not get an erection. Contradiction*'?

From each transcript and the notes in the diary, I selected emergent themes and wrote each of them on a sticky note which I pasted on my board. On the actual transcripts, I made notes next to each relevant excerpt about the corresponding theme. In this regard, Smith *et al.* (2009: 91) note that "the original whole of the interview becomes a set of parts as conduct your analysis, but then these come together in another new whole at the end of the analysis in the write-up". The development of emergent themes is step 3 in Smith *et al.* (2009) suggested framework. For instance, one of the first themes I recorded was "body as taken for granted" which I have grappled with in Chapter 7 (see Section 7.2).

The final stage of analysis for this study came during the initial write up stage when I searched for connections and emergent patterns across the recorded themes. Owing to the flexible nature of method of analysis, I combined step 4 (connections across themes) and step 6 (looking for patterns across themes) in Smith *et al.*'s (2009) suggested framework. This will become clear in the discussion chapters as a I continually refer to other chapters and section in my discussion in each chapter.

6.12 Validity, rigour and quality

Brod *et al.*, (2009) advise that it is important, in qualitative research, for the researcher to develop best practices that maintain the scientific integrity of the research process in order to maintain the validity, rigour, and credibility of the findings. Similar to the above section, I relied on Smith *et al.*'s (2009) guidance concerning the validity and quality of IPA research. The authors (Smith *et al.*, 2009:180) have provided Yardley's (2000) framework of principles for "general guidelines for assessing the quality of qualitative IPA research". The first principle in this framework is "sensitivity to context" (2009: 180). Sensitivity is demonstrated through an "appreciation of both the socio-cultural milieu in the which the study is conducted, and the interactional nature of data collection within the interview situation" (Smith *et al.*, 2009: 180).

In this regard, I have already mentioned in Section 6.7 of this chapter how I not only dressed for the context, but also spoke in ways that the participants would recognize as respectful. However, the authors (Smith *et al.*, 2009) note that a good IPA study will demonstrate sensitivity through the manner in which the raw data is presented. In this regard, they argue that "a good IPA study will always have a considerable number of verbatim extracts from the participants' materials to support the argument being made" (Smith *et al.*, 2009: 180). The analysis in this thesis was done on the Isixhosa version of the verbatim excerpts and then a professional translator was enlisted to translate them into English. All the excerpts contained in this study are verbatim extracts from the transcripts. Additionally, they argue that the researcher must also show "sensitivity through an awareness of the existing literature" about the topic of investigation (Smith *et al.*, 2009: 181). As will become clear in the discussion Chapters (7, 8, and 9), I have consulted from a range of existing literature on disability, and Xhosa masculinity in general.

The second principle in this framework is commitment and rigour (Smith *et al.*, 2009: 181). The conduct of in-depth IPA interviews should "demonstrate considerable personal commitment and investment by the researcher in ensuring that the participant is comfortable and in attending closely to what the participant is saying" (Smith *et al.*, 2009: 181). I have already mentioned that, save for the interviews in Sotho location, East London, all the interviews were conducted in participants' homes and places of residence. Even the participants in Sotho location were not out of their comfort zones as the centre, where I conducted the interviews, is a place where they spend most of their days.

The authors (Smith *et al.*, 2009: 181) argue that rigour refer to the "thoroughness of the study" and that conducting a good interview is a demonstration of rigour. They also advise that for rigour, the researcher "needs to keep a balance between closeness and separateness, to be consistent in one's probing, picking up on important cues from the participant and digging deeper" (Smith *et al.*, 2009: 181). In this regard, I have thoroughly reflected on my positionality in Section 6.5 of this chapter. I have also mentioned that I kept a reflective diary which I used for notes and to write down follow-up questions based on the responses I received. It will also become clear in the discussion chapters that I was interacting with the data by asking myself questions about the meanings of certain issues and themes that emerged.

The last principle is "transparency and coherence" (Smith *et al.*, 2009: 182). Transparency refers to how clearly the stages of research are described (Smith *et al.*, 2009). In this chapter, I have outlined the research process and stages, the selection of participants and the analysis methods. "Coherence refers to the degree of fit between the research which has been done and the underlying theoretical assumptions" (Smith *et al.*, 2009: 182). As will become clear in the discussion chapters, I have consistently related this current research and the underpinning questions to the existing theoretical claims about disabled masculinities.

6.13 Conclusion

In this chapter, I have outlined the tools and instruments used to collect and analyse this study's data in order to "make transparent, to the reader, the procedures followed, and decisions taken during the research process" (Mavuso, 2018: 158). Alongside the discussion of the selected methodology, I have also outlined my epistemological position as an insider and outsider within the context. I have demonstrated that this study is located within a qualitative interpretive phenomenological paradigm that is "committed to an examination of how people make sense of major life experiences" (Smith *et al.*, 2009: 1). The chapters that follow will present the analysis of the data and the discussions of the themes that emerged.

Chapter 7: Capturing embodied meanings of Xhosa manhood masculinity

7.1 Introduction

Throughout the preceding chapters, I have maintained an argument about the centrality of the body in Xhosa manhood as one cannot be a Xhosa man without the traditional removal of foreskin, and how beyond this ‘mark of manhood’ there is no talk about the place of the body (physicality) in doing Xhosa manhood. Therefore, by focusing on men with physical disabilities, men whose visible impairments forbid them from full physiological functioning, my hope is to capture the significance of the body in Xhosa manhood. By focusing on how their bodily impairments impede them from doing embodied manly functions, duties, and ways of Xhosa manhood, I hope to capture the significance of the body. In this way, the intention is to capture the place of physicality in masculine relations, ways of manhood, and hierarchies amongst AmaXhosa men.

As stated in the preceding chapters, the primary goal of this thesis is to explore the embodied meanings of Xhosa manhood masculinity by studying the lived experiences of Xhosa men with physical disabilities in selected rural areas in the Eastern Cape. As a starting point, this chapter seeks to answer the primary goal of the study, which is concerned with the role of the body, in its physical sense, in doing Xhosa manhood. In this regard, this chapter explores the various ways in which the participants conceptualized and talked about their bodies, and their disabilities in relation to their manhood identities and subsequently the ways in which their “bodies are embedded in their manhood circles and in relations to other men in their communities” (Nicholas Watson, 2001: 95).

This study’s focus on embodiment in relation to disabled masculinity is the reason for the theoretical choice of the novel embodied approach rather than the well-established medical and social models in the field of disabilities. Therefore, the first goal for this study is to capture the lived bodily experiences of Xhosa manhood amongst men with physical disabilities. There is a claim in scholarship that our bodies are canvasses and mediums upon which culture inscribes its ideals through personal appearances, posture, gait, and image (Featherstone, 2010; Phipps and Bendelow, 2014; Aldridge, 1996). Therefore, in this chapter, I seek to explore the participants' understandings of the ways in which being a Xhosa man in this context is durably inscribed in the body and how such inscriptions create distinct ways of understanding and relating to one's physicality. The focus on bodies and body-talk in this chapter stems from the claim that "what people do with their bodies matters to their social position and identity, but how such doings come to matter is also shaped by the surrounding values that ascribe meanings to them" (McLaughlin and Coleman-Fountain, 2018: 61).

I intentionally write this chapter in the first person in an attempt to not only underscore my embodiment but also to illustrate my implication in the messiness of the business of data analysis and the choices that I, and other scholars, must take in the process of knowledge production. In writing about my confusions, my to-and-froing between themes in the analysis, I aim to illustrate that knowledge production is neither linear nor neutral. It is my aim to illustrate that knowledge production is a process of choices and consequently decisions taken by the scholar.

This chapter firstly presents an analysis of the ways in which the participants speak about their bodies. I include my grappling with their body-talk in an attempt to analyse it. The participants' conceptualizations of their bodies in relation to Xhosa manhood are discussed to explore the centrality of the physical body beyond the traditional circumcision mark. The remainder of the chapter divided into the three subsections, is an attempt to explain the men's conceptualizations of their embodiments. In these sub-sections, I posit traditional initiation as a grantor of equal access to manhood, overwhelming primacy on social bodies, and the lasting impact of 'coloniality and apartheid' as some of the factors contributing to the manner in which the participants talk about their bodies.

7.2 The body as taken for granted vis-a-vis absence of body- masculinity nexus

When I begin my analysis, I go back to my central question which is about the role of the body, beyond just the traditional circumcision, in doing Xhosa manhood and being a Xhosa man. I sift through my interview transcripts noting and annotating the ways my participants talked about their bodies. I am looking for recurring themes, highlighting the similarities and noticeable differences in how they answered the same question about their bodies.

At first, I am overwhelmed with panic and doubt because almost all of them answered the question in the negative or simply did not know how to answer it. “Perhaps it is the way I asked it”, I think to myself. Similarly, I begin to wonder if attempting to capture these men’s conceptualizations of their bodies, their physicality, in relation to doing Xhosa manhood was an impossible task. I mean, I had long and wonderfully elaborate conversations with most of these men and not even one of them seems to have given me a straightforward answer. I drank coffee with Cremora and vetkoeks while sitting next to the kraal, as Xhosa men do, with Dabane before our interview and thereafter we chatted for hours about *ubudoda* (manhood) and disability. I drove with Zeba the whole day, after our long interview, while he introduced me to numerous would-be participants. And yet I don’t have an answer to how they conceptualize their bodies in relation to being men. I look at the transcripts again and I carefully read and re-read through the ‘non-answers’ they have given me. I then realise that there lies the answer that I am looking for; a theme starts to develop.

At first, I settle on the ‘easy’ and direct theme of ‘the body as taken for granted’. I am elated to finally have a theme to group all these answers under, but equally surprised with the theme as most of the scholarship I have come across on the body and embodiment tells us that the body is taken for granted until it is afflicted by disease and/or disability (Leder, 1990; Charmaz, 1995; Toombs, 1995). Because of this, I had anticipated that my participants, being disabled, would have very intimate and personal and elaborate conceptualizations and relationships with their bodies.

Nonetheless, I am happy to have a finding that goes against 'the existing canon' and I soon begin to categorize the blurbs. The men talked about their manhood as if it exists separately, outside their bodies and only in social relationships with others. Sinqoko, for example, who acquired a disability due to a car accident soon after his traditional initiation separates manhood from his body. It's as if the two (manhood and the body) can exist in isolation and completely independent of one another.

> Sinqoko (74)*:* To be a man is not just a body, brother, it is not the flesh (giggles)…to be a man is actions and the way of carrying yourself….and the way you are in the community. (Interview, 5 November 2018)

Sinqoko completely denies any connection or relationship between a manhood identity and the body. From his account in the above extract, I convince myself and conclude, that the body is so utterly taken for granted that he sees no correlation or relationship between his manhood identity and his body. This taken for grantedness of the body, I am emboldened at this point, can be seen in how he distances manhood from the body but in the same breath defines manhood through actions, behaviours and ways of being. It's as if the said actions, behaviours and ways of being do not flow from the body.

I pile up the blurbs. I curate a theme of 'taken for grantedness'. In all the participant accounts, they all do not see how their bodies and manhood(s) are related. I wonder if they perhaps just don't have the vocabulary to articulate the role of the body in their masculinities. The responses I get from the participants in this regard suggest that the body is taken for granted or that men are either uncomfortable to talk about their bodies or as Gill *et al.* (2005) suggest, that there is a culture amongst men that negatively perceives any association with bodily practices or intimate relationships with one's body. Additionally, Gough (2018) notes that it is difficult for men to talk about their bodies or sources of body dissatisfaction. "Admitting body dissatisfaction is difficult for men, it seems, not because they do not have it, but rather because it contravenes standards of hegemonic masculinity" (Gough, 2018: 23). I recall Nicholas Watson's (2001:95) observation that "people don't talk openly, on an ordinary day, about their bodies". Nicholas Watson's observation is confirmed by one of my participants, Naso, who is blind, in how he attempts to respond to this question about the body and his manhood.

> Naso (54)*:* huh, what are you saying, sir? What do you mean by that? (laughs)….What you are asking me is rather difficult. *(*Interview, 23 January 2019).

Upon reading Naso's initial confusion, I am more emboldened that 'body-as-taken-for-granted' should be a theme. Interview after interview, participants seem to be struggling to speak about their disabled bodies in relation to doing manhood and I read 'their struggle', this lack of vocabulary, as more proof of this taken for grantedness of the body. I recall another of Nicholas Watson's (2001: 95) arguments wherein he equates "talking about the body in research interviews to asking people to undress in front of you as the researcher". This is particularly poignant for this study as *ubudoda (*manhood) can also be taken to mean penis in isiXhosa which is the language of my participants. Therefore, my asking about the body in relation to *ubudoda* could have easily been misconstrued as asking about their penises. At this point, I wonder if it is taken-for-grantedness or unease or embarrassment. After all, it is disabled people I am interviewing and the ableist societies we live in have created a lot of stigma around non-normative bodies.

Similarly, Mncedisi whose right side does not work due to a head strike from a boyhood stick fight, adds to this 'taken-for-grantedness' of the body by distancing his manhood from his body while simultaneously acknowledging that manhood starts with the insertion of the traditional mark on the penis.

> Mncedisi (58)*:* To be a man is not the cutting of the foreskin, and then you are done. Yes, I am circumcised but my manhood is not in the flesh. I have a homestead, a wife and children. Manhood is in your deeds as a man. (Interview, 5 November 2018).

It is interesting that Mncedisi, whose body was injured and subsequently left disabled in traditional Xhosa stick fighting which, at its core, is an activity that is meant to perform and prove heroic masculinities as it is often engaged in to "determine the ranking between the boys" (Venter, 2011: 564), sees no relationship or connection between his masculinity and physical body beyond the traditional removal of foreskin, as he puts it. Instead of talking about his body, he talks about 'manhood actions/duties'.

I am still mulling over this theme even though it seems to make perfect sense at this point. I consult scholarship and the 'taken-for-grantedness', particularly in relation to masculinities - be it power, dominance, bodies, health - seems to be a popular theme (Gibson and Kierans, 2017; Robertson, 2006; Valentine, 2005; Hearn, 2004; Jonathan Watson, 2000). Moreover, even phenomenological scholars (Leder, 1990) and Sociology of the body accounts (Shilling, 1993; Turner, 1996), which are some of the theoretical paradigms that guide this study, have noted the absence or taken for grantedness of the body in our everyday lives. However, I quickly remind myself that these theoretical accounts are rooted in able-bodied embodiments and thus differ to this present study. I keep mulling over the prominent theoretical claim that disease and/or disability disrupt this state of absent embodiment (Leder, 1990) or this taken-for-grantedness of the body in everyday routines (Shilling, 1993).

I keep tossing and turning between these two theoretical claims because, while I have collected the blurbs and named the theme (as taken for grantedness), I am not entirely convinced that my analytic hammer has hit the nail on the head, so to speak. I am particularly uneasy with this theme when I read the transcripts in their entirety. It is only upon reading the full transcripts that I realise that my participants are fully aware of their bodies and they are present in their embodiments. They talk about taking extra care of their bodies, going to the clinic for check-ups, quitting drinking, and buying nice perfumes and clothes. I realise they are intentional about their appearances, images, health and well-being. The following accounts from Zenzele, Naso, and Alizwa demonstrate this intentionality in their narrative about the body.

> Zenzele Kakana (59)*:* I am living with a urine bag. If I see something wrong with my urine I quickly rush to the clinic and they examine the situation and give me some medicine. At some point I had bed sores in 2010 but I tought how to dorn myself*. (Interview, 12 November 2018)*

> Naso (54)*:* Oh sir, when you are a man you must devote yourself, especially when you are in this situation, where you have to take care of yourself increasingly. You see I want to stay clean, smell nice, I don't forget to buy roll on*. (Interview, 23 January 2019).*

> Alizwa (30)*:* To me, being be a man bro, is to have confidence. You must have confidence my brother, you understand. You must not be hesitant becaue you have disability. And where does the confidence come from my bro? It comes from taking care of yourself. You must be clean bro, you see, dress up well, and not be a laughing stock…. *(Interview, 28 January 2019)*

There is both agency and intentionality in how these men speak about taking care of their bodies. Zenzele talks about taking care of his body by judging his urine from his urine bag and following a strict daily routine to avoid bedsores. I wonder if his narrative is a reflection of Leder's (1990) phenomenological notion of dys-appearance as subsequently applied by scholars such as Toombs (1995), and Nicholas Watson (2001). According to Leder (1990), Zenzele's account about 'taking extra care' of the body is a reflection of the phenomenological notion of dys-appearance. Nicholas Watson (2001: 28) notes that "impairment, in this approach, causes the body to dys-appear, that is people become aware of their bodies because it is in a dys-functional state". Similarly, Zenzele talks about being hyper aware about his body and regularly checks the colour of his urine to determine if he needs to go to the clinic or not.

While Naso's account is about appearance and image as a disabled man. Buse and Twigg (2018: 26) note that "dress and appearance are significant in terms of maintaining not only continuity but also familiarity and feeling normal at an embodied level". Similarly, Alizwa's account is about being confident and he claims that confidence stems from taking good care of one's self, being clean and dressing well. Upon reading these accounts, I recall Smith's (2013: 115) claim that men with spinal cord injuries (SCI) "felt that they should care about their health, and this was partly a result of the materiality of impaired bodies that require daily work". Similarly, the above accounts reflect sentiments of men who are intentional about their health and their images, men who are aware that their impaired bodies require daily work. I realise that unlike the absent embodiment of Leder (1990) and Shilling (1993), these men are present in their embodiments. While they struggle to talk about their bodies in relation to being Xhosa men, they, however, do not take their bodies for granted.

It is at this point that I make a sharp U-turn in my analysis. I realize that the inability to speak about their bodies in relation to manhood does not equate to 'taken-for-grantedness' of the body. When these interviews are read in full, suddenly, the theme of 'taken-for-grantedness' dissipates as soon as we begin to speak about manhood after the disabling event. Suddenly their being comes out in their answers. I then realize that beyond the traditional removal of the foreskin during initiation, in the Xhosa context, the body-masculinity nexus is not a subject that is considered/spoken about ordinarily; thus, the men lack the vocabulary to make the connections. They can't talk about that which they are not familiar. I discover that the participants do not have the grammar of body-masculinity.

Secondly, again upon looking at the transcripts in their entirety, it occurs to me that their struggle to speak about their bodies is possible because of how the Xhosa manhood culture has socialized them to understand and subsequently define manhood for themselves - rather than 'taken-for-grantedness'. I specifically focus on how they talk about their manhood, and I immediately realize that they always speak about manhood in terms of activities, actions, doing something, and not doing certain things. Manhood is talked about in respect of action or inaction, in terms of what is acceptable or unacceptable, respectively. The body is always talked about in relation to some form of activity/action when relating it to manhood. However, the emphasis is instead placed on the actions/activities while the role of the body is de-emphasised. I come to the conclusion that Xhosa manhood has been constructed in terms of activity; a man must be actively engaged through all senses and in all aspects of his being. Manhood is a state of always doing. Always moving, and always thinking. The following narratives demonstrate how manhood is constructed and understood in terms of work/activity.

> *Naso (54):* This thing called a man has its problems. A person we give highest regard to in manhood is a person who is working and has his own things. If you are independent and you have you own things, even when you have disability you are valued. But if you have nothing you will be insulted for what you are. You must be independent as a man *(*Interview, 23 January 2019).

Therefore, the body in relation to Xhosa manhood is always in activity. I then realize that, because of this construction, all my participants could not conceive the masculinity-body nexus outside of activity. I also realize that my mistake was asking about their bodies outside of activity; without mention of what a man's body should be doing. The following extract from my interview with Lulama, who uses crutches due to a skateboarding accident, justifies the busyness of the body in manhood by citing one idiom of Xhosa manhood.

> Lulama (31): A boy, you see, doesn't care. It sleeps wherever. A man on the other hand, is a busy person. When you are a man your deeds must be clear. You will never sleep the whole day. You must make a plan. You see I go up and down looking for these learnerships that are being advertised now that I am a limping man*.*
>
> *Interviewer:* Why can't a man sleep the whole day when he wants*?*

> *Lulama:* That is laziness (laughs). They say bro that the problems of a man are too many, right. So why will you be sleeping when you are not sick? (Interview, 9 November 2018).

In this account, Lulama starts off by contrasting manhood to boyhood. This suggests that there should be a change in the way one carries oneself as soon as one becomes a man. Manhood and boyhood are therefore defined through distinctly different embodiments. Boyhood is constructed as a state of no responsibility while manhood is purely about working and responsibility. He goes on to use his own body as an example that he is up and down, in his crippled condition, searching for work because as a man he must always be working. However, I am particularly captured by how he justifies this construction of the body, in manhood, as a machine (Robertson and Monaghan, 2012) that must constantly be engaged in activity. His justifications support Mfecane's (2018: 10) theoretical assertions about how the process of "theorising masculinities locally should make use of popular concepts and idioms that form part of everyday life in African societies and give meaning and direction to social action".

When I look at the transcripts in their entirety, I am more convinced that this is not the case of 'the body as taken for granted' but rather that the masculinity-body nexus is never considered outside of activity. I now can see a man's body, in this context, is constructed in relation to activity; doing something. A man must help with the digging of graves. A man must help with the slaughtering in ritual ceremonies. A man must help erect the tent when there are funerals. A man must build a home. A man must fix the homestead. A man must always do.

I find it interesting that these men, most of whom are unable to use their bodies to do most things, due to their varying impairments, are only fluent in speaking about their bodies in relation to activities. This tells me that this construction of manhood in relation to activity is so dominant that even men who cannot, due to impairments, have internalized it and therefore mastered the language of manhood. The use of the body is prevalent in all their understandings and definitions of manhood in this context. I then probe more about how, in their impaired states, they use their bodies to do all the things they say a man's body should do. I find that the men with severe impairments, those who depend on aides for most things, talk about manhood being about using one's mind.

> *Gcwanini (68):* Circumcision is a custom of amaXhosa, you understand. Mahood is wisdom in a person because you can be as old as I am and be dumb. People will hesitate (laughs)..but they will talk among themselves, "but no, this man, its not manlike the way in which he does things" you understand me now. Manhood in a person is wisdom because…a person builds himself to become a man. (Interview, 9 November 2018).

> *Zukile (43):* No, brother, there's no place for my body or flesh in manhood. Manhood is applying your mind. No one can just tell me anything because my mind is equal to his except for the legs. So now, mahood dictates that something must be flowing in even if you are not working, make a plan, use you mind. (Interview, 14 November 2018).

I find that in the men with more severe impairments, the masculinity-body nexus does not exist, not because the body is taken for granted but because manhood is conceived as thinking work. However, what I find interesting is that they seem to separate the mind from the body. It is as if they are two separate and independent entities. At first, I read this separation through the lens of the age-old Cartesian duality about the mind and body split. However, I make another U-turn in my analysis before I go down that route when I recall Liddiard's (2011: 210) claim that "many disabled people end up disassociating from their bodies, not owning them, because their bodies cause trouble or because someone else cares for them". I realise that it is mainly the participants with severe impairments who, in speaking about their bodies, emphasise the intelligence of the mind as the defining factor. When these participants start defining manhood in terms of the intelligence of the mind rather than in terms of the body, as if the two are separate entities, I start to wonder if they are not disassociating from their bodies. I wonder if perhaps their claims that manhood is not about the body, *ukuba yindoda ayingomzimba*, as some participants put it, qualifies as disassociation from the body because it causes them trouble.

> Sandile (46): Since I am a man, I was supposed to be a man that fends for himself, I have children…I was supposed to fence this yard, you see the fence is falling apart, but because I am in this situation I can't. But I can apply my mind by employing someone when I have small money. (Interview, 22 November 2018).

> Sintusakhe (43): No, in my village we sit according to age, even among young men. There's no descrimination that you are physically impaired, you see, they don't look at the body or your disability. We are all equal in manhood, the difference is the number of years. A person who gets to be descriminated is a person, say, who is dirty, things like that, who is driping mucus, drool, and a word would be that he gets to be poured (beer) in his own glass, things like that. (Interview, 04 December 2018).

Both of the above accounts from Sandile and Sintusakhe centre the mind in their talk about manhood. I found it interesting that those with severe impairments centred the mind in their talk about the body because the current construction of Xhosa manhood is solely centred around the mark of manhood, which is physical, not related to the intelligence of the mind. Therefore, this talk about the mind extends our constructions and imaginations of Xhosa manhood beyond just the physical body. In this section, I have established that in their talk these men are unable to make connections between their bodies and their manhood identities. In the sections that follow, my intention is to use available literature to explain this inability to conceptualise the body in relation to their manhood(s).

7.2.1 Traditional initiation as a guarantor of equal access to manhood

As already mentioned, my primary goal in this study is to explore the centrality of the body amongst Xhosa men, beyond the traditional circumcision mark, as a generator and receptor of social meanings (Shilling, 1993) in relation to Xhosa manhood and as a bearer of symbolic value (Bourdieu, 1984). As already established in the previous section, I quickly discovered that the body-masculinity nexus does not exist amongst all of my participants. It is as if these men have no knowledge about their own bodies in relation to being men. My question about what it means to be a Xhosa man in a body with visible physical impairments is met with laughter, confusion and in some cases, as shown above, with more questions.

Again, through looking at the transcripts in their entirety I learn that the participants are quite aware of their bodies and their conditions although in ways they cannot quite articulate (particularly in relation to manhood). I am intrigued to listen to participants, who are heavily dependent on other people, describe themselves as "fully independent and in control" (Korn, 2017) and for a moment I wonder if this is a performance, through talk, of traditional hegemonic masculine traits. For instance, Kwinana who suffered a spinal cord injury as a result of a bullet wound claims to have complete independence though, in addition to the wheelchair, needs someone to help him with daily chores.

> Kwinana (33): No, brother I do everything for myself. I cook for myself…this area is hilly, until you arrive in the tar road, but you must find someone in order to be able to go up, for example when you want to go to the clinic. (Interview, 23 January 2019).

> Mfuyi (59)*:* I drive myself around the house. There is nothing I cannot do for myself. If there is water, and other things in the house, I turn this wheelchair into a chair, and I go sit in the table. When there is a stove, I can as I am sitting in this chair, but when there is no water I must go and watch out for a person in the street who is passing by to fetch water for me in the tank and bring it back into the house. (Interview, 8 November 2018).

In the above accounts, the men present major contradictions in their narratives. They begin by staking a claim to independence whilst in the same breath going on to proclaim dependence, particularly on those around them. While I listen attentively to how they describe themselves as completely in control and independent despite their need for some form of care and aide, I am also aware of Lindemann's (2010: 436) argument that talk, on its own, "accomplishes things … produces and reproduces experience thus bringing into being a particular reality through enactment."

Additionally, I am aware that talk, amongst people with disabilities, can be used to "construct a frame of invulnerability" (Lindemann, 2009: 113). I am aware that my participants may be describing themselves in this light in order to enact a particular kind of reality where they are perceived to be in control of everything and invulnerable. For example, when I go back to Sotho location, East London, I find mobility and orientation practitioners from the Association for the Rehabilitation of Persons with Disability (Rehab) training one of my participants, Naso, and a few other women on how to be mobile using a cane. After their training, I ask Naso how the training went when, to my surprise, he tells me he has had the cane for a while, but he prefers his own walking stick (*induku*).

> *Interviewer* Hey, Mr Naso, when arrived this morning you were still at school? *(I had found him being trained on how to use the cane that morning. This question was referring to that)*.
> *Naso (54): (*laughs) I take walks, sir. I have been on this cane for the longest time, but I just love my stick.
> *Interviewee:* Isn't it better to use a cane?
> *Naso (54):* I am used to that stick, sir. When the electricity went off I used that stick. This cane stays here in the house….i am hesitant to use it and it feels like it will draw attention to me, however, I am fine with this stick. *(*Interview, 12 July 2019). (*Naso refered to his eyesight as electricity*)

In this account, the participant says that he never uses the cane. He prefers his own walking stick. While he is completely blind, he thinks that the cane will draw attention to himself. I gather that the cane unveils the cloak of oneness in Xhosa manhood, the anonymity, as guaranteed by traditional initiation. All Xhosa men are essentially the same in the ways of manhood. When one completes the Xhosa traditional initiation, they are given a stick which they should use for the 'rest of their lives'. Bongela (2001) notes that the carrying of a stick (*intonga*) amongst Xhosa men is one of the rules they are expected to follow in order to maintain their status and dignity. He goes on to argue that the "act of carrying a stick is not only a symbol of respectability but also is symbolic of having a weapon for fighting life's problems" (Bongela, 2001: 32).

Therefore, almost all Xhosa men in the villages carry sticks (*intonga*). Additionally, Gwashu (1983) reminds us of the importance of looking at cultural discourses, such as idioms of manhood, in the study of men. There is a popular saying amongst Xhosa men that goes: *musa ukuhamba indlela uyindoda ngaphandle kwentonga* (Never travel without carrying a stick. A man does not do that). Therefore, by using his stick instead of the cane, Naso blends in perfectly. McLaughlin and Coleman-Fountain (2018: 65) argue in this regard that "fitting in is an embodied dynamic of displaying bodies that are able to do normal things and look normal". Similarly, Buse and Twigg (2018: 29) also argue that "a normalised appearance can be a way to avoid the stigma associated with the condition". The participant in this account is claiming and feigning oneness with other men in the community as the proverb of manhood in this context says *indoda inye (*there is oneness in manhood*).* Therefore, Naso's refusal to use the cane can also be explained as "pursuit of ordinariness" (McLaughlin and Coleman-Fountain, 2018), which is a prevalent practice amongst people with disabilities.

This theme of 'oneness in manhood' is the most prevalent theme in all the interviews and immediately strikes me as a possible reason for my participants' inability to speak about their bodies, for the absence of that masculinity-body nexus. The participants talk about the Xhosa traditional initiation as the guarantor of equal status regardless of ability and other axis of differentiation. The participants have nothing to say about their disabled embodiments in relation to manhood because they constantly tell me that all Xhosa men are the same. It seems to me, in the way they speak about traditional initiation, as a guarantor of equal access to manhood, that it invibilizes the very visible impairments. However, I am also aware of MacQueen's (2016) claim that men with disabilities are wary of being viewed differently as difference is often imbued with stigma. Similarly, disability scholars such as Goodley and Runswick-Cole (2013) argue that the discourses of normality sustain a policing of social relations, social othering and play a key role in the marginalization of people with disabilities. And therefore, I wonder if my participants are not claiming sameness and oneness in order to avoid the negative consequences of being different?

I gather that this cloak of oneness and sameness, through which my participants are defining themselves, stems from the source of manhood in this cultural context. As a result of the traditional initiation process, which is a compulsory for attainment of manhood, all Xhosa men "bear the same traditional scar, which is clearly distinguishable from cat's claws which result from a hospital circumcision" (Vincent, 2008: 435). Similarly, because of the initiation process, Xhosa men also endured the same pain, hold the same teachings, and have the same language of manhood (Mayekiso, 2016; Mfecane, 2016). Therefore, in this regard all men are in fact the same. The following accounts from the participants and the cultural expert demonstrate how traditional initiation into manhood is the only important consideration in manhood circles.

> *Sintusakhe (43):* No, in my village we sit according to age, even among young men. There's no descrimination that you are physically impaired, you see, they don't look at the body or your disability. We are all equal in manhood, the difference is the number of year. (Interview, 04 December 2018).

> *Ssandile (33):* We are men, we are the same, brother. *(*Interview, 9 November 2018).

> Matshoba (cultural expert)*:* You see physical disability is not something that amaXhosa put emphasis on. What is given attention to is whether you are a man or not, you understand, that is why there is hardly emphasis on this. You will find that the people who would be discriminated against are people who are not mentally stable, but not physical disability. You find that men, although they have physical disabilities, you find out that they have homes, so I don't think there is much impact. (Interview, 05 December 2018).

It seems, from the above accounts, that the very private act of bearing the traditional scar invibilizes the impairments and essentially cloaks all the Xhosa men as one - to an extent where these men cannot tell me what it is like being a man with a physical disability. The privateness of the act of circumcision suddenly becomes very public only amongst the men as they begin to regard all those who have successfully gone through it as one. The publicness of it amongst men can also be read from the fact that if one is suspected of being a hospital man, they may be requested to show their penis for inspection. Both Sintusakhe and Ssandile in the above accounts talk about manhood as an equalizer. They cannot seem to particularize their conditions of being men with physical disabilities. Additionally, the cultural expert also emphasizes that the key thing in Xhosa manhood is whether one is a man (traditionally circumcised) or not.

From the accounts of the participants, I also detect that traditional initiation not only grants them equality and oneness but also the process of transition to manhood seems to "appear to mark points of closure and the start of 'letting go' or losing the physical body" (Jonathan Watson, 2000: 89). Available scholarship presents Xhosa boyhood as the opposite end of manhood. Xhosa boys are constantly reminded that there is something wrong with their bodies. In this regard, they are equated to dogs. They are told that they are smelly. Mhlahlo (2009: 18) notes that "tradition-oriented Xhosa speakers believe that a man who is not circumcised is a boy (*inkwenkwe*), a dog (inja), and unclean thing *(inqambi)"*. There are these constant reminders about embodiments in boyhood. However, upon completion of the initiation process, as men, they seem to let go of the physical bodies and acquire social bodies upon which significant importance is placed.

In the section that follows, I delve into this idea of the social body carrying more currency than the physical body as a possible reason for the men's inabilities to speak about their physical bodies.

7.2.2 Primacy on social bodies

In this section, I argue that my participants' inability to articulate the body-masculinity nexus is because of the higher premium that is seemingly placed on social forms of self instead of the physical. I gather that the emphasis in their accounts about the body-in-action, body-at-work, the act of being seen to be doing something, helps to establish a social self which it seems has a higher premium than the individual body. Again, this is buttressed by the conceptualizations and understandings of personhood as more relational, as achieved in social interactions rather than in individualistic isolation. Earlier, I have argued that the process of *ulwaluko* not only marks the transition from boyhood to manhood but also affords the new man a legitimate membership in the tribal community thus conferring upon him a state of high responsibility.

I have also sought to argue for the recognition of the five transitory stages in the lives of Xhosa men, outlined in Chapter 5 (see Section 5.4.1), as modalities through which full adult personhood is socially constructed and acquired amongst Xhosa men. This argument is in line with Mayekiso's (2016: 92) claims that "as long as a boy is not traditionally initiated, he can never be regarded as a full person (a complete person) in the community". Therefore, the socially patterned nature of Xhosa initiation can be understood as a "meta-patterning of willed activity directed to the self-reproduction of new social forms" (Turner, 1996: 167).

I, therefore, gather from the accounts of these men that the conceptualizations of the body-in-action; body-at-work, helps in establishing and sustaining this new social self, this newly acquired personhood status which arrives with manhood. The mere act of being seen to be doing something helps in establishing this social self which - because personhood is relational - seems to be more socially rewarded than the individualistic understanding of self. This takes me back to Lulama's claim that:

> Lulama (31): When you are a man your deeds must show. You can't sleep the whole day. (Interview, 9 November 2018).

Additionally, I learn that in the case of these men with physical disabilities, visibility and presence rather than the actual doing helps with establishing a social self. The act of being present and being seen by other men helps in establishing this social self. As established in Chapter 5, a man's body in this context is also 'a tool' used to accomplish 'communal responsibilities' such as the digging of graves, slaughtering of animals during ritual ceremonies, and other hard labour communal activities. It is when I learn that despite the tricky geographical terrains of the rural areas, the distance and their impairments, these men hop on their crutches and canes, push their wheelchairs to navigate the terrains in order to attend these activities. I probe their attendance and their responsibilities in these gatherings.

> *Interviewer:* So when there is slaughtering or digging happening in this village, do you participate??
>
> *Zicelo (50):* Yes, I go sir. I attend all the village matters.
>
> *Interviewer:* What do you do when other young men are digging?
>
> *Zicelo (50):* I collect, even if it's the soil, sir. (Interview, 24 January 2019).

> *Mfuyi (59):* When there is digging happening in this village or when there is a ceremony, I attend. If it's nearby I drive myself. If it's far I find another young man who will push me, and we go together…. I will find a person who will return with me there. (Interview, 8 November 2018).

It appears to me that these gatherings and these events are spaces in which this social self is best expressed. Research on Xhosa masculinities has also noted that the hierarchies of age, which have been argued to characterize relations among Xhosa men, are mostly observed on these occasions (Mhlahlo, 2009; Mfecane, 2016; Mayekiso, 2016). Mfuyi's account presents an interesting dimension and confirms an observation I encountered numerous times whilst in the field. Again, because of poverty, rurality, and perhaps cultural ideas, none of the participants in this study employed a personal carer for their day-to-day routines. However, what struck me throughout my data collection period was how rare it was to find the participants, particularly those who are unmarried and with no children, alone in their homes or own homesteads. They were always in the company of another man or men. This was interesting to me because a large body of scholarship tells us that men are not only uncaring but also unwilling to receive care. Peacock *et al.* (2009: 7) observe, for instance, that efforts to draw attention to the ways in which HIV/AIDS reinforces women's subordination have "described men in broad brushstrokes as inevitably violent, irresponsible, and uncaring". Mfuyi's account therefore tells me that the relational nature of personhood runs so deep that other men are willing to assist men with disabilities in establishing their own social selves through visibility at these social occasions.

Secondly, Mfuyi's account when he says: "I will find a person who will return with me there" presents a fundamental challenge to individualism (Butler, 2010). This comment is essentially posing the following question as framed by Butler (2010): "do we or do we not live in a world where we assist one another"? This again confirms Mfecane's (2016; 2018) and other African scholars' suggestion that we need to make a distinction between the particular and the universal in the theorizations of masculinity. Theories that prioritise the particular should consider that *ubuntu*, as a philosophy of life, presents a fundamental challenge to the individualism upon which some of the universal theories are founded.

I must, however, also note that finding participants in the company of other men was as interesting as it was challenging, because I would be too shy to ask the company to leave so I could interview the participant in private. During the interviews, I soon discovered that not only do these men, the friends, help chaperone the participants to community events but that they are also always around to help the participants with whatever they need in the house during the day.

> *Interviewer:* So when your brother is not around whom do you stay with*?*
>
> *Sandile:* No, I'm never alone for the whole day. There's no loneliness because of being surrounded by people. No, people visit me….
>
> *Interviewer:* People visit?
>
> *Sandile:* Tough men visit, tough men…. They are great orators, they like talking with me, another thing is I am an orator, I am not quiet, and I love chatting. *(*Interview, 22 November 2018*).*

> *Zukile (43):* There are people… people come, even now, there was one person who came here, and I said to him hey brother please go fetch water for me.... people come frequently, it is just this second they are not around. (Interview, 14 November 2018).

> *Bandile (38):* The most important thing is that you are not a man of *umdongwe* (clay) nothing can happen to you, all men will protect you. Men love a man that comes from the bush, I don't even want to lie. (Interview, 12 July 2019).

My interviews, particularly with unmarried and childless men, were filled with accounts similar to the above. Firstly, these accounts stand in stark contrast to the body of research (Anderson, 2009; Gough, 2018: 61) suggesting that it is mainly younger, middle class men who have recently "developed more caring and more supportive masculinities in relation to other men". The men in these accounts talk about other men in the community being there not only for their household needs but also as their protectors should a need arise. Secondly, what these accounts do is seal the role of traditional initiation as a grantor of equal status amongst all men. Zukile, for instance, confirms that men in the context take care of each other. He never needs for anything because there are always other men to help. Bandile's account that *Amadoda ayayithanda indoda esuka ehlathini* (other men love a man who has completed the traditional initiation) confirms the notion of oneness in manhood (*indoda inye*) as not just an abstract idiom of manhood in this context but rather a lived reality for men.

Therefore, not only does the traditional initiation grant equality, and provide a cloak which invibilizes the very obvious impairments, it is also essential in the creation of social forms which seem to take primacy over physical forms. In the next section, I position the lingering effects of colonialism and apartheid as a possible explanation for the men's inability to speak about their bodies in relation to manhood(s) in an articulate manner.

7.2.3 Coloniality and migrancy

The impact of colonialism and apartheid on the black people of South Africa has been studied widely in terms of their identities (Biko, 1979; Gqola, 2010), black mental health and self-esteem (Hocoy, 1998), and on the gender and sexualisation of people (Ratele, 2009; Shefer, 2010; Shefer and Ratele, 2011), etc. In 1994 South Africa emerged as a free and a democratic state from three hundred years of Dutch and British colonisation, and nearly fifty years of internal apartheid rule in South Africa (Morell, 1998; Lehohla and Shabalala, 2014; Oliver and Oliver, 2017). Some scholars in the field of men and masculinities have looked at the periods of colonisation and apartheid in order to explore and understand present day violent and toxic masculinities (Walker, 2005; Pyke, 2017; October, 2018), heroic masculinities (Unterhalter, 2000), and absent fathers in South Africa (Richter and Morrell, 2006; Ratele, 2013). Pyke (2017: 129) citing Ougzane and Morrell (2005) also notes that "colonialism and apartheid are key historical events that shape(d) men's subjectivities and the ways in which men define(d) their masculinities and male identities and how these play out in daily life".

However, there is a paucity of research on the impact of these systems of domination upon the embodiments of the dominated. How did these systems affect the relationship the dominated have with their bodies? What does it mean, in terms of one's private relationship with one's body, to be referred to as *kaffirs*[6]? What does it mean for grown men (*amadoda*) to be called boys[7]? For their sustenance and survival to depend entirely on their bodies as a means to an end? What kind of body talk, or lack thereof, is the consequence of such domination? In this section, through looking at the biographies of the participants, I seek to locate their inability to speak about their bodies, their lack of an intelligible body-masculinity nexus, on these systems of domination.

While I did not ask the participants about colonialism and apartheid, I am of the view that looking at their biographies, and the present conditions within which they live is enough evidence to begin the task. In *The Sociological Imagination*, Mills (1970: 12) reminds us that "no social study that does not come back to the problems of biography, of history, and of their intersections within a society has completed its intellectual journey". Therefore, upon looking at their biographies and current living conditions, I consider coloniality and apartheid as having an impact on their body talk, or the lack thereof. This consideration is equally in line with Ratele's (2020) suggestion that researchers of men and masculinities need to consider histories, particularly coloniality, in their analyses. He notes that "that the avoidance of or indifference to the aftermath of slavery and to coloniality limits our research, theory, politics and pedagogy related to all men, masculinities and gender" (Ratele, 2020: 133). Similarly, Owen (2014: 91) notes that both "history and culture shape diverse forms of embodiment by enabling different ways of moving, using and inhabiting the

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[6] Gabeba Baderoon (2012) cites The Dictionary of South African English on Historical Principles to give us a definition of the word kaffir. She notes that 'kaffir' is a comprehensively abusive word used to denote Black people in South Africa, exemplary of the violent disavowal of Black people's humanity during apartheid. She goes on to note that the word was first used and elaborated during the colonial period. The use of the word constitutes a hate crime in the new South Africa.

[7] Black men were denied the status of manhood during the colonial and apartheid periods. Pyke (2017: 34) writes about the "emasculating and racially infused use, during the colonial and apartheid period, of the social category 'boy' when referring to black men".

body". It is therefore incumbent upon all researchers to consider the impact of the particular histories upon their research participants.

As already established, the participants in this study only seem to be fluent in talking about their bodies in relation to some form of activity or working - be it in gainful employment, or the mere act of doing something around the homestead or the community. I look at their biographies and unsurprisingly discover that most of the men who acquired physical disabilities post-initiation had been labour migrants at some point in their lives. This is unsurprising because the rural Eastern Cape, along with other rural provinces, was (and still is) at the heart of the South African migrant labour system through its supply of cheap black labour to industry (Bezuidenhout and Buhlungu, 2011: 238). Dery (2017: 26) has written about the "discourse of migrancy and its associated privilege of an ability to remit money to family members staying back in the villages" as one of the ways in which men assert their control and claim their provider status which becomes a platform for the negotiation of power relations. For instance, Zenzele was injured in a car accident on his way to the Eastern Cape coming from his job in the mines in Johannesburg. Bandile suffered a stroke while he was on leave and he never went back to Johannesburg. Naso was retrenched from the mines in Rustenburg upon becoming blind.

> *Naso (54):* When the work contract came to an end I came back home. There was another job that I was about to get near Marikana but what happened is that the electricity was cut from the eyes, so I came back home and reported. *(*Interview, 23 January 2019).

In their accounts, the men's construction of work is deeply intertwined with migrancy which is evidence of how the institutionalization of labour migration during the apartheid era continues to define the lives of the majority of black men in South Africa (Malinga, 2015: 22). This institutionalization of migrancy runs so deep and is so present in my interviews, a "persistent past" (Oldfield and Tucker, 2019: 1243), that even the participants who acquired their disabilities before initiation, the men who when they became of age could never join the migrant labour system due to their impairments, talk about their aspirations of one day going to Gauteng to work. They speak about labour/work as if it completes manhood, and migrancy as an avenue to attain that sense of completeness.

> *Sandile (46):* Eh, brother, being physically impaired affected me because a man is supposed to build a home. You earn the money of building a home by working. The men of this village are in Gauteng. How would I go to Gauteng like this? *(*Interview, 22 November 2018*).*

> *Lukhasi (40):* You see me for example, I don't have an arm. I will never be able to work in mines or in constructions. I deserve an office job but I don't have education. (Interview, 16 July 2019).

Both participants in the above accounts acquired impairments in their childhood. Sandile is a polio paralysis sufferer while one of Lukhasi's arms was amputated when he was 11 years of age. Both participants speak about their bodies as impediments to acquiring work in the mines and with contractors, respectively, due to their impairments. The intersection of rurality and illiteracy in their lives means that their construction of work is mainly rooted in migrancy and other labour-intensive 'precarious work' such as working for building contractors. Upon looking at the men's biographies in conjunction with their location, I consider migrancy, as perpetuated during colonial and apartheid eras, to be a possible explanation for their inability to talk about their bodies outside of work. The absence of that intelligible body-masculinity nexus without reference to some form of activity is deeply rooted in their conceptions of work. I consider the fact that the majority of these participants were either born, or started working during apartheid South Africa and were mostly raised by illiterate fathers who worked in the mines. I consider these histories in line with Ratele's (2020) suggestion that researchers of men and masculinities need to consider histories, particularly coloniality, in their analyses.

Of particular importance to this section is Ratele's (2020) recent argument about the non-men status of black and African men as a consequence of colonialism, slavery, apartheid and global racism. It is therefore my argument, drawing from their biographies, that my participants' inability to talk about their bodies in relation to their masculinities could very well be the consequence, in addition to the factors listed above, of the lasting impact of coloniality and apartheid. Ratele (2020: 127) argues that eras of domination such as slavery, colonisation, and apartheid were essentially periods of "thingification" insofar as the being of the dominated was considered. He notes that the enslaved/colonized/dominated non-man is not human but a thing; a property of the master. Therefore, the body of the dominated is not his/hers. Ratele (2020: 127) goes on to note that because "his/her body is not his/her own, they, for instance, cannot be raped by the master/colonizer and subsequently all their children can be taken away".

When I read the participants' accounts, listen to their recordings and hear their struggle to speak about their bodies, one after the other, I consider Ratele's (2020) notion of 'thingification' of bodies, non-ownership of bodies, particularly in relation to migrant labour as institutionalized during the apartheid era. I, therefore, consider the lasting impact of this 'thingification of bodies' as one of the possible reasons for their inability to speak about their bodies as "generators and receptors of social meanings" (Shilling, 1993: 69) in relation to their manhood. A large majority of the participants are uneducated and they all grew up in the impoverished rural Eastern Cape, thus their conception of work is so deeply embedded in migrancy. Secondly, I consider the fact the rural Eastern Cape was (still is) at the heart of the migrant labour system through its supply of cheap black labour to the industry (Bezuidenhout and Buhlungu, 2011) wherein, in order to fulfil manly duties of provision, they had to sell their labour to the masters in mines and farms as early as during the apartheid era for some of them.

My aim and argument in this regard, which is not a sophisticated one at this point, is an attempt to draw connections between the consequences of colonisation, apartheid and migrancy on the present ‘body talk’, or lack thereof, amongst the participants in this study. I have already established that the men’s talk and meaning-making in relation to the body is deeply embedded in action (bodies-in-action); be it labour in gainful employment or otherwise. And since most of them have been migrants and those who could not be, due to the extent of impairments, presently and actively hold aspirations of being able to migrate as this is the normative social construction of work in this context due to rurality, poverty, and illiteracy. Therefore, I contend that their inability to speak about their bodies possibly stems from the simple fact that they understand their bodies mainly in terms of labour and they have never been in a position to sell their labour power in the labour market, and therefore have never been in a position to earn a wage.

Once contracted, their labour power, and by extension their bodies, belonged to the capitalists in the mines, and the foremen in the farms, and contractors as the body is deeply ingrained as a tool with which to accomplish things (Messner, 1992). Mda (2019: 2) in his book about the recent history of the Transkeian people, notes that “colonial exploitation morphed into apartheid exploitation, which in turn has morphed into neoliberal exploitation”. He goes on to note that the impact of the Glen Grey Act of 1894 is still lingering in the province. There is therefore a need for more research on the connections between the provisions of pieces of legislation such as this one and the conceptualizations of embodiments amongst men in present day rural Eastern Cape. From as early as the colonial period in 1894, Cecil John Rhodes as the prime minister of the Cape Colony passed the Glen Grey Act of 1894 which established a system of individual land tenure, and created labour tax thereby forcing Xhosa men into employment on commercial farms and in industry (Mda, 2019: 5).

Additionally, there are suggestions that the Act was motivated by the need for labour in the mining sector as Rhodes was himself a mining magnate (Thompson and Nichols, 1993); and had “10,000 Africans under his charge” in the diamond mines (Rotberg, 1988: 456). This therefore led many black men to lose touch with their former status as subsistence providers and by extension in control of their labour power and their bodies. Similarly, Gool (2012: 13) notes that the Glen Grey act was introduced to supply gold and diamond mines with African labour. It is also recorded that during the introduction of this Act in the Cape parliament, Cecil John Rhodes made the following remarks:

> "It must be brought home to every black man that in the future nine/tenths of them will have to spend their lives in daily labour, in physical work, in manual labour (Gool, 2012: 13)".

Relating this to the present-day realities, as recent as 2004 McAllister (2004), in his research about Xhosa beer drinking rituals in Shixini location near Idutywa in the Eastern Cape, notes that there is a pattern largely established under apartheid rule, namely, that of unaccompanied, oscillating, male labour migration. Therefore, my argument is that the participants' varying inability(ies) to speak about their bodies and make connections between their bodies and manhood is a consequence of years of colonialism and apartheid. Because in their own accounts, conceptions of their bodies are so intimately intertwined with labour, which is intertwined with migrancy and other apartheid conceptions of work for black men, they therefore have never owned their labour power subsequently their bodies. My argument in this regard is that under certain contracts in the mines and the farms, their labour, and by extension their bodies, belonged to the mining magnates such as Cecil John Rhodes, and farm owners.

As established at the beginning of this section, some research has been done in terms of the connections between colonisation, apartheid and present-day masculinities in Africa at large and South Africa, respectively. However, there has been a call to centre colonial histories in the analyses of men and masculinities. This section is a tentative attempt to bridge this gap. More research is equally needed in terms of the impact of these systems of domination on the embodiments and body-talk of the dominated.

7.3 Conclusion

While the dominant Euro-Western scholarship on body talk and embodiment is saturated with notions of healthy and unhealthy bodies, "both of whom are described in terms of "shape (height, weight, muscle tone, fat distribution); stigmas (pallor, sweat, blood vessels); and lifestyle (alcohol consumption, eating, exercise, smoking, sleep, stress)" (Jonathan Watson, 2000: 105), the participants in this study did not express similar discourse and sentiments. In fact, the participants in this study demonstrated, to a large degree, an inability to speak about their physical bodies outside of the context of work. I initially interpreted their inability to engage in body talk as a sign that the body is taken for granted. However, the dominant claim in scholarship that the body is taken for granted until disease or disability, unsettled my analysis and I began a deeper interrogation of their body talk. Upon further investigation, I discovered that it is not taken for grantedness of the body but rather a lack of body-masculinity nexus. In my attempt to explain their inability to speak, I considered their claims of 'initiation as a guarantor of equal access to manhood' as a possible reason. I found that, for the participants in this study, the physical sense of maleness is completed when they finish the initiation process. Thereafter, they are all, as Xhosa men, clothed in the cloth of oneness and the sameness. For them, there is, therefore, no need to particularize the body. I realized that because of this ostensible oneness and equality granted by traditional initiation, these men struggle to even talk about what it is like being a man with a physical disability, as they conceived of all men as one, equal, and the same.

Secondly, I noted that there is a higher premium on the social self/body over the individual physical form. This higher premium on the social self is sustained by the conceptualizations of personhood as relational in this context. I realize that because of this ostensible oneness and equalness granted by traditional initiation, these men struggled to even talk about what it is like being a man with a physical disability, as they conceive of all men as one, equal, and the same. I also discovered that not only does the traditional initiation process grant equality, and provide a cloak which invibilized the obvious (impairment), it is also essential in the creation of social forms which seem to take primacy over physical forms.

Lastly, I made connections between the participants' inabilities to speak about their bodies and the lasting impact of colonial and apartheid histories. I followed Ratele's (2020) notion of 'thingification' in relation to the bodies and beings of the dominated. I argued that the combined lasting impact of colonisation, apartheid and the migrant labour system could be possible explanations for the participants' conceptualizations of their embodiments or the lack thereof. However, more research needs to be done on the impact of systems of dominations on the embodiments of the dominated.

Chapter 8: Positioning disabled Xhosa men subjectivities

8.1 Introduction

The second goal of this study is to explore the ways in which Xhosa men with physical disabilities construct and define and also negotiate Xhosa manhood masculinity for themselves. This goal stems from the claim that a man's physical body in the Xhosa culture and context is "enmeshed in a web of social obligations" (Jonathan Watson, 2000: 95) as it has been previously argued in Chapters 5 and 7. Therefore, this second objective seeks to explore how the participants respond to cultural and social demands of manhood which place an emphasis on an able-bodied corporeality. This chapter begins by highlighting the distinct ways in which the two groups of participants as presented in Table 1 and 2 in Chapter 6 (see Section 6.7) – injury pre-initiation, and injury post-initiation – perceive their disabilities in relation to initiation, and in subsequent manhood. I interviewed men who acquired the impairments before initiation and those who acquired them post-initiation not only as a method to broaden the scope of a "geography of disability" (Pearson and Pini, 2017: 173) but also to enable comparative analysis in terms of the impact of disability on the participants' subjectivities in constructing, defining, and negotiating Xhosa manhood identities.

This second goal has an interactionist concern as, at the core, it seeks to study these men's social selves and further investigate how they negotiate, on a daily basis, their disabled selves amongst other men and women within their communities. Therefore, Cooley's (1902) theoretical notion of the looking-glass self, Bourdieu's (1990) concept of capital, and Shilling's (2005; 2012) corporeality, and the notion of personhood as extrapolated in the theory chapter of this study, are employed to frame the participants' modalities of negotiation.

I begin the chapter by exploring the experiences of the men who acquired their physical impairments after initiation. The main observation from this group is that they regard the acquisition of impairments and the subsequent disability as a second initiation because it set them back to ‘square one’ in terms of their manhood duties and responsibilities and the fact that they had to figure out anew how to be a different kind of man, in this instance disabled men. The chapter proceeds to explore the alternative masculinities that emerge from these men as a result of the impairment. In this chapter, I make a distinction between being ‘a man after disability’, and ‘becoming a man with a disability’. The former group are the ones who acquired the impairments after initiation while the latter acquired the impairments before initiation. I make this distinction because their routes and transitions to manhood are markedly different and therefore necessitate exploring separately.

The chapter proceeds to explore the experiences of men who acquired their impairments before initiation and their views in relation to becoming disabled men. The main observation in this section is that this group of men viewed initiation as an entry into full personhood due to the existing stigma surrounding not only being a boy (*inkwenkwe*) in this context but also disability. From their accounts, I gather that they could not wait to become men as they saw it as the only way to acquire respectable personhood within their communities.

This chapter also explores the participants’ views regarding the impact of being disabled on their manhood identities. This is in line with the literature that claims that disability negatively impacts upon men’s masculine identities (see Section 3.1). The main observation in this section is that both groups of men (acquisition of impairment before and after initiation) do not see disability as impacting their manhood identities in any form and therefore, no loss of masculinity. There is a neat separation between manhood and disability which does not allow for the two identities to intersect. It is for this reason that the men do not speak about their impaired bodies when they speak about manhood. Lastly, while the participants do not conceive of any threats on their manhood subjectivities resulting from their impairments, I discover that they instead see their social status as impacted. The last section is therefore an exploration of the ways in which they conceive of their status as impacted.

8.2 Disabled after initiation: Disabling event as a second initiation

While almost all the participants never talk about their manhood identities as threatened by the impairment and the consequent disability – which can be attributed to the role of the traditional initiation as a grantor of equal status (see Section 7.2.1), – the group of men who acquired their impairments after initiation have the most elaborate narratives about the impact of the disability, and the changes they have had to undergo since the event. I realize that these participants speak about the acquisition of disability as if it was a second initiation. From their narratives, I therefore make parallels between the 'disabling event' and the act of 'circumcision' which begins the initiation process.

Qambela (2017) writing about queer men's experiences of initiation in relation to the film *Inxeba* argues for initiation as a "space of reconstitution and reinvention...a space for young men to reflect and repair". Similarly, Nelson Mandela, in his autobiography the *Long walk to freedom*, described the initiation as "a period of quietude, a kind of spiritual preparation for the trials of manhood that lay ahead" (Mandela, 1995: 5). During the initiation process one should begin to think, seriously, about the kind of man one wants to become. Nelson Mandela goes on to write, "now I was a man, and I would never again play *thinti*, or steal maize, or drink milk from a cow's udder" (Mandela, 1995: 5). This reflection, for instance, signifies an intention to break with boyhood activities such as playing *thinti* – a Xhosa boyhood game involving sticks. This is testament to the process as a space for reinvention and reflection.

I find that the manner in which these participants talk about their disabilities is similar to the manner in which *ulwaluko* is described as "a period which comprises teachings, and solitary reflection" (Swartz, 2009: 124). While *ulwaluko* signifies a transition into a manhood identity, the acquisition of the impairment beckons a transition into a disabled manhood identity. Similar to the aspect of initiation as described in the above paragraph, the participants note that when they acquire a disabling impairment they have to reconstitute and reflect anew about the kind of men that they are to become post the disabling event. Sinqoko, for instance, was independent and employed as a delivery truck driver until he got into an accident which left him paralysed from the waist below. He talks about the acquisition of the impairment as having sent him to the proverbial 'square one' in terms of his plans and duties as a man.

> Sinqoko (74): Eh, my brother being physically impaired in recent years is difficult. Just like I told you, I rolled over with a truck I was in as a young man while on duty. Oh, that incident made me start from scratch. Fresh as a young man.
>
> Interviewer: Start from scratch, how, sir*?*
>
> Sinqoko (74): Well, my brother at that time I was working so that I can build a home for myself. To leave my family's homestead. To have a wife like other men. Now that I am physically impaired, where am I going to get the money to do all these things? That is starting from scratch…but then in endurance, because a man endures, I have a home, a wife and children. It was not easy at all.. (Interview, 5 November 2018)

In the above account Sinqoko equates becoming disabled to being sent back to the starting line insofar as his manhood duties were concerned. He was working towards building his home (*umzi*) and acquiring a wife. Research on men and masculinities has noted things such as payment of *lobolo* for a wife, marriage and fatherhood are culturally considered as markers of a respectable masculinity and simultaneously serve as affirmations of masculine positionality (Mfecane, 2010; Pyke, 2017). Therefore, in this sense the accident disrupted Sinqoko's plans to acquire this respectable masculinity, in Xhosa manhood circles, and plunged him back to his 'second initiation' from which he had to start afresh. I have decided to liken it to a second initiation because of the parallels between the manner in which these participants describe being disabled, and how Xhosa men speak about initiation in general terms.

Firstly, the acquisition of the impairment in most of these cases begins with a traumatic accident. In a similar fashion, the traditional initiation begins with the infliction of pain. Mayekiso (2016: 104) notes that “the production of a man in Nguni societies requires the ability to withstand excruciating continuous pain inflicted through *umdlanga* (assegai)”. Secondly, the participants stress the importance of *ukunyamezela* (resilience) as a significant trait in the process of establishing their manhood masculine identities post the injury.

> Dabane (68): You see, sir, this thing called a man is supposed to know how to endure. Isn’t it true that during the time when we were in the bush, we said we want to become men and we were taught endurance? So, I told myself that for as long as I still live, I will endure even though I am physically impaired… (Interview, 7 November 2018).

> Kwinana (33): Eh, bro, I will not lie, it was not easy at all after I was discharged from hospital. You see, they told me in hospital that I was never going be able to pee independently. I was unable to feel that I want to pee; I would pee myself. Eh, bro, it was hard but after sometime I would feel when I was pressed with urine, and that was me recovering at that time....I told myself to endure. This is the real endurance, bra. It is worse than the one we talk about in manhood. Because here you have to endure the pain and the condition you’re in …. (Interview, 23 January 2019).

Again, Mayekiso (2016: 104) notes that during the traditional initiation (*ulwaluko*), “one’s ability to publicly display *ukunyamezela* (to endure and overcome pain) not only is a sign of bravery, but also gives a man social status, respect, making him *indoda yonkwenene* (a real man)”. In both of the above accounts, the participants foreground the language of *ukunyamezela* as a means for survival. The manner in which the participants talk about *ukunyamezela* in dealing with their sudden conditions of disability bears incredible resemblances to the ways in which *ukunyamezela* has been written about in literature about *ulwaluko* (initiation) in the Xhosa culture. Dabane for instance, literally takes it back to the lessons about *ukunyamezela* which were imparted onto him during his initiation period. Similarly, Kwinana’s account foregrounds *ukunyazemzela* as a man, but goes on to mention that the extent of *ukunyamezela* in his condition is worse than that in ordinary manhood discourse because now - with the disability - it's not just the pain but the condition one finds himself in that they are to endure.

In addition, from all the accounts, I get the sense that the acquisition of impairments post-initiation brings about new, and perhaps, radical understandings of this discourse of *ukunyamezela*. The participants seem to appreciate that the lessons about *ukunyamezela* during the initiation period were not simply about the pain of circumcision but rather were a metaphor for life's difficulties. And then the sudden impairment has been the test which has catapulted them into deeper understanding of the lessons. The following account from Sintusakhe highlights this observation.

> Sintusakhe (38)*:* When you are a man, well, let me speak for myself. I tell myself that I stayed in the bush for an entire month, enduring. So, I tell myself that this too shall pass. The endurance we mention when we greet, it's exactly that
>
> *Interviewer:* In greeting, how, brother? What do you mean*?*
>
> Sintusakhe (38)*:* When I asked how you are doing you said we are enduring? I am talking about that. (Interview, 04 December 2018).

Firstly, I found it interesting that Sintusakhe took notice of the manner of the greetings we shared when we met because, as mentioned in Chapter 6 (see Section 6.7), I was deliberate about not only the manner I presented myself, but also the language I used. This for me was a small victory because he had been able to acknowledge, simply through a greeting, that I, too, am a Xhosa man. He recognised me as one of his own which meant he was comfortable enough to talk to me.

Secondly, I was intrigued by this frequent appearance, in the interviews, of the discourse of *ukunyamzela (endurance)* with direct references being made to the initiation period as the source thereof. For me, this frequent mention of *ukunyamzela* in most of the interviews serves to contest the emergent views in scholarship and public discourse which, in light of the death of initiates in the Eastern Cape, have shown overall contempt of the tradition and summarily painted it as useless, irrelevant and archaic (Sobopha, 2001; Ntsaba, 2002; Tshemese, 2014; Mashabane, 2018). Sintusakhe's account, for instance, highlights the initiation period as a time that instils the resilience and the thick skin needed for the challenges that lay ahead in life. In the sections that follow, I explore the construction and negotiation of new manhood identities after the acquisition of impairments and consequent disabilities.

8.3 Being a man after disability: A new man, a different man

Upon finding out how these men view the disabling event, I then explore the transition period from being able-bodied to being disabled. In line with identity scholars such as Eminov (2007) who argue that identities may be used as negotiation strategies through which to adapt to a variety of social situations, my intention is to capture their recollections, at the subjective level, of the process of (re)constructing a new manhood identity in line with their likening of the acquisition of impairments to a second initiation. Disability scholarship is replete with discourses of loss (Gerschick, 2000; MacQueen, 2016; Mara, 2018) resulting from the impairment which necessitates a construction of a new identity.

Scholars such as Murphy (1990) through his notion of "embattled identities", Gerschick's (2000) notion of "status inconsistency", Walker's (2010: 639) "ruptured identities", and Goffman's (1963: 1) notion of "spoiled identity" have grappled with the questions of identity in relation to disability. Similarly, literature on manhood has, in particular, revealed that a new form of masculinity is often constructed after chronic illness diagnosis or upon becoming disabled. Kelly and Millward's (2004) chapter on *Identity and illness*, explores the various ways in which illness and related changes to one's body can impact identity and self. Mfecane (2010), for instance, has also argued that perceptions of masculinity are affected by the experiences of being diagnosed with HIV and the consequent use of public health services to a point where men are redefining what it means to be a 'real man'. Similarly, there is an expansive body of disability scholarship (Gerschick, 2000; Nicholas Watson, 2001; MacQueen, 2016; Barrett, 2017) which also shows that men, upon the acquisition of impairments, take time to reflect, redefine, renegotiate and re-evaluate life and values.

Jonathan Watson (2000) citing Shakespeare (1996) argues that it is crucial to explore disability identity because it is only through that exploration that we are able to come to an understanding of the complex relationship between the individual, society, and biology. Additionally, those participants who acquired their impairments after the initiation, similar to Pearson and Pini (2017) on chronic illness and masculinity, talked about their lives as men before, and lives as men after that were vastly different. It is for this reason that it is necessary to explore the transition, and the (re)constitution of a new manhood identity, if at all.

In my attempt to explore this transition and the resultant (re)construction of manhood identities, I am incredibly persuaded by Pyke's (2017: 237) description of the transitory period when masculinities are evolving as the "pause process". He notes that the "pause process enables them to reflect on their lives, their social environment, the pressures of manhood, their beliefs, their past and their future aspirations" (Pyke, 2017: 237). The phrase "pause process", for me, is salient in that it captures the essence of an agile being whose life comes to a pause which necessitates that they reconfigure their identity. I envision that the pause process in the study of disability and masculinity would precede Gerschick and Miller's (2000) three R's strategies - as previously discussed in Chapter 3 (see Section 3.7) - through which disabled men's responses to hegemonic masculinity could be framed. This would be the period when the newly impaired subjects think and subsequently decide to either *rely* on dominant masculine traits despite their conditions, *reform* what it means to be a man for their own or outright *reject* the dominant ideals.

The accounts from these participants, in line with seeing the acquisition of impairments as a second initiation, also talked about having to figure out ways of being and doing manhood anew and differently. I liken this to the period of seclusion in the traditional initiation process whereby initiates are taught the ways and language of manhood and should therefore reflect on the kind of man they should become.

> Kwinana (33): My brother I prayed to God a lot after being discharged from hospital. A lot, a lot, I used to pray then I became alright bit by bit. I then accepted my situation after some time.
>
> Interviewer So you used to pray even before you got injured or it was a new thing?
>
> Kwinana (33): Praying, I will never lie to you, I started praying the day I was informed by the doctors, they prayed with me in the beginning; they prayed with me because they had lost hope. As I said they were saying that I would never be able to independently pee but I can now. (Interview, 23 January 2019)

> Interviewer: You said you are a person who goes to church, right?
>
> Sinqoko (74): Yes, I go to the Zion church. Ever since I got injured I saw God. I am now living through God now because I don't do things like drinking. I am now praying to stop smoking because it is difficult to quit. Even then, I am not a stubborn person. If there would come people who stop people [from smoking], maybe coming from these places, I would stop because it is a waste of money, I know. Yes, sir, I am a person of the church, I go to church every Sunday
>
> Interviewer: So you used to drink?
>
> Sinqoko (74): I used to drink but I thought eh, this situation I am in, because you can drink with people spending your grant, after that, they mess up when they are drunk. You find out when you come to your senses, when you look for these people they are not anywhere to be found, you are left alone with your walking sticks, you stumble and you fall. When you check your pockets you don't have a cent, but they you have that thing that no, you will get paid again. You see that is not progress? You will never own anything. I saw it then that I

> said I want to be a man. I want to be a man of what use? I am not a man that goes around bowing down in these homesteads. I want to be a man with his own things. Because I was a person who had feelings of becoming something in life. (Interview, 5 November 2018).

In Pyke's (2017) pause process, men have the agency to choose to be different. He notes that while men are aware that any change that opposes traditional masculine norms may impinge on their social and cultural acceptance as men and may perhaps result in being socially stigmatised, this pause process offers them a sense of recognition that they have agency to choose to be different. He goes on to argue that "this can free some men of the burden of masculinity" (Pyke, 2017: 225). Both Bandile and Kwinana in the above accounts reflect lives that paused and subsequently considered new ways of being. Out of Kwinana's pause process emerges faith in prayer and God. While Sinqoko's account is also about new-found faith in God and his decision to quit alcohol and further hopes to quit smoking. I thought Bandile's reflection about why he decided to quit alcohol was particularly apt.

> Bandile (38)*:* I saw it then that well, I said I want to be a man. I want to be a man of what use? (Interview, 12 July 2019).

The above account truly paints a picture of someone who's paused to reflect on his masculinity and values. The emergence of faith in God and quitting alcohol and other unhealthy habits, brought about by the disability, also comes up frequently in Mfecane's (2010) work with men who are diagnosed with HIV. Mfecane (2010: 97) goes on to argue that the church emerged in his data as offering alternative views on what it means to be a man.

Similar to Mfecane's (2010) assertion, there is a correlation between becoming part of a church community and belief in God, and the emergence of alternative/new ways of doing Xhosa manhood. Mfecane (2010: 97) notes that church emerged as the site wherein alternative ways of being a man were mostly produced because churches, for instance, "do not encourage people to have multiple partners, instead they preach about monogamy as an acceptable sexual order". As with all the participants, once they mentioned the church and God, I would ask if they were church-goers and religious before the disability. Similar to Kwinana's account above, the following account from Bhana reflects this correlation between the acquisition of the impairment, belief in God and the emergence of new ways of doing manhood.

> Interviewer*:* So, you used to go to church before you got injured*?*
>
> Bhana (57)*:* No, I did not go to church. It was my mother, from my family, who used to go to church. I started to be serious after I got injured…I sometimes attend with my wife now… after I got full membership at church, I then I saw that liquor doesn't go with the church robes, and so that's how I stopped. (Interview, 17 November 2018).

From all these narratives there is an emergence of alternative masculinities, in manhood, after the acquisition of the impairments. From Bhana's above account, there is a correlation, and perhaps even causation, between the acquisition of the impairment, becoming religious, and a subsequent birth of alternative ways of doing manhood. He mentions that before the accident his mother was the only person in his home to attend church. When he then became a uniformed member of the church, he saw a disjuncture between being in church uniform on Sundays and continuing things such as drinking alcohol. More research is needed on the ways in which the church uniforms discipline congregants. The narratives about alternative ways of doing manhood range from simple habits such as quitting smoking and alcohol, starting to believe in God and becoming more religious, and being more involved in the household domestic duties such as cooking and cleaning. In the next section, I explore various alternative ways of doing manhood which emerged after the acquisition of the impairments and the consequent disability.

8.4 Alternative manhood masculinities

> Mfuyi (59): Eh, my brother, it was difficult after I was discharged from hospital. I didn't even know where I was going to start… what kind of a man, or a father I would be*?* (Interview, 8 November 2018).

In the above account, Mfuyi reflects on his challenges about doing manhood after he was discharged from hospital. His sentiments about 'not knowing where to start and not knowing what kind of a man/father he would be' reflects Mara's (2018) argument about a limited exposure to an expanded *[manhood]* masculine repertoire. Shuttleworth's (2004: 166) study notes that for disabled men to be successful and happy in love, for instance, they must "assume a flexible gender identity and expand their masculine repertoire of orientated-ideals and embodied, interpersonal practices beyond those associated with hegemonic masculinity". It was therefore my intention to explore how and if their gender identities had expanded, and what manner they had taken. In line with the above account, the following section presents a discussion of the common alternative masculinities that emerged after the acquisition of impairments.

8.4.1 Becoming independent. Becoming domesticated.

MacQueen (2016) writes about men doing life differently after the acquisition of impairments. While a large body of scholarship conclusively reports loss of independence and agency (Charmaz, 1983; Ostrander, 2008; Sithole, 2013) as a consequence of impairment in men, I note that the men who acquired their impairments after initiation talked about becoming more independent particularly in relation to household duties. This, for most of them, was a completely new terrain. Scholars have written about the infantilizing effects of patriarchy upon boys and men in relation to domestic duties (Mirkin, 1984). Dorothy Allison (1992), in her novel *Bastard out of Carolina,* aptly captures this infantilization of men and boys by patriarchal gender arrangements. She writes:

> My aunts treated my uncles like overgrown boys—rambunctious teenagers whose antics were more to be joked about than worried over—and they seemed to think of themselves that way too. They looked young, even Nevil,

> who'd had his teeth knocked out, while the aunts—Ruth, Raylene, Alma, and even Mama—seemed old, worn-down, and slow, born to mother, nurse, and clean up after the men.

Allison's (1992) above description paints a picture of how patriarchy infantilizes men and lets them get away with being children who must be looked after by the women in their lives. Similarly, Ratele *et al.* (2010: 560) also noted that the boys in their study reported that "real men don't cook, they only assist". Research on the intersection of disability and masculinity has already noted that the acquisition of impairments has an impact on roles and relationships leading to a change in the division of labour inside the household (Hall, 1999; MacQueen, 2016). Similarly, I learn that four of my participants' wives started working after they became disabled. I ask Naso, who only got married after becoming blind, if his wife would be working had the impairment never occurred.

> Interviewer*:* So if your electricity (eyesight) didn't cut, would your wife be working*?*
>
> Naso (54): Oh, no, sir, I don't want to lie she would not be working at all. But the situation is difficult from the two of us because this grant money is very little*.* (Interview, 23 January 2019*)*.

With their wives/partners being 'forced by the circumstances', as Naso frames it, to look for work, these men have had to become independent in the household. This is a reflection of the aforementioned reversal of household roles. One could argue that the acquisition of the impairment also affords the participants an opportunity to evolve and therefore, redefine and renegotiate their manhood masculinities. These participants, for instance, talk about having had to learn how to do basic domestic chores such as cooking which they have never had to consider prior to the impairments because patriarchal gender arrangements dictate that 'real men don't cook', as previously mentioned. The following account from Zenzele demonstrates how this position of dominance due to patriarchy affords men a position where they don't have to worry about cooking or cleaning.

> Interviewer: So you say you couldn't cook before you were on that wheelchair?
> Zenzele (59): No, I never learnt how to at all..
> Interviewer: So, who cooked for you in Gauteng*?*
> Zenzele (59): Brother, I will not lie to you. As men we had adopted that attitude of our fathers in Gauteng, that there should be a person to cook and wash clothes for you. That time you have a wife at home (laughs). So, I couldn't cook at all. But I am driving myself here at home, and I cook when I am hungry. (Interview, 12 November 2018).

In the above account Zenzele, who used to work in the mines in Gauteng, talks about never having to learn to cook before he was disabled. The patriarchal system had both catapulted and infantilized him to an extent where he admits having looked for a cohabitation partner whilst in the mines for the sole purpose of having someone to cook and wash clothes for him. The propelment to a position of dominance, through the "patriarchal dividends" (Connell, 1995: 82), merely by virtue of being a man can be deduced from the fact that he could easily find a cohabiting partner without any negative sanctions. He goes on to say that this was the way their fathers did things. And thereby infantilized in the sense that he never had to learn the most basic activities for human survival, such as cooking and washing his own clothes. As a man, he expected to be taken care of.

Moodie and Ndatshe's (1992; 1994) research on 'mine wives' explores this phenomenon whereby the male migrant mine workers, who left their wives in the homestead, took not only other women but also younger men for sexual and household services in return for money and other favours whilst in the mining compounds. Therefore, in the above account Zenzele, just like Naso, Sinqoko, Kwinana and other participants who acquired their impairments post initiation, have in essence become more independent, particularly in the domestic sphere, since the acquisition of the impairment. The disabling event is therefore "freeing" men, so to speak, from the burdens of a patriarchal manhood masculinity. They seem to emerge, after the pausing process, with redefined manhood ideals and identities which often include learning to do some domestic work.

Secondly, in this process of becoming more independent, these men talk about not only redefining but also transgressing the traditional gender roles. It seems as if after being impaired, the men suddenly realize that they have the agency to carve different manhood paths, and to not only reject but also reform certain dominant and normatively prescribed ways of being a man in this context. The following two accounts from two different participants afford us a glimpse into the many ways in which men redefine manhoods after traumatic events. In both of these accounts, a manhood masculinity that discards the traditional, and gendered division of housework and roles emerges after the acquisition of the impairment.

> Interviewer: So you were never taught how to cook when you were growing up?
>
> Zenzele (59): I grew up in a household where cooking was done by girls and my mother. As young men we were looking after livestock. I got circumcised and then I took a wife. So, I never felt the need to learn how to cook until I sat in this chair. Now I am forced to cook because my wife cannot be coming home exhausted everyday and then I expect her to cook for me. (Interview, 12 November 2018).

> Mfuyi (59 Nothing is removed by washing dishes and washing carpet, right? [giggles]. Manhood is going nowhere, sir. (Interview, 8 November 2018).

Szabo (2020) recognize a dominant signifier of masculinity around food as being the recipient, rather than the producer, of household meals. As expressed in the above accounts, both of the participants never had to learn how to cook before they became disabled. However, after the acquisition of the impairments the participants' relationship around food, as an example, shifts from just being a receiver to being a producer as well. A realisation that they need to contribute to the running of the domestic duties emerges.

In this section, I have largely focussed on the independence that emerges after the acquisition of the impairing condition because this was the most dominant theme throughout the data collection. However, this is not to limit the emergence of alternative Xhosa manhood masculinities only to kitchen duties. I have intimated in the above sections that the Church and a belief in God also feature as a site that emerges after the acquisition of the impairments. In the sections that follow, I explore the experiences of the participants who acquired their impairments before successful completion of traditional initiation and, what the transition to manhood and subsequently living as disabled men means for them.

8.5 Disabled before initiation: Initiation as an entry to a respectable personhood.

While the participants who acquired their impairments post-initiation frame the acquisition of the impairment as a second initiation, an overwhelming number of participants who acquired their impairments before initiation view the initiation period as a gateway to a respectable personhood. The first group (*injury post initiation*) talk about the impairment as having sent them back to the drawing board in so far as manhood duties are concerned. This group of participants (*injury before initiation*) speak about the traditional initiation with excitement as it allowed them to gain full personhood. It becomes clear during my interviews with them that most of them were looking forward to the traditional initiation process as they saw it as a gateway to a respectable personhood status within the community. The following account from Sandile is a demonstration of this sense of looking forward to becoming a full person in the eyes of the community.

> Sandile (46): Nobody takes you seriously when you are a boy, bro. I mean even in family, you are just an ordinary person, but when it comes to important things like family meetings you don't even come as a thought. When you are a man you are respected, and you involved in matters concerning the family, you see. So bro, I really wanted to be circumcised. It's worse when your equals leave you behind, that is very painful. (Interview, 22 November 2018).

In the above account, Sandile expresses that he could not wait to go through the traditional initiation so he could become a man. He talks about it as if there was a sense of urgency to become a man. Generally, Xhosa boys look forward to becoming respectable members of society and the privileges that come with manhood. This stems from the social reality about boyhood being demonised in this context (see Section 5.4.1). Therefore, in the case of this group of participants, there was the double stigmatisation of being a boy, and disabled. Nicholas Watson (2001: 29) notes that the "basic premise of many of the phenomenological accounts of disability, is that the presence of an impairment diminishes a person's moral status". Therefore, this diminished moral status combined with the depersonalised (less than) status of boyhood in the Xhosa community, as tradition oriented Xhosa speakers believe that a man who is not circumcised is a boy (*inkwenkwe*), a dog (*inja*), an unclean thing (*inqambi*), as argued in Chapter 5, will have put this group in a position of double stigmatisation. This 'doubly stigmatised' location of being disabled and being a boy seems to have made these participants to look forward to manhood and the privileges that come with being a man. This ascension to a better and a more respectable personhood is aptly captured by Sinto who is in a wheelchair due to a spinal cord injury sustained while playing rugby as an adolescent boy.

> Sinto (47)*:* I remember that I took a decision at the age of 21 to get circumcised. First, the challenge was how I was going to be circumcised; my family was saying I must go to the hospital. Secondly, I knew that considering my immediate environment going to hospital was going to put me in a particular place. First, because disability on its own is unacceptable, secondly, I knew that if I do it in hospital that would be adding on top of the abuse that one gets. Now, when I am trying to get close to the community and then be in a situation of having been circumcised in hospital, something that will put you in a situation of being abused further by something that you will never be able to change, something that you had entered. That is when I decided that no I will do it the way other people do it. (Interview, 20 November 2018).

In the above account, Sinto talks about taking a decision to go through traditional initiation, against his family's wishes of medical circumcision due to his being in a wheelchair. He talks about the stigma attached to disabilities and his decision to go the traditional route as a way to "bring one closer to the people". He yearned to become a person. *Ulwaluko* in this case is seen as a gateway to dignified personhood. Similarly, Mncedisi, who was injured and subsequently left impaired as a result of a hit from traditional Xhosa stick fighting, captures this sentiment of seeing initiation as an entry to a more respectable personhood.

> Mncedisi (58)*:* Brother, being injured as a boy was very difficult. You see that I am limping, right, and that meant I couldn't go to traditional dance ceremonies with other boys. I couldn't play stick fighting, where I got injured. I would be supporting myself by the house structures, and that time I used to sleep in whatever place I would find myself in by night time*.* (Interview, 5 November 2018).

Mncedisi's account reminds me of my father's story. I am told that my father went to initiation without parental consent. This practice is called *ukuziba* (directly translated: 'to steal one's self off'). This was possible because initiation was not legislated during his time. Now sifting through my participants' stories, I wonder if he decided to go without parental consent because he could not wait to acquire this new revered personhood status. Mdedetyana (2019) notes that while the phenomenon of *ukuziba* was discouraged, it happened. "However, a person who did this would still be regarded as having become a man" (Mdedetyana, 2019: 32).

I begin to think that the double oppression of being a boy and being disabled was too burdensome that he could not wait any longer. Being disabled as a boy, during his time, must have meant he could not partake in stick fighting which carried a lot of currency for boys. Additionally, scholarship has shown that "It is even common for girls to tell uncircumcised men that they don't date *amakhwenkwe* (uncircumcised men)" (Tshemese, 2012; Dingindlela, 2014: 25). It follows from this that being a boy and disabled must be one of the worst social locations in this context. It is therefore for this reason that I argue that, for them, initiation presented a gateway to full status of personhood.

In the following sections, I explore the ways that the participants see the impact of their impairments upon their manhood identities. This stems from the theoretical claims that disability somehow diminishes one's manhood and threatens their manhood identities to the extent that they become marginalized men. I have combined the narratives of both the participants who acquired their impairments before and after initiation in exploring their experiences of living as Xhosa men with visible physical impairments. I begin by looking at how they see the impact of the impairment on their manhood identities. Upon finding out that they do not see any threats on their manhood identities, I then move to discuss the aspects they see as impacted.

8.6 Threatened manhood identity vs. threatened status as a man

Contrary to most of the Euro-western scholarship on the intersection of disability and masculinity, participants from both groups (acquisition of impairment before and after initiation) do not talk about their manhood identities as threatened. Pearce (2012), for instance, writes about participants who define manhood in relation to occupation and when that is lost, due to chronic low back pain, their masculinity also vanishes. Similarly, Charmaz (1995) writes about how chronically ill men were prepared to take life threatening risks in an attempt to bolster their masculine identities among other men. While the participants in this study all agree that the impairments, in their varying degrees, have encumbered them from doing and perhaps attaining normatively prescribed manhood duties and achievements, respectively, they all equally agree that the essence of their manhood is not threatened. Almost all of the participants do not conceive of the impairments and the subsequent disability as threatening their manhood masculinities.

The mere fact of being a traditionally circumcised man seems to assume a master status in terms of how the participants in this study self-describe. I am fascinated by the power of this traditional cut, and the fixedness of the manhood identity that follows. Their disability and other markers of difference seem to come secondary, and as a result pose no threat on their manhood identities. Because of the master status which manhood assumes in terms of how the men self-describe, I note, similar to how Toft and Franklin (2020: 89) observe the disabled identity "camouflaging issues that would have come up with only the trans[gender] identity", that in this case being *indoda* (a man) helps in camouflaging or dealing with issues that would have come up with only the disabled identity. *Ubudoda* (manhood) as master status in terms of self-identification swallows any possible threats that may arise from somatic abnormalities. The following two accounts from a younger participant and the oldest participant in the sample respectively, reflect the groups' sentiments about the impact of their impairments on their manhood identities.

> *Thembani (34):* Yes, I agree that I am injured but that has nothing to do with my manhood. I am a man just like other men, you see. Manhood cannot be removed (giggles) except if you were circumcised in hospital and then other men discover that. If you call yourself a man you will be told that you are not. (Interview, 28 January 2019).

> *Sinqoko* (74)*:* How does my physical impairment have to do with my manhood, you understand my father's child? I am a man, full stop. (Interview, 5 November 2018).

Both of the above accounts serve as proof, as previously mentioned, of the role of the traditional initiation process as a grantor of equal access to manhood despite all social and corporeal markers of difference. Both of the accounts reflect an incorporation of the impairments into self-identity, a recognition of being disabled, while at the same time there is a clear separation or distancing of that self from manhood. Thembani's response for instance, '*yes I am disabled but my manhood has nothing to do with that*', epitomizes this simultaneous acknowledgement, and separation. Therefore, unlike in mainstream disability studies wherein male participants self-describe as "disabled men", the two categories of identification – disability and manhood – do not, in these participants' self-descriptions intersect to form one conjoined identity category. The two of them seem to exist in parallel. The participants conceive of themselves as man, in the first instance, and disabled, separately.

This dimension about disability adds to the existing literature about Xhosa manhood and the equality it grants despite other somatic categories of difference such as sexual orientation (Ntozini, 2016). As previously mentioned, while as a researcher I am fascinated by the power of this traditional cut and the fixedness of the manhood identity that emerges from this process, as a member of the Xhosa culture, I am not entirely surprised. I have always known the supremacy of manhood as both an identification and ontological category.

However, I gather from the accounts that while the participants do not conceive of their manhood identities as impacted, it is rather their social status as men, amongst other men and in the community, that 'they feel' is threatened. It emerges from their accounts that while the unimpacted manhood identity results purely from successful completion of traditional initiation, their social status rests upon achieving certain markers of respectable manhood. The participants draw a separation between their manhood identity(ies) which encapsulate(s) their existence as men, and their social status not only amongst the men but also the community at large that they feel is threatened. Despite my attempts to draw it to their attention that the following markers of manhood flow from the simple fact that they are men and therefore this separation is tenuous in its formation and illogical in comprehension, the participants continue to make this conceptual separation. Mfecane (2018: 37) has, in this regard, also noted that "it is theoretically unsound to separate *indoda* (the physical being) from *isidoda* (the everyday performances), because the former depends on the latter".

Both groups of men perceive no threats on their manhood identities emanating from their physical impairments. They define their manhood as unimpacted. The sections that follow pay a close attention to the aspects, in their performances of Xhosa manhood masculinity, they conceive as impacted by the impairments.

8.7 Markers of respectable manhood: Status things

Having established that the participants in this study are adamant that their manhood identities are unimpacted by the impairment, that there is a conceptual separation between the manhood identity and the disabled identity which is neatly packaged in such a way that the two identities are not conceived as intersecting. The manner in which they negotiate their manhood identities and disabled identities is carried out in such a way that who they are as men and how they self-describe remains completely unimpacted.

In the sections that follow, I outline how the participants see their social status - rather than their manhood - as impacted by the impairment. Ironically, while they are adamant that their manhood identities are not impacted, the things they detail as impacted, thus potentially diminishing their status, are those considered as either responsibilities or achievements of manhood not only in the Xhosa culture but in other *Nguni* cultures as well. This observation, for me, is another reminder that Xhosa manhood, as an identification category, is separated from the activities that flow from it, and everything else. It stands alone as the pride of all men and not to be mixed with any other identities; not to be spoiled. This is when I concede that identities and the processes of identification are indeed a messy arena. While finding out that the manhood identity is unimpacted is an interesting finding, I am not entirely surprised because in Xhosa culture one becomes a man (*indoda*) merely by successful completion of traditional initiation and this becomes a fixed category of identification. Nothing can ever take that identification away.

Mfecane has already noted that "the social fact of having undergone *ulwaluko* to completion means that one remains an *indoda*, even if he violates the expected social conduct; he does not lose his status as an *indoda"* (2016:207). However, based on my participants' narratives I differ, purely on phrasing, with Mfecane's (2016) above assertion. I argue that the participants' narratives tell us that one does not lose their identification, rather than status, as a man. This is because the participants inform me, as it will be shown in the following sections, that one has to do, and achieve certain things for better status as a man which is the aspect they identify as encumbered by their impairments.

Social status in this case does not refer to a form of hierarchy of masculinities comparable to that of Connell (2005). As argued previously, the starting point is one of oneness amongst the men. The only established hierarchy is that based on seniority in terms of the number of years since one has completed the traditional initiation (*izilimela*). In my view, this is when that physical capital comes into action. Barrett (2017: 11) has noted that when we consider the theorisation of disability as a negatively valued form of bodily/physical capital, the frailties inherent to human embodiment can be understood as rendering one's corporeal status as extremely fragile. This fragility then renders it impossible for some of the participants to build homes, marry, produce children, and lastly be visible within the community which are some of the factors they identify as elevators of one's status within the community.

8.7.1 "Indoda kumele ibe nomfazi". A man should have a wife

The most prevalent elevator of men's social status that the participants talk about is being married. I gather from their narratives that the mere act of marrying has a positive bearing on one's status as a man not only among men but in the entire community. From the participants' narratives, it emerges that initiation makes one a man while marrying elevates one's standing within the community. I gather that this is the reason why they speak of their manhood identities as unthreatened by their impairments. There is a clear separation between manhood identity, as an identification category, and social status measured by the respect and admiration one receives. The former is a given through traditional initiation while the latter is dependent upon certain achievements. While it has been noted in literature that successful completion of traditional initiation affords one *isidima* (dignity) (Mayekiso, 2016; Mgqolozana, 2009; Ndangam, 2008), marriage elevates one's *isidima* to another level. The following account from Zukile, who was impaired from a polio paralysis from age 5, goes to demonstrate this point.

> *Zukile (43):* Your dignity as a man grows once you get married and have some responsibilities. Indeed, a man has to have responsibilities.
>
> *Interviewer:* So, if I don't want to get married, where does that put me*?*
>
> *Zukile:* Eh, you see now, your contemporaries will not really consider you as an equal. You have one thing you lack. You will have to concede to that. I mean your only responsibility is yourself, you don't have problems, your status doesn't equal to those who have responsibilities, yeah*?*
>
> *Interviewer:* Ok, but socially I am still viewed as a man*?*
>
> *Zukile:* At the end of the day you will remain one. You are a man but that doesn't have any role to play but then we have hope that maybe, hey, you can do something but the years go by. (Interview 14 November 2018).

In the above account, Zukile goes to lengths to explain that a man's dignity grows upon marriage. He who marries becomes more respected. Zukile also links marriage to responsibilities for the man. In this manner, those who remain unmarried are seen as evading responsibility therefore their "status is less than those who are married", as he puts it. He goes on to explain that when one does not marry even their age mates, in terms of initiation (*saluka*), will regard them as less than - as if there is something missing, a mark they have not reached. However, he also clarifies that one's manhood identity still remains intact regardless.

In addition to gaining dignity through marriage, I also discover that there are positive socio-cultural sanctions for married men. The following account from Sintusakhe demonstrates one of the ways in which marriage elevates one's status to a point where they end up enjoying some "privileges of ritual".

> Sintusakhe (38): A man is supposed to get married, brother. You see when the (brandy) bottles are distributed, the ones called *ibhotile zamabele* (breast bottle) in a traditional ceremony? When there are a number of you as men, a word would be that you are all men, but you won't drink this (brandy) bottle, you don't have a wife, you can't drink this *bhotile yamabele.* Whose wife's

> breasts are these when you don't have a wife? So you must get married so that you can also reach that level. (Interview, 04 December 2018).

In the above account, Sintusakhe talks about how marriage elevates one's status. As proof of this elevation, he mentions how there are certain privileges, particularly during ritual ceremonies, that can only be enjoyed by married men. In the account, he refers to a serving of alcohol which is to be drunk only by married men. Sintusakhe's account also tentatively addresses one of this study's research goals in relation to Xhosa manhood masculine hierarchies. As mentioned in Chapters 2 and 7, I sought to investigate the place of embodiments upon the organization of hierarchies amongst Xhosa men. This stems from Connell's hierarchy wherein men with disabilities are categorized as marginalized men, in masculine hierarchies, due to their impairments. The question I seek to investigate in relation to Xhosa manhood masculine hierarchy is: If successful completion of traditional initiation puts Xhosa men at the top of the hierarchy, as *indoda* is the most celebrated form of masculinity in this culture, then does that mean even men with physical disabilities who have gone through the initiation are at the top of the hierarchy?

From Sintusakhe's account we begin to see that there is no consideration of embodiments in the organization of masculine hierarchies. This can also be discerned from how the participants talked about initiation as a grantor of equality amongst all men. Similarly, Mashabane (2018) and Ntozini and Ngqangweni's (2016) research on gay men's experiences of *ulwaluko* report similar conclusions about *ulwaluko* as a grantor of equality. Literature on Xhosa manhood has established that hierarchy is primarily based on *izilimela* (Mayekiso, 2016; Siswana, 2016; Ncaca, 2014; Mhlahlo, 2009). Mayekiso (2016) described *izilimela'* as years one has been traditionally initiated/circumcised, while Siswana (2016) describes it as the acquired number of years in manhood amongst Xhosa men. This hierarchy is primarily practised in the sitting arrangements of men at all times. For instance, the man with the most *izilimela* *(*years as a man*)* will sit by the door. This is regardless of his age. He is recognised as the oldest in manhood circles. If men were circumcised during the same season or day, then the first to be circumcised will sit by the door. My interview with the cultural activist, Mr. Matshoba, also confirms this. He notes the following:

> *Mr Matshoba:* Hierarchy among amaXhosa is counted according to *izilimela*, you understand, the number of years as a man, because you will find at the bottom *amakwala* (new men), after sometime you rise to the next level and you become *abafana* (young men)…and then on top its *amaxhego* (grandfathers), you understand, that's how it is. *(*Interview, 05 December 2018).

However, from the participants, as mentioned in Sintusakhe's account above, I also learn that there are also situational hierarchies/hierarchies of situation. These are primarily dictated by ritual ceremonies as is the case with Sintusakhe's account. In these situations, *izilimela* foreground will be used to order the hierarchy, particularly in sitting arrangements, but it is not the primary determining factor of who gets to enjoy privileges of the situation. For instance, X may have more *izilimela* than Y, but if X is unmarried, as an example, then he does not get to enjoy whatever privileges the situation dictates for married men.

At first, the participants speak in general and ambiguous terms - their narratives about marriage do not account for their disabled embodiments. As evident in the above accounts, they speak as if they have no awareness of their impaired bodies. Generally, in the Xhosa culture marriage is permissible after one has successfully transitioned from boyhood to manhood. Mfecane (2018: 35) notes, "an *indoda* can marry, build a household *(umzi)*, and actively participate in religious and cultural affairs." It becomes clear that marrying affords a man *isidima* (dignity), which elevates his status within the community. However, the participants speak as if they are able-bodied and I want them to account for their impairments.

It is at this point that I prod more about how they negotiate this expressed need to achieve this elevated status, through marriage, within the community and manhood circles. I want them to account for their disabled social selves. What impact does the disabled identity, which they separate from the manhood identity, play in their marriage prospects? I ask if there are any issues that they believe are peculiar to them as disabled men. It is at this point that they start to reveal that there is a layer of undesirability, because of their impaired bodies, that they are aware they must deal with in their searches for sexual partners and spouses. In the section that follows, I explore this undesirability that the participants bring to the fore.

8.7.1.2 Negotiating perceived (un)desirability in relationships

Despite the steadfast and highly prevalent belief that marriage is necessary as a ladder used to elevate one's status and therefore all the participants aspire to marriage, there is however, an appreciation from all of them of the fact that disability – being strange and awkward – makes it difficult for them to climb this symbolic ladder for dignity and a more respectable and admirable social status within the community.

There is an awareness that in pursuing sexual relationships, that may lead to marriage, they have to contend with, and negotiate the 'undesirability' that disability is imbued with by the ableist society within which they live. It seems to me that marriage and romantic relationships constitute the site where the participants are most aware of their impairments, and by extension their bodies. Charles Cooley's (1902) notion of the looking-glass self, as discussed in Chapter 4 (see Section 4.5.2 (iii)), is most applicable to participants' narratives about their feelings and perceptions of sexual partners. While the participants' disabled identities are not incorporated into their manhood identities, they (disabled identities) are clearly a consideration when it comes to potential sexual partners and thinking about marriage. Suddenly, when I interrogate them about how they negotiate their perceived undesirability in the terrain of romance and marriage, I begin to elicit narratives that demonstrate the ways in which the participants envision themselves through the eyes of others (Byrne, 2017).

While the participants speak about their manhood identities as unaffected and therefore see themselves as equals with other men, they are clearly aware of their impairments when it comes to interactions with women – who are (to be) pursued for sexual and romantic purposes. When we start to speak about women and marriage prospects, particularly for the unmarried participants, I hear about how they imagine judgements about their bodies. This imagination of judgement is best explained through Charles Cooley's (1902) notion of the looking-glass self. I note that the body suddenly features in how they speak about themselves in relation to women but is hardly mentioned in relation to other men. In relation to women, the men seem to not only have an awareness of their disabled identities but also of the ableist nature of their communities which places them in a disadvantage. In the first instance, Cooley (1902: 97) notes that the looking-glass self captures how each person imagines their physical appearance. The following narratives from the participants aptly illustrate the manner in which they imagine themselves to appear in the eyes of potential sexual partners.

> *Naso (54):* I met that lady I am married to when the electricity was finished. When we started I thought this one is playing games because she knows (laughs). The other one I met gave me lotto papers (laughs). All along I thought it was 600 rands, thinking (the lotto papers) are hundred rands. To find out its lotto papers… and at that time she was still drinking. She would go and come back night time. I would think to myself that she looks at me and says oh, poor blind person. (Interview, 23 January 2019).

> *Zicelo (50):* Oh, my brother, sometimes you meet a person and you doubt whether they have come for your grant money or they genuinely love you… We know that they gossip about us as physically impaired people. I mean even the ones we live with here in this centre, you hear them saying maybe this one can't even perform (giggles) you understand, right. (Interview, 24 January 2019).

In the above accounts, both Naso and Zicelo speak about how they imagine women see them. However, their accounts transcend mere imagination to actual lived experiences of knowing how they are viewed particularly by women. Naso, for instance, not only just worried about how the woman he eventually married pitied him as a blind man, but also narrates an account of how one woman robbed him of money by replacing his monetary notes with lotto tickets. Similarly, Zicelo speaks about not only having to worry if a romantic prospect is with him because of the government disability grant but also being gossiped about and his sexual performance being doubted by women. From these accounts, I begin to note that there is a certain vulnerability that these men have to face in their relations with romantic partners.

In the second instance, the looking-glass captured the self-imagination of judgment from others because of the appearance (Cooley, 1902: 97). The following narratives from Thembani and Alizwa demonstrate how the participant's self-imagination of judgement takes place.

> *Thembani (34):* What really disadvantages us people who live like this, brother, is being too self-conscious. (Laughs) ok, let me talk about myself. It is being too self-conscious when it comes to girls. (Interview, 28 January 2019).

> *Alizwa (30):* The problem, brother, is the lack of confidence within us. A person would think that they don't qualify because they are disabled. It's that thing of wondering what the girls say when they see me like this. (Interview, 28 January 2019).

Both Thembani and Alizwa's accounts (above) demonstrate, in the first place, how somatic concerns dominate the men's worlds in their relations to women. In both accounts there is a recognition that self-imagination of judgement amongst disabled people is a common occurrence. While Alizwa subjectively attributes this self-imagination of judgement to a lack of confidence amongst people with disabilities, Garland-Thomas's theory of misfitting could also be used to explain the root cause of this self-imagination of judgement. Garland-Thomson (2011), cited in Jacobs (2019:

104), notes that the "consequence of misfitting is the creation and maintenance of vulnerability among disabled people". I therefore infer that it is the creation and maintenance of this vulnerability that leads the emergence of self-imagination of judgement. Additionally, Garland-Thomson (2009: 33), argues that disability gives us an opportunity to understand how people stare. It must, therefore, be near impossible to not imagine judgement when having to deal with stares on a daily basis.

And lastly, the looking-glass self captures self-feelings such as pride or mortification resulting from this imagined judgment. Contrary to scholarship (Oliver, 1990; Wheeler, 2004; Pearce, 2012) that notes that from the self-imagined judgement, the person usually develops a negative perception of themselves, the participants in this study did not necessarily demonstrate any form of negative perceptions in their self-descriptions. It was intriguing to me that they mentioned their independence and manhoods as reasons for not caring what they think other people say about them.

> *Thembani (34):* At the end of the day I am feeding myself, right, I buy clothes for myself and I also man-up like other men. So what other people say I don't put it in mind a lot. (Interview, 28 January 2019).
>
> *Zicelo (50):* oh, sir, I don't blame anything on God. I mean there's no one who has ever called me names. It is just this thing of being too self-conscious because when you are in this situation it is difficult not to be self-conscious. However, I don't blame God because I am independent. Through the strength he has given me I am able to do other things other men do. (Interview, 24 January 2019).

Both of the above accounts reflect that the participants do not, in fact, develop negative self-perceptions. It was intriguing to me that they mentioned their independence and manhood as reasons for not caring what they think other people say about them. The fact that these participants rely on their manhood and independence to subjectively nullify what other people think about them is again proof that manhood in this context is, for men, a master identity that subsumes any noise. They pride themselves about being men thus no one can tell them anything about their disabled selves.

I thought it would shed some light if I asked the participants why they foreground their embodiments in their accounts about women but not when talking about other men. I asked Thembani who had spoken to me with surprising openness about relationships and sex. I believe his openness and willingness was enabled by the age difference between him and I. At the time of data collection Thembani was 34 and I was 29.

> Researcher: so when I asked you about living with other men you were saying that being physically impaired had nothing to do with your manhood, right? So I want to understand why do you see yourself as a physically impaired person when it comes to women? I mean it seems like you always have that in mind when we are talking about women.
>
> Thembani (34): You see brother, when it comes to women; there is an element of wanting them. It is not the kind of socialisation that I do with men. So the thoughts of "I wonder how she will look at me," will be there, you see. We are supposed to strip off naked with this person, if I get lucky. So the men I live with don't know how my legs are twisted. (Interview, 28 January 2019).

In the above question, I seek to interrogate why there is marked difference in how the participants see their embodied selves amongst other men vis-a-vis women, particularly in the terrain of romantic and sexual relationships with women. While in speaking about their relations with other men, the participants do not incorporate their disabled identities into their manhood identities, but in speaking about their relations with women, their disabled selves are profoundly present in their narratives.

From Thembani's accounts I gather that the reason embodiment(s) come to the forefront lies in the fact that there is a certain level of vulnerability with sexual partners (women) that does not exist with other men. There is anticipated nakedness and sexual intercourse. There is no escaping what the body looks like, and how it is able to perform in those situations. As Thembani accounts, if you become lucky and get to take the woman home, you have to consider how she will view your disabled body. That level of vulnerability does not exist with other able-bodied heterosexual men.

In this process of negotiating perceived undesirability, I also gather from the participants' narratives that marrying an able-bodied partner is potentially a form of stigma management. In addition to stigma management, a successful masculinity is one that marries an able-bodied partner. I learn that in this process of managing stigma and also proving successful Xhosa manhood masculinity through marriage, the participants are divided into opposite groups in their beliefs about the ideal partner. The first group is of the belief that an able-bodied partner is the best for a disabled man. The below two accounts from Sinto and Sinqoko capture the essence of the reasons for the participants who exclusively enter romantic and sexual relationships with able-bodied partners.

> *Sinto (47):* I am not married to a disabled person, my wife is not disabled and nobody chose on my half, I did, and I met her when I was already disabled and then we got married after a year. I wouldn't cope with a disabled person my brother, because you can see, right….so at least I need someone who will take care of me in the house. (Interview 20 November 2018).

> *Sinqoko (74* For example, I want to visit that person who is on wheelchair or that person wants to come to my house. That person is on bicycle, right, and I am also on bicycle. Who is going to pick up another person to bed. (Interview, 5 November 2018).

I was intrigued by how the men spoke about their ideal partners because it demonstrates their agency and intentionality on the kind of partner. These kinds of accounts counter the scholarship which deprives disabled people of their agency and intentionality (Dingana, 2012), particularly in romantic relationships. Additionally, similar to Lindemann's (2010) assertion, I also note that in this desire to marry an able-bodied partner as demonstrated in the above accounts, the boundary between wife and personal carer becomes blurred. However, unlike in Lindemann's (2010) Western context, I am also keenly aware that cultural constructions of *ubufaz*i (wifehood) in traditional Xhosa communities, particularly in rural areas, places a huge emphasis on being a carer for the husband and the household. In this regard, Mbatyoti (2018: 188) in her analysis of customary marriages amongst AmaXhosa notes, "traditionally, the workload given to a woman is to take care and to attend to the needs of her husband". She goes on to note that a married woman is given the task to take care of the husband; she has to nurture him from his basic needs to major aspects as the family asks her to do so (Mbatyoti, 2018). Therefore, due to this cultural construction of wifehood which emphasizes the wife as a carer, this is not a view and sentiment only peculiar to disabled men in this context.

The second group of participants are those who talked about engaging, exclusively, in romantic and sexual pursuits with partners who are also disabled. This, for me, once again demonstrates that there is agency and intentionality in the decisions, actions and preferences of disabled people. I have noted in Chapter 4 (see Section 4.5) that my decision to not use the established disability theories – social and biomedical models – is partly due to their neglect and disregard of disabled people's agency, intentionality, and resistance. I gather that this decision, as is the case with the first group, is not a neutral/innocent one.

I gather that this group's decision and intentionality regarding ideal partners stems from two places. In the first instance, there are strong patriarchal tropes about not wanting to be controlled by a woman. There is a feeling that an able-bodied woman would dominate and control the household. This is however not to argue that the other men are less patriarchal, but it became more obvious in this group. The choice of seeking disabled women as romantic and sexual partners stems from a place of wanting to stake their claims as the head of the house. These men speak about their fears that able-bodied women will control them and will not obey them as a wife should. In the second instance, there is a sense of vulnerability and understanding that they feel would exist with a disabled partner that they would not be able to exhibit with an able-bodied partner. In addition to this, there is also a sense that there would be no need to perform a strong masculinity all the time if one is with a disabled partner.

> Sandisile(62): I used to take it as if I am a person who is not disabled, maybe will bully me, yes, things like that, that person will be out and about, let me say I used to take all of those things like that. (Interview, 01 November 2018).

> *Sandile (46):* At least [she] is better, [she] is easy because she will be in front of me, she will not say maybe I am going to a particular place and to find out that [she] is lying. (Interview, 22 November 2018).

> *Zicelo (50):* Oh, sir I would really love a person who is in the same condition as I am. Because she understands, right. If I say I have aching joints she will understand because she also experiences that…oh, it will never happen to her. (Interview, 24 January 2019).

Lastly, it is important to mention that the perceived undesirability is not the main reason why the majority of the men are not married. Similar to Hunter's (2010: 162) study and observations, the participants constantly expressed their frustrations about the scarcity of opportunities for gainful employment. The participants were constantly complaining about not having enough money, about the government disability grant being insufficient, lack of job opportunities which then means that there is no money to pay *lobolo* for a wife. Out of all the 32 participants, only 2 had formal gainful employment. Kwinana had gone back to his old job while in his wheelchair. Mzimela worked as chairperson of the disability centre he started. However, all participants mentioned gainful employment in their definitions of respectable manhood. As is the case with having your own household, the men also define having a job as a thing that elevates one's status within the community circles.

It is my hope that the men's thoughts and feelings about women, particularly in romantic/sexual relationships, serve as a reminder for all researchers of men that masculinities should not only be studied in relation to other men but also in their interactions with women and boys, particularly in the Xhosa context in relation to the latter, because there are clear dividing lines between the two manhood and boyhood.

8.7.3 *Umzi*. A man should build a home

Out of the 32 men I interviewed, only 10 had their own independent households (*imizi*). However, almost all of the participants made mention of their aspirations of building their own household (*umzi*). Having your own household as a man is seen not only as a marker of an accomplished manhood but also as an elevator of social status within the community. The following accounts from Sarhili and Zicelo demonstrate this point.

> *Sarhili (58):* A man my brother has to have at least one rondavel where he will settle*.* (Interview, 05 December 2018).

> *Zicelo (50):* As I was saying my brother, I live at home but I am busy building my own house in Kuni…. I want to be a man among other men. I also want to brew [traditional beer] in my own house… to invite other men and be introduced*.* (Interview, 24 January 2019).

In my view, there is something to be said about the utility of teachings that Xhosa men receive during the initiation process. It seems to me that the men have deeply internalized the teachings which again cements the utility of *ulwaluko* in the construction of responsible manhood within the Xhosa community. Mfecane (2018: 22) citing Mchunu (2009) has observed in this regard, that colonialism did not completely erase communitarian conceptions of gender among South African indigenous communities. Thus, various groups of African men continued to observe traditions requiring them to pay *lobolo* and build *umzi*, as a means of accomplishing manly dignity (*indoda enesithunzi*) many decades after the British conquest had been completed.

I recognise the utility and reverence of *ulwaluko* in this context because when I further investigate the source of this ideal of owning a household - to earn more dignity and respect - the participants quickly take me back to the lessons they were taught during their initiation periods. The following are accounts from the group interview from Lukhasi and Sarhili:

> Lukhasi (40): When I was given words of wisdom [by elders] it was said that a man works to build a house or revives his home, it depends, and I don't know other man's experiences
>
> Sarhili (58)*:* It's exactly like that. It is as this man explains. I don't think there is a man here who has not been given words of wisdom [by elders] and been told that is supposed to work and build a home. (Group interview, 20 November 2018).

As the sentiments expressed in the above accounts reflect, there is a certain level of dignity and respect that comes with having your own household. The account from Sarhili is a direct response and confirmation of Lukhasi's account that the importance of building a home for oneself and their families is imparted to all men upon successful completion of the traditional initiation. Again, the men are quick to tell me that the disability has no threat on their manhood identities as all men are equal. However, men who have their own households (i*mizi*) are more revered and held in high esteem not only in manhood circles but by the entire community.

> *Interviewer:* What is important by having a house? What is wrong with staying at home?
>
> *Zukile (43):* Sometimes when we have a get together as men, let's say we are drinking, you see. If there are men with homes they are the ones who have dignity and much respect. When a word needs to be said people look up to them, or they make a word of gratitude in that home we are gathering in*.* (Interview, 14 November 2018).

Zukile’s account confirms that men with their own households are more revered. He notes that they are the ones usually looked at during ceremonial occasions when, for instance, men are required to give a word of thanks. This ideal of owning a household is more aspirational amongst the men as only 10 out of 22 have their own households. It soon becomes clear that this aspiration is hard to attain for most of them due to their bodily impairments. It is in this way that they view their impairments as threatening their status. While building/owning a household is pinned as an achievement of manhood, not owning one does not diminish one’s manhood but rather their status. Again, while the context is characterised by widespread unemployment, the participants' accounts reflect a dominant view that there are no jobs for them in particular because of their impairment(s). The most dominant sentiment amongst all of them is that the impairment hinders their ability to get a job which would help them build a home. This inability to build, due to lack of resources, is seen as diminishing their status. The following accounts reflect how they see the inability to build homes, due to lack of financial resources attributed to body impairments, is seen as a factor that diminishes their status.

> Zicelo (50): oh, sir I am building but it is very difficult. I am trying to get out of my family home because that is not my house. I save up even if it’s R100 for bricks. I am building using this grant. My wife is helping me in building sir. She uses her money to buy food and I take mine and give it to the white man at Build It for construction material. As I am talking to you I have a certificate of sewing leather material. I am not unskilled. Even if you put a furniture material here I will be able to do it. But who wants to employ a disabled person? You hear that? (Interview, 24 January 2019).

> Mncedisi (58): There are no piece jobs for people like me. Jobs are in Gauteng, right? How will I go to Gauteng? Sometimes piece jobs become available but we don’t get at all. We don’t even get the jobs of waving a flag during road construction, you understand? I mean a person is just standing and just waves the flag. I can also do that job but we don’t get the opportunity. (Interview, 5 November 2018).

> Bandile (38): I want to get out of my family home and be independent, but I am struggling because this grant is small for using it for construction. I mean there is no way that the Government is supporting us, even if it's the RDP houses, you understand, for us physically impaired people. (Interview, 12 July 2019).

In all of the above accounts the participants draw a causal link between their impaired embodiments and their unemployed conditions or the inability to obtain gainful casualised forms of work (piece jobs). The participants attribute their inability to build their own households, as men, to the lack of jobs for people living with physical impairments. While they tell me, with ease, that the impairments have no bearing on their manhood identities, they consider their inability to work which subsequently affects their ability to build homes as a threat to their status within the community.

8.7.4 Children. A man should have children.

In his book *Love in the time of AIDS*, based on research conducted in KwaZulu Natal, Mark Hunter (2010: 170) notes that "most young men I knew would agree that fathering a child symbolizes sexual virility and improves a man's social status". Additionally, Richter and Morrell's (2006) study on traditional African masculinities demonstrates how fatherhood is associated with an achieved manhood. When I ask the participants about the impact of their varying physical disabilities upon their male subjectivities/manhood identities they, as mentioned above, tell me that that has no threat on their manhood identities. Who they are as men is unimpacted by their disabilities. Having established that the impairment has no impact on their manhood identities, they, in turn, tell me that one of the things that can either threaten or elevate one's social status is reproduction.

> Zukile (43)*:* When you are a man without children, a house and a wife, your value decreases. Well, at least, the house is expensive, because money is scarce. There is no livestock for *lobala,* you understand. But at least one child…you

> must be able to call your son to the kraal and share meat with him like other men do, you understand big brother? (Interview, 14 November 2018).

The above account from Zukile shows a clear appreciation of the intersecting socio-economic conditions of being impoverished which he then uses to discount the other markers of manhood (see Chapter 1). This appreciation of the context also shows constructions of manhood that have adapted to the realities of the day. In his account, he speaks about having children as the pride of manhood. Subconsciously, while talking about the desire to have children he refers to a son. I am intrigued and slightly embarrassed that I am only seeing this ethnocentric slip during my reading of the transcripts. I am inclined to believe that this is one of the blind spots/limitations about researching a context one is familiar with. One does not get to prod some of the things taken for granted because they also exist as common knowledge in one's subconscious. I believe he mentions a son, in the place of a child, because while the male primogeniture principle[8] may have been declared unconstitutional by the highest court in the country, in this context there is still a belief that only boy children will carry the family name.

Firstly, while the participants are evidently comfortable in their manhood(s) and don't feel in any way threatened within manhood circles, I gather that that sense of security does not extend to the broader community and therefore the manhood identity does not shield them from general stigmas and stereotypes about disabled people. It is in this regard that I consider that the need to sire children, for them in particular, is not only a means to achieve respectable manhood but also serves as a strategy that the men use in order to manage the stigma and disprove myths about disability.

> Thembani (34)*:* You know brother, when you are in my condition for example, you are a limping person, right, or you are in the wheelchair, other people, I am sure they think a penis doesn't get erect. I am sure they are wondering why

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[8] *The male primogeniture principle was declared unconstitutional in the case of Bhe and Others v The Magistrate, Khayelitsha and Others 2004*

> the person you are dating is still around….when you have impregnated her the perception that you don't get erect changes….I want a child but I am also scared of these diseases because these girls sleep around (giggles). (Interview, 28 January 2019).

> Sinto (47): I think children are a dream of any men in marriage…. I had a challenge of not having children for many years in marriage and that was an enormous pressure that made me go up and down. I saw that this has a potential of destroying my marriage because this thing of being abused by the community members because your wife doesn't conceive.
>
> *Interviewer:* This pressure and this going up and down you are referring to here, where does it come from? Is it coming within you or the community?
>
> *Sinto:* Well, because family members and the community will be asking you all the time why children are not birthed, you understand. I think that happens in all the newlyweds my brother. But it seemed worse here because I am sitting here on this chair. (Interview, 20 November 2018).

For both participants, having children is not merely about achieving the status of fatherhood which seemingly elevates one's place in manhood circles and the broader community. Unlike their able-bodied counterparts, who may not think much about siring children – as research has shown that people in similar contexts don't think or plan their children (Samukimba and Moore, 2020) – there is intentionality in how these participants speak about siring children. As shown in the above accounts, both of these participants, unmarried and married respectively, talk about producing children as a statement. Children for them serve as proof that dispels any myths and rumours about the sexual lives of disabled people. It is proof that the men are not asexual and further, that their penes are working, as Thembani puts it in the above account. These sentiments are in line with Sithole's (2013) scholarship on blind male students. Additionally, Sinto's elaborate accounts regarding rumours and questions about his fertility also serve as proof that the need, for him in particular, to want to have children was not only about fathering but also about disproving said myths and speculations about his abilities. He notes:

> *Sinto (47):* God made it possible for my wife to get pregnant in 2005 or 2006 and we had twins, a boy and a girl. Words were spoken while she was pregnant and God's things are surprising. My children were born, and there wasn't even this saying that the children look like their mother or so and so, eh, they look exactly like me, hey, people did not even have something to say. While I was still looking at that in 2008 God once again blessed us with a baby boy, eh, my last born, eh*.* (Interview, 20 November 2018).

In the above account Sinto brags, in a subtle manner, about the fact that his children look exactly like him. This, for him, was not only an achievement that would elevate his standing but also serves as a strategy to manage the stigma and assumptions about the assumed asexuality and infertility of disabled people.

Secondly, I also learn that for these men with physical disabilities, the anxieties do not end with their preoccupation about dispelling the myths and rumours of asexuality or infertility by impregnating, there are also fears and anxieties about raising children. I found that their accounts about fathering, or the aspirations thereof, brought about somatic concerns and inadequacies to the conversations. While the men do not see the correlation between the body and doing manhood, fathering and the responsibilities that flow from it bring about the inadequacies of the bodies that they exist in to the fore.

> *Sarhili (58): S*ome men work, you see. These men from here go to Gauteng, isn't it? So my children will say why is their father sitting here and not seeking for a job? It's difficult to rely on this grant because it's not enough, brother. But I can't help the situation. (Interview, 05 December 2018).

Sarhili's above account laments being a father in a disabled body which prevents him from being able to migrate to Gauteng to search for work like other men in this context. It is interesting that Sarhili, for instance, identifies the impaired body as the cause for being unemployed instead of foregrounding the context which is characterised by high unemployment.[9] It also tells me that the participants are selective in their incorporation of their disabled identity to their various selves. While the manhood and the disabled identities are never incorporated, I learn that the fatherhood and the disabled identities are now intimately incorporated. Unlike when talking about manhood and the body (see Chapter 7), the participants are eloquent when talking about the many ways in which their impaired bodies prevent them from being the kind of men/fathers that they wish to be. For instance, the same Sinqoko who had emphatically told me that '*ubudoda abukho semzimbeni'* (manhood is not in the body) when I had asked them about being men in physically impaired bodies, is now quick to complain about not being able to provide for his children the way he would have wanted to because of the disability.

> *Sinqoko (74):* You see, a man is a man, they say so even when it is given words of wisdom, a man is not a man by being circumcised, you can be circumcised but behave like a boy. Manhood is your deeds in the community. There is always an expectation when you are a man… and you feel it yourself too, that you must also be noticed. (Interview, 5 November 2018).

While initially Sinqoko showed a clear conceptual separation between manhood and disability, the above account shows that the disabled identity is incorporated into fatherhood. Sinqoko talks about his impaired body as preventing him from being a father who provides for his children but at the same time separates the disability from manhood. The manhood identity seems to be the pride of these men. It is not conjoined with any other identities. It stands alone. The section that follows will show how, despite the conceptual separation, there are occasions that require the men to reckon and acknowledge that their impairments impede them from performing certain manhood duties.

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[9] At the time of writing, the Eastern Cape province had the highest unemployment rate in the country.

8.7.5 Being visible. A man should be seen.

I have established in Chapter 5 that I selected to conduct my research in rural areas, in particular, for the simple reason that in traditional rural contexts Xhosa men are expected, as a requirement and a performance of manhood, to partake in community activities such as the digging of graves, slaughtering, attending meetings, which predominantly require an able-bodied corporeal presence. Whereas in urban areas, activities such as the digging of graves, for example, has become the territory of funeral undertakers, and the slaughtering is mostly done in abattoirs. The intention with focusing on rural ideas of Xhosa manhood is to explore how men with physical impairments navigate all these expectations of an able-bodied physicality in doing manhood on a daily basis.

While the participants inform me that their impairments have no bearing on their manhood subjectivities and identities, one of the factors that frequently comes up as a possible threat or boost of their status as a man is visibility within the community in which one lives. Subjectively, the participants refute the idea that their impairments threaten their manhood identities. They don't see a correlation between their impaired bodies and their manhood subjectivities. These two aspects of their lives seem to not intersect. However, the participants report that one must be seen/visible in the community to be of good standing. Visibility within the community emerges as an important thing in boosting one's standing within the community.

> Zukile (43): You see, a man is a man, they say so even when it is given words of wisdom, a man is not a man by being circumcised, you can be circumcised but behave like a boy. Manhood is your deeds in the community. There is always an expectation when you are a man… and you feel it yourself too, that you must also be noticed*. (Interview 14 November 2018).*

> *Mncedisi (58):* There can't be a situation where there is slaughtering or a meeting where you are absent. How are you a man? Tell me? A man must be

> present among other men, brother…. Staying indoors takes one's dignity away; people will end up insinuating things. (Interview, 5 November 2018).

Both participants in the above accounts emphasize that a man should be seen in the community. From these accounts, manhood is defined as not just the act of being circumcised but rather public actions and public visibility. Both participants go on to mention that when one is a man the gaze of the community is upon one at all times which is why one needs to be seen to be attending events. Mncedisi goes on to say that not being seen reduces one's status amongst other men.

However, it is important to note that the participants' willingness to be present and visible does not mean that disabilities, of all kinds, are not stigmatized as strange, awkward, and abnormal in their communities. I have already mentioned that Garland-Thomson (2009: 20) highlights disability as an opportune instance where we get to "understand how we stare". She argues that social interactions between disabled and non-disabled people are tense, awkward, and problematic.

However, when I ask the participants how they manage and negotiate the need to be seen and this awkward and ableist social gaze which is often imbued with judgment and stigma, they, in turn, describe the awkward and tense social gaze as temporary; as something that happened rather than as a permanent and continuous part of their day-to-day realities. There is a sense that the people in the community and other men get used to one's condition. This can be attributed to the fact that the communities are relatively small. Secondly, this reflects the socially embedded constructions of personhood in this context. Rice (2015) demonstrates the socially embedded conceptions of personhood among the Xhosa people by sharing a story of a profoundly autistic boy whom, because he preferred to be alone all the time, was regarded as highly strange by the community members.

> Bandile (38): People end up being used to you. For example, my brother, almost everyone knows that this side doesn't work. So, people who are still

> surprised are people, who do not know me, otherwise I am okay in this village. (Interview, 12 July 2019).

> Kwinana (33)*:* Sjo, brother, when I was discharged from hospital it was difficult. You understand that you are supposed to attend gatherings because you have to represent your family but you are shy and you avoid the many questions that will be asked. (interview, 23 January 2019).

> *Sandile (46):* I had this stick since I was 10 years because at that time, man, it was difficult. There was no one using a stick here in the village. You understand that I was really strange, and on top of that other children will be scared of me when they see me hahaha.
>
> *interviewer:* What are they scared of??
>
> *Sandile (46*): There was no one like that. A crawling person who is using a stick…they were still children as well as Gantu around that time. But they got used to me, and I ended up having friends, doing boyhood things together. *(*Interview, 22 November 2018*).*

The above two accounts, one participant who acquired the impairment before becoming a man and another from a participant who acquired it after becoming a man, reveal that the awkwardness and tenseness of the social gaze is intense only at the beginning. There is a sense that once the community gets used to you, the tenseness and the awkwardness disappears.

Lastly, I gather that this overwhelming belief and practice of being seen and visible despite their conditions - particularly those who are severely impaired - not only sustains and contributes to the development of the social self but also sustains manly ideals of domination [*without hegemony].* If the men are the ones attending community meetings where important community decisions are taken, if they are seen at grave digging events even if they do not partake in the actual digging themselves, it therefore follows that even if the wife may be the one working, the men will be the ones to come back with important community decisions. Then in this manner, their place as the dominant head of the household remains cemented. Being visible and part of the community meetings gives them a sense of power.

Again, the participants largely spoke as if they were able-bodied. Their accounts did not account for their disabilities and the impact thereof on this visibility. Upon prodding, the following accounts from Naso and Sinqoko demonstrate how physical impairments impact upon this visibility.

> *Sinqoko (74):* The problem, sir, is that when you are in this situation there are days where my knees are in pain. You can even see for yourself that it is difficult walking using these sticks. Let's assume there is a meeting or a ceremony, that time I am in pain. My wife must go on my behalf, because she's not at work, she must represent a family. Doesn't that drop the standard, the thing of being represented by a wife? (Interview, 5 November 2018).

> *Naso (54):* You see you are asking the truth. For example, we were once attacked at my aunts. I heard the cry, she stays alone that woman, and the man is in Gauteng. Now, it was difficult for me to stand up and respond because I mean there is no electricity, right. What are you supposed to do now, for this woman I live with to stand up? What will the community say when I don't stand up for things like that? Who would come when I cry?
>
> *Interviewer:* But they know you don't have electricity(eyesight), right?
>
> *Naso:* Yes, they know sir, but I say that pains me. I am supposed to be present in such places so I don't look like lame man, you understand? (Interview, 23 January 2019).

In the above account, while the participants mention two events that are completely different, they both underscore the importance of being visible and how the impairment sometimes encumbers them in this regard. They both view the inability to be visible, particularly in times when they wanted to be, as diminishing their status within the community. Sinqoko speaks about times when body aches prevent him from attending community meetings and his wife goes on his behalf. He sees that as diminishing his standing (*ukwehlisa umgangatho*). Naso, however, narrates an account when, due to being blind, he could not go to the rescue of his neighbour whose home was being broken into at night. While acknowledging that the community is aware of his blindness, he is concerned that he will be viewed as *isinyabi sendoda* (a tame man).

It is when the impairments interfere with their public visibility that they feel their status is impacted upon. Women, wives in particular, in this context are largely restricted to the domestic sphere of the household. Rice (2015) notes that the wife is expected to carry out domestic work for the entire extended family unit. Similarly, Eley (1996) cited in Ngcobozi (2017) explains the ideological underpinnings of this separation. She notes, "women were confined to the private sphere (within the household) and within this sphere, women's functions of child-bearing, child-rearing, and maintaining the household are deemed to correspond to their unreason, disorderliness, and closeness to nature" (Eley, 1996 cited in Ngcobozi, 2017: 24). Because of the aches and pains that come with some of the impairments, the participants are sometimes prevented from attending certain activities. In these instances, the wife or neighbour is usually asked to represent the participant. However, activities such as grave digging and slaughtering are strictly the arena of manhood therefore wives cannot attend those. Being prevented from attending these occasions is a source of concern for these men and they fear that it diminishes their status within the community.

8.8 Conclusion

In light of the earlier established claim that a man's physical body in the rural Xhosa culture and context is "enmeshed in a web of social obligations" (Jonathan Watson, 2000: 95), this chapter sought to explore the ways in which Xhosa men with physical disabilities construct, define and, negotiate Xhosa manhood masculinity for themselves. To answer this question, this chapter divided the participant's narratives between those who acquired impairments after initiation and those who acquired them before initiation. I have demonstrated in this chapter that those who acquired their impairments after initiation perceive the disability as a second initiation. This is so because they see the impairments as having set them back to square one concerning their manhood duties. Additionally, this is also because upon becoming disabled, they realize that they have to reconstruct their manhood identities anew and figure out new ways of doing manhood as disabled Xhosa men. In this regard, I have also showed that the participants learn to be more independent in the household particularly with domestic chores which, prior being disabled, they regarded as women's terrain.

Concerning the participants who acquired their impairments before initiation, this chapter has shown that they were looking forward to the traditional initiation process. They saw it as the only way to achieve a respectable personhood status. I have argued that this is primarily because, prior to the initiation, they occupied a position of double stigmatization resulting from both being a boy and disabled.

This chapter has also demonstrated that, contrary to established disability and masculinity scholarship (Shuttleworth *et al.,* 2012; Nolan, 2013) both groups did not report any sense of 'loss of masculinity' or threat upon their manhood identities. However, the participants talked about their status as having been affected instead. In this regard, I have also demonstrated that their social status is threatened in areas such as getting married and the politics of (un)desirability that come with a disability, the (im)possibility to build one's own homestead due to the lack of resources because of disability, the possibility of being unable to sire children because of the impairment, and the impediments different impairments place upon the need to be visible within the community as is required.

I have also argued that it is clear from their narratives that the manhood identity remains unimpacted because it results purely from successful completion of traditional initiation, while their social status rests upon achieving certain markers of respectable manhood. The acquisition of manhood through traditional initiation seems to assume a master status that is unshaken by impairments. Therefore, in light of research about gay Xhosa men’s experiences of *ulwaluko*, I have noted that traditional initiation is a grantor of equality amongst Xhosa men. Lastly, because this form of manhood assumes a master status in the self-identification of participants, unlike in mainstream disability studies wherein male participants would self-describe as “disabled men”, the two categories of identification - disability and manhood - do not, in these participants’ self-descriptions intersect to form one conjoined identity category.

Chapter 9: Navigating and managing the ‘embodied difference’ everyday dynamics

9.1 Introduction

In line with the phenomenological underpinnings, this chapter intends to capture the essence of the participants’ lived everyday experiences (Buttimer, 1976; Van Manen, 1997). Susie Scott (2009: 4) reminds us that a central tenet of phenomenologist Sociology is that “there is no underlying, objective reality to discover, but rather an infinite number of local, subjective realities, which must be studied from the perspective of those who inhabit them”. She further notes that people create these subjective realities in everyday movements between different physical settings and encounters with different people to which they attribute different meanings (Scott, 2009). Additionally, as this is an investigation of embodied difference in Xhosa manhood masculinity, the question that this chapter seeks to answer is, upon constructing and (re)defining and negotiating masculinity for themselves, as argued in the preceding chapters, how do physically disabled Xhosa men deal with the ‘embodied difference in their daily lives’ (Thomas and Sakellariou, 2018: 3)? This stems from the recognition that a central aspect of embodiment is in everyday living. In this regard, Csordas (1990) has similarly argued for an understanding of embodiment that is fundamentally situated at the level of lived experiences rather than on the level of discourse.

Embodiment, therefore, is intrinsically part of our being-in-the-world and is consequently capable of collapsing the difference between the subjective and the objective (Valentyn, 2012). In this regard, this study and this chapter, in particular, seek to contribute to the body of scholarship that approaches embodiment not only as a theoretical lens but also as a practical, everyday issue. For this reason, this chapter focuses on the everyday navigation of the participants’ embodied differences. Susie Scott (2009: 2) defines "everyday life as that which we presume to be mundane, familiar and unremarkable”, and further explains that everyday life's subject matter is wide and varied. Therefore, this chapter looks at three broad topics: sex and intimacy, social relations and sociability, and home/living environments. This chapter intends to focus on the taken-for-granted, everyday, ordinary and, mundane aspects of living that, despite being mundane, impact the participant's subjectivities and sense of self as disabled Xhosa men.

Buse and Twigg (2018: 19) note how research in disability studies and the Sociology of health and illness has investigated how people maintain a sense of ordinariness and continuity, including the day-to-day management of the impaired body and creating new ways of daily living. They go on to argue that these "dynamics of normalcy and continuity are negotiated in everyday life" (Buse and Twigg, 2018: 19). I begin this chapter by looking at intimacy and sex. Research has established that sex and sexuality is a crucial component of masculinity universally (Zilbergeld, 1992; Connell, 1995; Kimmel, 2005), and in particular for Xhosa manhood (Tshemese, 2012; Ntozini and Abdullahi, 2018), while at the same time the ability to engage in it is taken for granted. In this regard, I aim to position sexuality as part of the everyday life that is infused with power and politics and, therefore, aptly demonstrates that "what is mundane and ordinary to one person might be quite extraordinary for another" (Susie Scott, 2009: 2).

In terms of social relations and sociability, this chapter explores the sub-themes, namely, resisting being reduced solely to the disability, negotiating visibility and incapacity, and lastly, navigating pity and sympathy while maintaining manhood. While studies on Xhosa men have primarily focused on initiation (Ndangam, 2008; Mhlahlo, 2009; Siswana, 2016), this section in particular, and this thesis in general, seeks to contribute to this body of literature by extending the focus on Xhosa manhood masculinity beyond just initiation and instead centring the entire body in interactions and sociability. This focus on the body in everyday interactions is particularly poignant for this study. Goodley (2017: 91) identifies everyday mundane moments as critical sites of judgement for the disabled since their embodiments fail to match the ideal individual. However, this section seeks to explore the embodied differences in mundane everyday interactions and the tensions between the need for visibility and awareness of stigma, for example, as I have already established that public visibility is a recognised marker of manhood. Lastly, while building a home is inextricably linked to manhood ideals in this context, everyday home-life is mundane and taken for granted. Therefore, concerning the last theme of exploration, home/living environments, this chapter interrogates the participant's perceptions and meaning making regarding home adjustments and personal assistive devices in relation to manhood identities.

9. 2 Sex and intimacy

9.2.1 "*ndina le challenge yonga vukelwa*": navigating sex and intimacy

While writing this thesis, I came across Kirsty Liddiard's book entitled *The Intimate Lives of Disabled People.* Liddiard's (2017) analysis of her participants' stories about their sex lives brings to light various creative and novel ways about how disabled people negotiate their sexual lives. Their narratives of being sexual also disprove the myth of asexuality amongst disabled people. Given that the ability to have children as a marker of manhood had already been a dominant theme in this research, I was inspired to explore 'a bit' about their sexual lives. I have quantified this curiosity as 'a bit' because while I could ask all the participants about marriage, I was very trepidatious to ask the old men in my sample about their sex lives.

This is a subject I approached with great caution. In the end, the kind of rapport I built with each participant during the interviews determined whether I asked about their sex lives or not. It was, however, relatively easy to broach this subject with the younger participants. I decided to ask participants about how they negotiate sex not only because sex talk by disabled people disproves the myth about their 'assumed' asexuality but also because sex is an integral part of an everyday embodiment, as well as a significant marker of respectable Xhosa manhood masculinity as the ability to have children, has been shown to be one in Chapter 8 (see Section 8.7.). Additionally, in Chapter 5 (see Section 5.4.1), it has also been noted that the ability to have sex signifies a successful transition from a boyhood masculinity to a manhood masculinity upon completion of the traditional Xhosa initiation.

While the available literature (see for example Withers, 1997; Lindemann, 2010; Liddiard, 2017;) on the sex lives of disabled people from the Western world details ways in which disabled people construct novel ways that allow them to be "comfortable with a new way of being sexual" (Rainey, 2017: 228), the participants in this current study, particularly those with severe impairments, complained about sex as a site in which their embodied difference is most prominently felt. Liddiard's (2017) and Lindemann's (2010) disabled participants talked about creative and novel ways and mechanisms they had developed to enhance their sex lives and achieve sexual satisfaction. Similarly, one of the participants in Rainey's (2017: 229) study notes, "my wheelchair is a fantastic sex toy!...it's very comfortable for me and it's comfortable for someone, i.e. my partner to get on top".

Firstly, similar to the existing literature that disproves the myth of asexuality amongst disabled people (Lindemann, 2010; Liddiard, 2017; Rainey, 2017), the narratives of the participants with whom I was comfortable to broach this subject demonstrate that sex is a significant aspect of their everyday lives as men. However, it had already been my hypothesis that this is the status quo due to the centrality of sex not only as a significant part of the transition to Xhosa manhood masculinity, as argued in Chapter 5, but also as a marker of a respectable manhood masculinity through procreation, as argued in Chapter 8. Additionally, some of the participants are married with children. Those who were not married at the time of interviewing had expressed their aspirations for both children and wives in talking about marriage and children as markers of manhood (see Chapter 8).

Therefore, in asking about sex, I was less interested in dis/proving 'their asexuality' and more interested in their navigation of the embodied difference in sex. The intention here is to position the act of sexual intercourse as a useful site in theorizing the modalities through which disabled people, in general, negotiate their embodied differences. In asking about their sex lives, I was interested in the ordinariness and taken-for-grantedness of sex in everyday life. It is this cocktail of ordinariness, and taken-for-grantedness, and vulnerability that impact disabled people in ways that require theorizations. In this regard, Thomas and Sakellariou (2018: 4) have noted that "everyday, mundane moments illuminate the world-making power relations and the effects at stake for disabled people".

Secondly, contrary to the literature on disability and sex, as mentioned above, the participants in this study do not talk about creative and novel ways through which they have come to enjoy sex. There are no exciting sex stories involving wheelchairs, walkers, or other assistive devices. In contrast, I have established that these disabled men are adept at creating alternative masculinities to become more independent and domesticated, quit drinking, and become churchmen, as argued in Chapter 8 (see Section 8.4.1). When it comes to sex, I find that they rely heavily on the dominant cultural constructions of sex as understood through an erect penis and penetration, with the man on top. The following accounts from Zicelo and Bandile, who rely on crutches and a walker, respectively, demonstrate how the participants, despite their impairments, talk about sex in terms of normative and traditional acts of penetration and being on top.

> Zicelo (50): Oh sir, the bedroom issue is a difficult one. Sometimes you want, the body is craving, and sometimes a person is there, but the problem becomes the body parts, they don't come around. You understand that becomes a problem?
>
> *Interviewer:* What do you mean sir when you say the body parts don't come around?
>
> Zicelo (50): I mean, sir, say for example the legs are sore and you can't climb. That time the stick (penis) is ready, sir, but what becomes difficult is climbing (laughs). (Interview, 24 January 2019).

> Bandile (38): You are asking about sex? (laughs). Oh, no I don't have a problem there. It is the waist that works in that thing. There's nothing much there, TK (Interview, 12 July 2019).

In Bender's (2006) terminology, these participants' sexual subjectivities are categorized as conformers. Bender's (2006) study on constructing masculinity and sexual normalcy, following a spinal cord injury, established typologies of disabled men with respect to their negotiation strategies in doing sex. She developed four categories to characterize the sexual agency trajectories of men with physical disabilities. She describes conformers as those who demonstrated low agency trajectories in terms of their sexual lives and, therefore, relied heavily on traditional notions of masculinity. I find that while the traditional construction of sex is impossible for most of the participants in this present study due to their varying impairments, particularly those with lower body impairments, they nonetheless uphold this ideal without modifying it to suit their conditions.

Similarly, Lindemann (2010: 445) also found that wheelchair rugby players in his study emulated a "traditional, able-bodied, sexuality that was decidedly heterosexual and hyper-masculine, emphasizing penetration and the male's sexual prowess". The above two accounts from Zicelo and Bandile demonstrate conformity and reliance on constructions of sex in terms of an erect penis and penetration, with the man on top. Zicelo's account is a lamentation of the difficulties due to his impairment, to sometimes assume the position of being on top. He notes that he wants to engage in this kind of sexual intercourse in certain instances, but the aches and pains associated with disability prevent him.

Similarly, Bandile, a stroke sufferer who relies on a walker for mobility, also speaks about sex in terms of his ability to use his waist while on top. His account highlights how easy sex is as, according to him, it merely involves waist movements. I get the sense that he is either downplaying or denying the challenges that come with having the left side of your body not functional, as it is the case with him. Bandile's account leaves me with more questions than answers. What about taking off clothes, for instance? This question arises because Buse and Twigg (2018), for example, remind us that clothes and dressing for disabled people prompt a reimagining of normality and ordinariness. Additionally, in Rainey's (2017: 229) study, one participant talks about how "taking time to self-catheterize can sometimes destroy the mood because it takes him away from his partner for ten minutes". However, I let it go because I interpret his brief responses to indicate his partial discomfort to speak about this.

I attribute this reliance on traditional, able-bodied notions of sex, in the first instance, to the limited exposure to an expanded repertoire of Xhosa manhood masculinity and sexuality, as argued in Chapter 8 (see Section 8.4) concerning alternative masculinities in Xhosa manhood. The socio-cultural construction of dominance, which is the position men are to assume, in sex translates to being in control. I find that the traditional, able-bodied construction of sex only in terms of an erect penis and penetration, with the man on top, is a limiting factor in how the men navigate their sexual lives. It is important to note that this is not peculiar to the Xhosa culture, as Kimmel (2005) indicated that men's sexuality is mostly phallocentric. He goes on to argue, "intercourse and orgasm are more important forms of sexual expression for men than they are for women. This leads to a greater emphasis on the genitals as the single most important erogenous zone for men" (Kimmel, 2005: 6). However, I will argue that some practices peculiar to the Xhosa culture and the traditional initiation into manhood for Xhosa men endorse this phallocentrism. The following account from Zandisile, who uses a wheelchair, demonstrates this limited exposure to an expanded repertoire of sexuality in this context.

> Sandisile(62)*:* Finding someone is not a problem. It is very easy, especially when you have your own finances. I receive a grant, right, so it's easy, especially during the pay dates, they invite themselves. Women want money. I live by myself, so a person can come anytime. The problem is when it comes to the bed, even there, this thing is minor. I stay in this chair, so in that bussiness, I have to be on top. Now I have to be tumbling, you see now (laughs).
>
> *Interviewer:* Why would this person not work with you and be on top, sir? (laughs)

> Sandisile(62)*:* How so now? It is the things of you learned people (giggles) right? It is white people's things we see on TV. I don't think the ones from this area would agree*.* (Interview, 01 November 2018).

Sandisileacknowledges his challenges to live up to this ideal of traditional, able-bodied sex. It is clear from his account that his agency to be creative is constrained by limited exposure to an expanded repertoire of sexuality in this context as he, for instance, claims that sex with the woman on top, for example, is for educated people. Thirdly, I am also of the view that these disabled men's reliance on dominant cultural constructions of sex that centre the penis, an erection, and penetration with the man on top is also attributable to glorification/worshipping of the penis in the Xhosa constructions of manhood. Ndangam (2008: 213) notes, "for the Xhosa man, the circumcised penis is integral to his masculine identity". It is a cultural asset. Additionally, Bender (2006) has already indicated that an erect penis is more than the physical result; it is the ultimate symbol of everything masculine. Therefore, it is my argument that this centrality of the penis in doing [*and becoming*] a Xhosa man presents a challenge for these disabled participants in creating new forms of sexual identity that do not centre around the penis.

Additionally, I am of the view that it becomes difficult for them to easily disidentify with modes of sexual identity and pleasure that focus on the penis, mainly because this circumcised penis assumes the status of a cultural asset. The question, therefore, is how does a product of culture disidentify with a cultural asset? The following accounts from Kwinana, Mfuyi, and Sinqoko, respectively, tentatively attempt to answer this question.

> Kwinana (33): Bro, I used to look down on myself because I am in a relationship…I got injured while I was in a relationship and to make a relationship work you have to engage in sexual intercourse with your partner but I have a challenge of not being erect. You see things that other people can't see when you are in this condition*.* (Interview, 23 January 2019).

> Mfuyi (59): When you are a man and you can’t be erect. That doesn’t sit well in a man because the heart and the mind work. (Interview, 8 November 2018).

> Sinqoko (71): Sometimes you wish your mind stopped working. Because you no longer get your needs that you used to get on both sides. You want the natural needs, that time they are far from you, that regresses you a lot. *(*Interview, 5 November 2018).

Because the Xhosa male circumcision rituals are symbolically saturated with notions and values such as enhancing masculine virility and preparation for adult sexuality (Vincent, 2008: 434), there is no easy disidentification with phallocentrism in sex even though they cannot live up to it. Vincent (2008) further indicates that the traditional Xhosa male circumcision schools' socio-cultural significance has been eroded as some people now perceive it as a gateway to sex rather than a period from which sexual responsibility and restraint is introduced into the lifestyles of those who are about to become men. This, coupled with the beliefs that newly graduated Xhosa initiates "should test and iron their Mercedez (penis)" (Tshemese, 2012: 170), feeds into the narrative which glorifies the penis in this context. Additionally, Tshemese also established that there are cultural beliefs that it is through [penetrative] sex that the new initiates can rid themselves of extreme bad luck.

In the above accounts, Kwinana, Mfuyi, and Sinqoko express the emotional turmoil that comes with being impotent after acquiring the impairment, particularly concerning their sex lives. Therefore, this cultural glorification of the penis as an asset together with the teachings/beliefs about penetrative sex as a means to rid one of bad luck, leave severely physically impaired men in a difficult position where they continue to uphold the ideal of the traditional able-bodied regardless of their inability to achieve it. So, while the literature on disabled people’s sex lives (Bender, 2006; Lindemann; 2010; Liddiard; 2011, 2017) is filled with narratives about accessories for sexual pleasure such as vibrators (Liddiard, 2011), oral sex (Bender, 2006), and the discovery of other erogenous zones (Siebers, 2008: 149), the participants in this study are striving for the traditional able-bodied construction of sex that is centred around the penis.

Their narratives contradict Rainey's (2017: 251) contention that "disabled men often actively disidentify with modes of sexual identity that focus on the penis, creating a masculine sexual expression that highlights their adeptness at giving sexual pleasure". Similarly, their narratives contradict Shuttleworth's (2004: 173) claim that "atypical bodies spurred disabled men on to become innovative in their sexual techniques". In contrast, all the participants' accounts cited above demonstrate resorting to sexlessness because of the impairment as they only understand sex in terms of erections and penetration.

Lastly, in addition to the limited exposure to an expanded repertoire of sexuality, the glorification of penetrative sex, and the subsequent reliance on traditional able-bodied sexuality, Zenzele reminds me that some of the above-mentioned sexual accessories require financial resources which they simply lack. The sheer reality of living in poverty-stricken rural areas also has an impact on their sex and sexualities. Zenzele, a car accident survivor who now uses a wheelchair, narrates how not having money has limited his ability to obtain certain sexual accessories.

> Zenzele (59): Thoughts pierce deeply. It hurts a lot because your mind fully functions. Thoughts are there. Nothing is extinguished. Knowledge is there not actions. And sometimes you think about the one who was used to being given pleasure by you, eh, it hurts a lot. See she hurts a lot because she sees that there's nothing you can do. Counselling does list other ways of pleasure and also my wife, but they require money. For example after I left that place they gave me a cooler box with 70 injections. When I want to sleep with my wife I needed to inject myself then I become me again… I get erect. When they ran out I went to look for them at link pharmacy in King [William's Town] and found out that they will cost me a lot. Then I saw that I must just accept the situation because you use this injection once and then you put it aside. (Interview, 12 November 2018).

Zenzele's account is a reminder always to factor the context into the analysis. It silences the temptation to exclusively and conclusively theorise the participants' sexual lives, or lack thereof, in relation to ideals and ideas. While I appreciate him showing me another perspective, I am still convinced that the glorification of the penis in this manhood culture may be his more significant problem. He acknowledges that the rehabilitation centre informed him of other ways to have and enjoy sex during post-injury counselling at the rehabilitation centre. However, his account is clear that out of all these options he prefers erection-enhancing accessories, such as the injections initially given to him. Upon finding out the cost, which is too much for him, he decides to give up sex. For him, there is no sex without the penis and penetration. I argue that this narrative affirms the earlier arguments about the limited repertoire of sexuality, the penis as a cultural asset, and the cultural centring of the penis and penetrative sex.

This section has positioned sex and sex-talk among disabled Xhosa men as a useful site in the investigations of the intersection of disability and Xhosa manhood masculinity. The discussion now moves on to examine the ways in which visible physical impairments shape masculine subjectivities in everyday manhood interactions with other Xhosa men.

9.3 Social relations and sociability

9.3.1 *"Akukho mntu unondibiza unongalwana njemba ndingenangalo"*: Resisting becoming the disability

From the participants' accounts, it becomes clear that they are aware of how easily the disability can become their master identity and master descriptor of who they are. In this regard, both Charmaz (1995) and Pearce (2012) detail how disability can become a master identity because it defines every other aspect of one's identity. One participant in Pearce's study (2012), on chronic back pain, aptly captures how the disability becomes the master identity in his narration of how other people no longer ask how he is; they specifically inquire after his back. Pearce (2012: 93) explains that the participant is "labelled in people’s minds as not merely Cyril but ‘Cyril with the bad back'".

Therefore, in their descriptions and daily practices, the participants in this study actively and deliberately do things that resist these perceptions and definitions that reduce them to the disability. It then becomes clear that the emphasis on visibility, building a home, and marrying, and having children serve as markers of respectable Xhosa manhood masculinities and as resistance to perceptions that reduce them to the disability. I, therefore, come to the conclusion that for these participants, these are humanising acts. In my view, these actions are also intended to counter the perception of disability in the imagination of the non-disabled as ambiguous and liminal “between humanity and animality, life and death, subjectivity and objectivity” (Shakespeare, 1994: 295).

Upon closer inspection of their narratives about resisting being reduced to the disability, I note that the participants are continually negotiating their manhood masculinities and disabilities from positions of precarity within ableist systems that seek to render their humanness/personhood invisible (Mara, 2018). Similarly, I am also aware of the view that the centring of their manhood as the master status, as argued in Chapter 8, should also be read as an act of resistance against becoming the disability. The following accounts from Lukhasi and Sinqoko, an arm amputee and a car accident survivor with a heavy limp, demonstrate the participant’s resistance to being reduced to the disability.

> Lukhasi (40): *Akukho mntu unondibiza unongalwana njemba ndingenangalo. Ndingalwa wena mkhuluwa. Ndingutata wabantwana. Ndinomzi. Ndinesiduko yaqonda ke. (*No one can call me nongalwana (one hand man) now that I don’t have a hand. I would fight, my senior brother. I am a father to kids. I have a house. I have a clan, you understand) (Group interview, 20 November 2018).[10]

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[10] In cases where the section title is taken from an original interview extract, I have kept IsiXhosa version – alongside the English translation - in text. I have done this to make clear where the section title comes from and to provide a translation for it, too.

> *Sinqoko (71):* You know my brother when you have disability you are no different from other people. Isn't it true that we are all God's creation at the end of the day? I am avoiding that thing of being known as a hunch-back man only. Now there's nothing else that is known about me. I am a man, I am determined, I am a father…..i have a home and when there is a meeting I have a contribution. I am doing these things, sir, because I don't want to be known as a limping, hunch-back man only*. (*Interview, 5 November 2018).

This study's theoretical toolkit of an embodied approach to disabled Xhosa manhood masculinity recognizes the participants as agentic subjects. Therefore, I was particularly interested in listening to their narratives of resistance in this regard. The above accounts demonstrate direct and indirect resistance to being reduced to the disability, respectively. Lukhasi's resistance resorts to violence in defence of his honour as a father, a homeowner, and a Xhosa man with a clan name. Essentially, Lukhasi claims he would fight to visibilize his humanity. His reference to his clan name is another subtle reminder that he is a Xhosa man before anything, as Mayekiso (2016: 145) reminds us that "among the Xhosa men, clan names form an important part of one's identity". Similarly, Sondlo (1998) also notes that clan names are regarded as the most important mean of identification, particularly in manhood circles. In this regard, clan names are an important part of one's identity (Mayekiso, 2016) and identification (Sondlo, 1998). As I have already mentioned in Section 6.7, how Xhosa men identify themselves with clan names is peculiar because of the teachings acquired during the initiation period.

Lukhasi expresses his preparedness to physically fight whoever reduces him, by identification, to solely his disability. It is both interesting and ironic that a man without an arm resorts to fighting as a means to defend being reduced to a disability. However, Sinqoko's resistance is more indirect in that he demonstrates it through his actions and achievements. It is clear that he hopes his efforts and achievements will speak for him and, above all, visibilize his personhood rather than just his disability.

However, what is similar in both accounts is that there is a demonstration of agency and resistance to being reduced to only the disability.

On a comparative basis, I also found it interesting that the literature on invisible disabilities (Withers, 1997; Wheeler, 2004; MacQueen, 2016) is saturated with narratives and accounts of people who are fighting to be seen and recognised not only as people but as disabled people. MacQueen (2016: 78), for example, writing about traumatic brain injury, argues, "the invisible nature of the injury meant that participants had interactions with others in which their individual experience was not understood". While in the case of the present study, the participants with visible physical impairments are resisting being seen as just disabled people but rather as people. In this case, the narratives are resisting instances of being depersonalized and reduced merely to the disability. Nicholas Watson (2001: 141) notes, "the depersonalisation in encounters denies the individual a place as a competent member of society, again positioning the person as a distortion". This sense of being distorted affirms Shakespeare's (1994) earlier-cited claim about disability existing in the imagination of the non-disabled as ambiguous and liminal, between humanity and animality, life, and death. The following account from Thembani demonstrates his resistance to being reduced to disability.

> Thembani (34): Brother, what I am is a man. I am a human being. Yes, I have disability, you see, but I don't see what makes people to call themselves by some inappropriate names. Yes, it happens but I would swear at a person. I mean that person is also insulting me when is calling me that way, right*?* (Interview, 28 January 2019).

> Mr Matshoba*:* It depends. You use the word "creature" when you feel pity for that person. You see now, that is an attitude already, you see, but when you say the person is physically impaired you just describing the person, you understand, that the person has got physical disability but when you say the person is limping you are specific. The person is not a one-armed man. You

> cannot describe him/her according to his/her disability *(*Interview, 05 December 2018).

Machingura (2019: 212) looks at "the unholy trinity" of culture, religion, and biblical scriptures to argue that the majority of "definitions, descriptions, and explanations given on disability tend to take away the full humanity of the disabled person". Machingura (2019: 211) calls it an unholy trinity because the "negative attitude toward disabled people manifests in the intersections of religions, culture/tradition and scripture (the Bible)". It is precisely this deprivation of full humanity/personhood by being reduced to the disability that the participants are rejecting and resisting. Both of the above accounts demonstrate resistance against always "being identified by the striking singularity of difference" (Gappah, 2016; 129). While Thembani acknowledges and accepts his disability, he emphasises his manhood and personhood as reference points and identification over his disability. Mr. Matshoba, the cultural expert, affirmed his views about being reduced and called by the disability as tantamount to insults. He confirms the rejection of pity and stresses that it is wrong to refer to a person by their disability.

Thembani's rejection of pity and simultaneous emphasis on being a man before everything else, affirms my earlier argument in Chapter 8 (see Section 8.6) about the distinction between one's threatened manhood identity vis-a-vis threatened status as a man. In that chapter, I have argued that the two categories of identification - disability and manhood - do not, in these participants' self-descriptions, intersect to form one conjoined identity category. Further, I have also argued that the participants want to be seen as men before any other identity marker.

9.3.2 Ndiyayicaphukela ke la nto kube kusithiwa 'shame': Navigating pity and sympathy while maintaining manhood identity

In addition to the resistance to being reduced to the disability, when I talk to the participants about daily living as men with visible physical impairments, another similar theme that continually features in their accounts is the rejection of pity and sympathy from other people. Nario-Redmond *et al.* (2019) argue that pity is a manifestation of ableist prejudices. As discussed below, I gather that the resistance to wearing personal assistive devices signifies striving for normality and an evasion of the attention, and resultant pity that comes with appearing abnormal. Buse and Twigg (2018: 29) have argued in this regard that a "normalised appearance can be a way to avoid the stigma associated with the condition."

There is vast literature within disability studies (Oliver, 1990; Morris, 1991; Hughes, 2009; Ntenda, 2012; Mutanga, 2015; Sturm, 2017) about the place of 'pity' in the embodied daily experiences of disabled people. In his study about an Eastern Cape community's attitudes towards people with disabilities, Joseph Ntenda (2012) observes that it was a common phenomenon for people with disabilities to be seen as objects of pity. Mutanga (2015: 132) notes that the 'pity' can be better theorized through Oliver's (1990) 'personal tragedy theory,' "which is institutionalised in dispositions that view disabled people as objects of benevolence". Additionally, Morris (1991: 22) is of the view that it is not only physical limitations in the built environment that restrict disabled people to their homes, but also "the knowledge that each entry into the public world will be dominated by stares, by condescension, by pity, and by hostility". Lourens and Swartz (2016: 214) go on to argue that, "within the stare, they did not see an acknowledgment of their entire personhood, but rather the recognition of their differentness. They felt that they were seen only in part and not in the full variety and complexity of their being".

Through their narratives, I gather that the participants are aware that they frequently have to "manage the burden of the non-disabled gaze" (Liddiard, 2011: 145) when they are in public. Additionally, given that public visibility is recognized as a marker of manhood, as the participants have previously emphasised, this means that they always have to negotiate this gaze daily. However, the following account from Sandile demonstrates this daily management of stigma (Goffman, 1963) and how this public gaze and pity inadvertently leads to the emergence of alternative masculinities.

> Sandile (46)*:* the main reason why I stopped drinking is that I did not want to be a burden on other people because I have difficulty. So I decided to stop because I don't like to bother people… I also did not like being pitied. It becomes worse when you are drunk, because people have to carry you home*.* *(*Interview, 22 November 2018*).*

Sandile's account about quitting drinking complicates my initial assumption about the acquisition of impairments, enabling the emergence of alternative masculinities, as argued in Chapter 8 (see Section 8.4). Upon listening to this interview and other interviews, I realize that it is not merely the participants' acquisition of impairments that have necessitated the emergence of alternative masculinities. I recognise that there are other social factors at play. Sandile's account demonstrates a clear causal link between his resistance to pity in public drinking places and his subsequent decision to quit alcohol. He notes that he stopped going to public places to drink and later quit alcohol because he feels like a 'space invader' (Puwar, 2004) and because of the pity that his different embodiment invites. This account validates Morris's (1991) abovementioned claim that it is not only physical limitations that prohibit disabled people from going to public places, but the knowledge that stares and pity will dominate each entry into the public world.

In this regard, of interest to me is juxtaposing this rejection of 'pity and sympathy' with the cultural construction of personhood as relational. If the starting point for personhood is fundamentally anti-individualistic, then one would accept or conclude, at the very least, that sympathy, pity, or unsolicited help, as described by these participants, should be acceptable in this context. Suppose Xhosa people describe personhood through the popular maxim of *umntu ngumntu ngabantu* (a person is a person through others). Why are pity and unsolicited help vehemently rejected by these men? This is the question I ask the participants whenever they express their rejection of pity.

> Interviewer*:* So if we say, according to the Xhosa way of being, a person is a person through other people, what is wrong according to you, when people try to help you even if you did not ask for it?
> Sinqoko (74)*:* Well, brother there is a difference between people's care and pity. I don't have a problem with people who care for me, just like you say. What I don't want is for people to pity me*. (*Interview, 5 November 2018).

Sinqoko's above account makes a distinction between pity and caring. Similarly, Sociologist Candace Clark (1987: 294), citing Hochschild (1983), distinguishes between pity and compassion. She contends that "compassion is felt toward equals, while pity is held for subordinates". Similarly, in his memoir about living and recovering from polio, Gary Presley (2008) describes pity as a deceptive emotion in that beneath the seeming benevolence with which it is expressed "lies rejection, fear, discomfort, and a strong sense of the inferiority of the person who is pitied". Furthermore, Rosan (2014: 172), writing from a phenomenological standpoint, similarly argues, "current conventions regarding the term pity suggest nuances of condescension". The author goes on to note that it is conceivable that "pity may arise if the subject cannot embrace the other's suffering as a possibility in his/her own life" (Rosan, 2014: 294).

I am of the view that the participants are resisting any feelings of pity/sympathy towards their embodiments because, as Clark (1987) notes, they see it as constituting a situation in which they are being perceived as subordinates. Additionally, I get the sense that the participants reject the expression of pity because as *(disabled*) proud men who have successfully completed the difficult transition to manhood, they see pity as not only symbolically relegating them to a subordinate status but also as a suggestion of incapacity, which they vehemently reject. Sarhili, whose right hip jammed from a fall and developed a heavy limp, explains why he rejects unsolicited help and any expressions of pity towards him.

> Sarhili (58)*:* Let's say here in the kraal a separate dish is put for you because you are physically impaired. In their view, they are sympathising with you,

> right? I tell men that my hands work and I am not saying there must be corruption, we are not boys, so there is no need to eat alone. (Interview, 5 November 2018).

Sarhili's account demonstrates this rejection of being relegated to incapacity. He recognises that the other people are merely attempting to help. Still, subjectively, he sees it as a subtle suggestion of incapacity, so he is quick to remind them that his hands are fully functional. Hughes (2012) writes about the emotional infrastructure of ableism consisting of pity, fear, and disgust, which unwittingly creates a social distance between the disabled and non-disabled. For a moment, I wonder if Sarhili does not subconsciously perceive being given his own plate/tray, in an attempt to accommodate him, as a sign of disgust.

> Interviewer*:* So, sir, what is wrong in being given your own dish? How does that make you feel?
>
> Mncedisi (58)*:* There's nothing much, brother, but it's the habit. We said that men eat together. They share the dish, right? Like I say, they are trying to sympathise for my condition, that doesn't sit well with me, you understand? (Interview, 5 November 2018).

In his Bourdieusian analysis of the disabled body, Stewart (2016: 186) cautions that "disgust is a strong, violent, visceral response and if we attribute behaviour and practices to disgust alone, we may sideline the nuances of affective practice and experience." Mncedisi's response and acknowledgment that he is aware that the men are altruistic in their actions silence any inclinations, on my part, about him seeing being given his own plate as a sign of disgust towards his different embodiment. I am also reminded that the Xhosa circle of manhood is rooted in oneness, as expressed in local proverbs of manhood, such as "*indoda inye*" (there is oneness in manhood). Sinto, a quadriplegic from a spinal cord injury, also talks about his reasons for rejecting pity. In doing so, he also tries to understand why pity is a common everyday reaction.

> Sinto (47): You realize that people treat you as if you won't ever be able to do things for yourself. As if you are in pain. Yes, there are days when you feel pains but not every day. I think people are not knowledgeable about disability so their first reaction is to sympathise for you. I really hate when people say shame, shame…I mean brother I am okay. I do everything for myself.. (Interview, 20 November 2018).

Hughes (2009) has noted that a disabled embodiment invites the perceptions of being bad, tragic, problematic, and deserving of pity in some cases. It becomes clear that there is a correlation, at least in existing literature, between pain, suffering, and pity. Sturm (2017: 123) also notes that in everyday situations, a person who experiences pain resembles a suffering victim deserving pity from 'others,' who usually regard this individual as needing medical treatment or as restricted in her or his abilities. Sinto's account affirmed this view through his insistence that impairment does not equate everyday pain and suffering; thus, he also registers his hatred for being pitied. Lastly, Sandile says something that reminds me of Bender's (2006) argument about men not being as accustomed to being stared at or visible in society as women.

> *Sandile (46):* When you are in a certain condition in life…that becomes your life. So for example, you don't think about that on daily basis that you have two legs, hands, and eyes, right? That becomes a habit and life goes on. It's like that when it comes to us, too. It is life; we don't think about this every day, that oh I am disabled. What makes me think about it is when I am asked or when people offer to help me when I had not asked them to….or sometimes when I am just sitting; you ever experience that feeling of being burdened by people's eyes, when you look there is indeed a person who is starring at you. (Interview, 22 November 2018).

From this account, I am of the view that the expressions of pity and sympathy from others awaken an awareness of an unwanted gaze upon them. Therefore, in addition to the above arguments, I gather that the participants also reject any form of pity or sympathy because it brings about an awareness that someone is staring. Therefore, for each participant, the knowledge of being under the gaze, in turn, brings about an awareness of his disabled condition because, as Sandile explains, it is not something he is always aware of. Therefore, when they reject expressions of pity, they do two things they would rather not encounter. In the first instance, they alert the participants to the existence of the stare. This is so because no one would 'pity' if they were not looking. An expression of pity in this sense is the notification they *(don't*) need to know that someone is looking. In the second instance, knowing that someone is staring forces them to reckon with their being abnormal because this is not something they are continually aware of, as Sandile notes. Pity, therefore, not only serves as unwanted attention upon their physical embodiments but also serves as a forceful intrusion into their thought worlds as they have to reckon with their embodied differences.

9.3.3 "*Yenza intloni ke la nto yobuya emsebenzini uclean amanye amadoda emdaka*": Negotiating visibility and incapacity

A further similar theme that dominates the conversations about the negotiation of the embodied differences in daily living, is the tension between the desired and required visibility, as a marker of manhood, and the embodied incapacitation that comes with an impairment to do 'manly' tasks. I have noted in Chapters 7 and 8 (see Sections 7.22 and 8.7.5) that the participants perceive public visibility and creating social selves as markers of respectable Xhosa manhood masculinities. In this regard, the participants spoke about attending community events such as the digging of graves, pitching of tents, and slaughterings, as outlined in Chapter 7, which by their very nature require a certain level of bodily/physical capital in the form of hard labour from men. As this is a study about the body, and given that the participants had established being able to do these things is a marker of respectable manhood in this culture, I asked them what they do at these gatherings/events. I asked them this because, in most cases, their impairments prevent them from doing the physical labour required of men in these gatherings. I wanted to find out how their manhood subjectivities are affected by the inability to do something they have established as a manhood marker.

However, upon telling me that they attend these events/gatherings, it soon becomes clear that it pains them that they cannot contribute physical labour and must instead watch other men do the work while they sit.

> Zicelo (50): *njemba bendisitsho ke bhuti ndiyaya xa kusombiwa okanye emhlinzweni. Intenayo into endityayo inye yile yobuya ndiclean mna ndedwa. Yenza intloni ke la nto yobuya emsebenzini uclean amanye amadoda emdaka.*
>
> *(*As I was saying, brother, I go when there is digging or dissection. One thing that makes me feel guilty is coming back home alone and clean. That thing of coming back from work clean when other men are dirty is embarrasing). (Interview, 24 January 2019).

> Thembani (34): When you are working, you help each other in a homestead. As men you get to be cooked for, let's say in other homesteads, and in others you get to be slaughtered for after you have finished digging. Sometimes the food doesn't go down well because you didn't do anything. You were just there watching. But other men don't judge you, but you are the one who is self-conscious. They know your situation. (Interview, 28 January 2019).

In the above accounts, both Zicelo and Thembani express shame and guilt for their inability to contribute physical labour at these events. Firstly, I gather that these feelings of shame and guilt stem from the communal constructions of being and personhood, as argued in Chapter 5. To exist as a full human being, they must assist and do things for the next persons in the community. The condition of being incapable of helping is, therefore, troubling to these men. This is when I realise that men with physical impairments that prevent them from performing the communal physical labour ordinarily expected from Xhosa men in rural areas, are operating from a precarious location of constantly negotiating the tension between the required visibility/social selves and the incapacity that often comes with physical impairment.

I could not believe that something as mundane and taken for granted as coming back clean from a grave-digging or slaughtering, for example, while one's counterparts are sweaty or dirty, could evoke feelings of shame and guilt. In the above accounts, Zicelo talks about the embarrassment he often feels coming back clean, amidst his sweaty and soiled peers, from events that require hard labour from men. Simultaneously, Thembani reflects on the guilt of feeling like he does not deserve the food and drink customarily offered to men upon completing activities such as digging or slaughtering.

As a non-disabled researcher and Xhosa man, it had never occurred to me that something(s) that seems so insignificant might be a concern for other Xhosa men with physically disabled embodiments. I am reminded of Erving Goffman (1963, cited in Thomas and Sakellariou 2018: 4) wherein he notes, "what are unthinking routines for normals can become management problems for the discreditable". Similarly, Susie Scott (2009), as cited in the introduction to this chapter, also explains that what is mundane and ordinary to one person might be quite extraordinary for another.

Secondly, I sense both a recognition and an acknowledgment of not having the correct bodily/physical capital from the participants' accounts. Again, this is the conflicting crossroads at which they find themselves and must negotiate daily. In attempting to analyse this crossroads, I go to Pierre Bourdieu's Sociology of the body, as outlined in this study's theoretical framework. Shilling (1991) has noted that Bourdieu's Sociology provides us with a framework for understanding the body as a form of physical capital, while Barrett (2017: 35) says it gives us a framework through which we can "articulate and examine links between the body and forms of inequality".

While Bourdieu (1990) and Shilling (1991) argued that the body is a form of physical capital, power, and status that can accumulate various resources and convert them into different forms of capital. Loja *et al.* (2013: 194) are, however, of the view that "disabled people struggle to recognize themselves in this articulation of the values and uses of the body". Barrett (2017: 53) explains that disabled people are incapable of seeing their bodies in this light because “disability is regarded as a form of physical capital that is both socially devalued in its own right and problematizes access to other forms of capital”. For example, Bandile, a stroke sufferer who lost function in all of his left side, mentioned that he sits with elders when he attends these events as they do not have to engage in physical labour because of age. This serves as recognition from him and the other men in the community that he does not have the necessary physical labour needed to dig or slaughter, for example. He, however, notes that not being able to do as his peers leaves him feeling incomplete. He finds refuge in knowing that the men in his community should still remember his physical capital before the impairment.

> Bandile (38): When there’s digging, I sit in the house where there is bereavement. I sit in the kraal with the elders when there is slaughtering. For example, yesterday there was a slaughtering of a cow in the homestead at the back of my house. There was a slaughtering of a cow and I was there.
> Interviewer: So how did you feel when your equals were slaughtering or digging while you were with the elders?
> Bandile (38): There is nothing I can do (laughs). They know me and they can see it for themselves that there is nothing I can do….it is difficult to even walk, so there is no chance of even taking out the soil. The reality is that there is nothing that feels good because in this situation it’s like you are lacking. What am I going to do? It’s like there is something you lack. But they know that before I was like this I used to do all the village things, I was representing my family when I was around. (Interview, 12 July 2019).

Bandile's account demonstrates the centrality of bodily/physical capital in doing and being a man in the Xhosa culture, particularly in rural contexts. This physicality aspect is often ignored by academic and popular Xhosa manhood discourses, whose primary point of reference is usually the traditional rite of passage. Moreover, Bandile further demonstrates that the loss of this physical capital, due to a stroke paralysis in his case, signifies the loss of the socially prized resources out of which Xhosa manhood masculine identities are built (Barrett, 2017). His further comments about feeling incomplete at these occasions/gatherings not only demonstrates the centrality of the body in manhood but also serves as a signal that different embodiments should be factored into our analyses of Xhosa manhood masculinity instead of solely focussing on the act of circumcision.

Additionally, Bandile's account, together with the ones above, reflects the crossroads within which men with physical impairments exist in ordinary everyday experiences. On the one hand, the participants define these acts of physical labour as signifiers of a respectable Xhosa manhood masculinity in this context. On the other hand, they have to reckon with their incapability, due to their impairments, to carry out these very manhood defining acts. However, Bandile's account further demonstrates solidarity in manhood. While he expressly states that being unable to do the same as his counterparts makes him feel incomplete, at no point does he equate this feeling to the loss of masculinity so often written about in Western scholarship (Shuttleworth *et al.*, 2012; Nolan, 2013). Similarly, while talking about the loneliness of not contributing physical labour at these community events, Zukile simultaneously reassures me that there is no threat to his masculinity.

> Zukile (43): Yes, I do attend but in certain times. No, I don’t get discriminated among men, I don’t want to lie. But I only get discriminated when there is a specific work when I feel lonely, even though I am a man but I feel lonely because people are busy working and I am just sitting. You see the thing of not having contribution in community things is not nice. (Interview, 7 November 2018).

Zukile's remark about the loneliness of not contributing his portion of physical labour reflects Barrett's (2017: 115) claim about physically disabled embodiments signifying a departure from culturally idealised enactments of masculinity. While he maintains that his manhood identity is unthreatened, it, however, clearly emerges that not possessing able-bodied physical capital consigns one to a state of internal loneliness. Additionally, these participants' accounts demonstrate Cooley's (1902) first element of the Looking-Glass Self: imagining how we must appear to others

(Susie Scott, 2009). From Zicelo's embarrassment about being clean amid soiled and perspiring peers, Bandile's comments about feeling incomplete, to Zukile's feelings of loneliness, all of which stem from not possessing the able-bodied physical capital represent, in Cooley's (1902) language, a reflection of an awareness of how they are appearing to other (non-disabled) men and how they are judging that appearance.

This section has explored disabled Xhosa manhood in social relations with other men through examining the above-mentioned often taken for granted sub-themes. The intention was focused on the mundane and often overlooked meaning-making in social relations rather than the masculinist spectacle lens (Gqola, 2009) that is pervasive in research about manhood and masculinities. The chapter now moves on to examine how the participants navigate doing disabled manhood within the home environments and in relation to personal assistive devices.

9.4 Everyday home living

9.4.1 "*Ndandiyifumene ne wheelchair esibhedlele qha i-wheelchair andiyithandi iyadodobalisi*": Home adjustments, and personal assistive devices

Except for the participants from the disability centre in Sotho Location, East London, I interviewed all the participants in their homes/places of residence. The first thing I noticed in their homes was the absence of disability-friendly adjustments or alterations. Their front 'stoeps' did not have wheelchair racks or the necessary handrails; their pit latrines were not disability user-friendly in the ways I have gotten to know. Sandile, for instance, who struggled to walk and whom I interviewed in his bedroom, did not have a bedside step stool. In the Methodology chapter, I mentioned that he reached for a 2-litre bottle and urinated during the interview. I wondered if he did this because the process of getting on and off his bed, out of the house down and up the stoep to get to the outside toilet, was an arduous one? There were no wheelchair ramps for the participants whom I thought needed them. Similarly, Jonathan Watson (2000), in his study of disablement and identity, noted that his informants had very minor adjustments to their homes. He states, "I was struck by how few adaptations many of the informants had in their homes" (Jonathan Watson, 2000: 195).

While aware of the realities of poverty and joblessness that characterize the rural Eastern Cape - particularly after learning that the participants do not report any loss of masculinity and independence - as argued in Chapter 8**,** I wondered if the absence of home adjustments was an indication of them clinging to ideals of a strong Xhosa manhood masculinity. In this regard, I wondered if they thought that adjustments would dilute their sense of manliness. I have noted in Chapter 7 (see Section 7.2.1) that Naso, who is blind, refused to use the cane he had received from the Association for the Rehabilitation of Persons with Disability (REHAB). Naso had indicated that part of the reason he does not use the cane was to avoid the attention he thinks it will bring to him. I sought to explore any meaning behind this pronounced absence of adjustments in their homes and living environments outside my initial suspicion about the lack of funds. The following are accounts from Zicelo, Mfuyi, and Sinqoko about the very obvious absence of disability-friendly adjustments in their homes and the reasons thereof.

> *Zicelo (50):* Oh, in the past, that toilet matter used to pain me, sir. When they were erecting them, I told them to make provisions for me but that reached deaf ears. You see how high it is? Now I have to stagger when I am getting inside. (Interview, 24 January 2019).

> *Mfuyi (59* This thing about this toilet, I am supposed to be able to use it whenever, to know that I won't go outside, I will be close because when I am driven by this [wheelchair] to the toilet, the way has to be right, to be like that. In places like that I can't drive myself. These are the things I was thinking about that can be fixed, maybe if the government could bring these things closer to people like me. (Interview, 8 November 2018).

> *Sinqoko (71):* If we were taken care of, the Government is supposed to have built right house infrastructure for people who are physically impaired. You see it for yourself how difficult it is to enter that door, right? The thing is that the voice of a physically impaired person is not audible. You can see that my legs don't work. How am I supposed to sit? I am supposed to lie sideways and do what I am supposed to do. But the problem is that people don't get that (Interview, 5 November 2018).

Firstly, I was intrigued that most of the participants with walking difficulties made reference to the toilet (pit latrines) as the site where they are most in need of adjustments to accommodate their impairments. Something as taken for granted, everyday, ordinary, and mundane as the toilet/pit latrine highlights their embodied difference. Thomas and Sakellariou (2018: 7), in their book on disability and normalcy, have noted that "toilets, thus, teach lessons about identity, embodiment, and abnormal ways of being in the world". Secondly, despite the absence of said adjustments in their homes, I found that the majority of the participants were very willing to have adjustments added to their homes to make their lives easier. As the above narratives reflect, most of the participants needed home adjustments; however, they did not have the money required to implement them due to joblessness and or poverty.

Both Zicelo and Sinqoko, who acquired their impairments before and after initiation respectively, express a desire for disability-friendly pit latrines but, as Sinqoko subsequently complains, *'ilizwi lomntu okhubazekileyo alivakali'.* Edmore Masendeke's (2019) autoethnographic article in the *Routledge Handbook of Disability Studies in Southern Africa* about why he built his own disability-friendly house in Zimbabwe, echoes Sinqoko's sentiments about the uncaring attitude of governments concerning the needs of the disabled.

Thirdly, while there was a clear need for home adjustments, I found that most of the participants were expressly against the idea of using personal assistive devices. While the majority started complaining about an uncaring state insofar as they are not provided with disability-friendly home alterations, I found that similar to Naso's case above, most of them were against assistive devices for personal use. In addition to Naso's account of refusing to use the cane, Kwinana, for instance, had been given a urine bag which he stated that he used sparingly while training his body to not need it despite being initially informed by the medical team that he would never gain feeling from his waist down.

> *Kwinana (33):* They told me in hospital that I won't be able to pee independently again. They said I won't have that feeling from the waist going down. I couldn't pee; I couldn't feel that, now I want to use the toilet. I would realize after the damage was done. I had that challenge. I used to pray a lot then I became fine, bit by bit. One day, when I was in the house sleeping, I felt that the urine was about to come out. Indeed, the urine shot. I mean that was the time where I was recovering, by bit. From there on I felt when the urine was about to come out and I would ask for something, and urinate. (Interview, 23 January 2019).
>
> *Interviewer:* So, now when you didn't feel the urine was about to come out, how did you do?
>
> *Kwinana (33):* I was given urine tubes my brother, but I didn't like carrying it. So I used to measure my brother. Let me say, I would wait for the urine to come, and then I would put it in that time, you see. (Interview, 23 January 2019).

Gaffney's (2010) research on assistive devices demonstrates that while assistive devices have extensive benefits in terms of facilitating independence in daily living for disabled people, they also appear to be simultaneously wounding. In this account, Kwinana, who uses a wheelchair for mobility, explains that he was given a urine tube when he was discharged from the hospital as he had been told that he would never gain feeling in his lower body. However, he tells me that he studied his bladder movements and would estimate when it was time to wear it because he wanted to avoid having to wear it permanently for an entire day.

So, while the catheter's intended purpose is “to compensate for sensory and functional impairments, aiming to increase, maintain or improve function” (Gaffney, 2010), Kwinana decided to abandon its use because he did not want the burden of carrying it around. However, the actual burden here is one of striving for normalcy. Hocking (1999) has noted that abandonment of assistive devices also relates to people's perception of themselves as disabled and broader issues of identity. As with the previous section, Cooley's (1902) second element of the Looking-Glass Self applies here: “imagining how others might judge us” (Susie Scott, 2009: 24). My argument is that this imagination of judgment from others is rooted in manhood notions of virility. In this regard, personal assistive devices are perceived as markers of weakness and vulnerability. Therefore, in the participants’ eyes, personal assistive devices are possibly seen as signs that they do not possess the necessary physical capital required of men in this context, as argued above.

Therefore, it would be illuminating and fascinating to compare the men’s perceptions of assistive devices to those of disabled women in this same context. My untested hypothesis is that women do not share the same sentiments concerning the abandonment of assistive devices. It is also my view that the men’s tendencies to abandon their assistive devices have to do with notions of Xhosa manhood masculinity centred around strength and independence. Therefore, in this regard, disabled men in this context are caught between attempting to live up to manhood masculine ideals of strength and maintaining a normal everyday appearance. The following accounts from Bandile and Thembani demonstrate the labour involved in maintaining a normal appearance.

> *Bandile (38): Ndandiyifumene ne wheelchair esibhedlele qha I wheelchair andiyithandi iyadodobalisi. At least le walker yi exercise.* (Interview, 12 July 2019).
>
> (I was giving a wheelchair in the hospital but I don’t like it, it thwarts you. At least this walker is exercise)

> Thembani (34)*:* My brother I can walk independently. Yes, the crutches make it easy for me to walk but I prefer leaving them behind and walk independently to this place.
>
> Interviewer*:* So now that you are here, what is it that makes you to leave behind the crutches, if you say that they make it easy for you to walk? I want to be clear with the reason behind this.
>
> Thembani (34)*:* The problem my brother is I don't want that situation when you no longer you use your legs then they stop functioning. I am running away from that. At least, let me walk independently from time to time, even if I am crutching, but I do arrive where I am headed. It is the training of legs. (Interview, 28 January 2019).

In the above account, Bandile, who relies on a walker for mobility, mentions that he was given a wheelchair but prefers the walker because he is concerned that the wheelchair would stagnate him. Having witnessed how cumbersome the walker was for him as he only has one functional arm and the walker requires both upper limbs for balance, I was shocked that he has a wheelchair that he does not use. Similarly, Thembani walks with a limp that appears heavily cumbersome and mentions that he has crutches but prefers to walk on his own.

In the above narratives, the participants seem to have made peace with the discomfort of trying to cope without the assistive devices at their disposal. Buse and Twigg (2018: 29) argue that this living in "discomfort becomes part of the hidden labour in maintaining a normal appearance". Similarly, I found that McLaughlin and Coleman-Fountain's (2018: 69) participants who lived with cerebral palsy also spoke about removing any visible signs of requiring help in an attempt to avoid the stigma they associated with dependency. The authors go on to explain that "fitting in is an embodied dynamic of displaying bodies that appear able to do normal things and look normal" (McLaughlin and Coleman-Fountain, 2018: 65).

I surmise that the participants seek to construct and achieve a semblance of a normalised appearance; that they don't want to be visibly out of the ordinary. This construction of normality is best captured by Naso, who is blind, refusing to use the cane. Instead, he carries *induku/intonga (stick),* which, in this context, can be defined as a traditional accessory for all Xhosa men in rural areas as one can hardly find a Xhosa man in the rural areas without one. For instance, in her study about the burial rites of AmaXhosa, Angela Solomon (1986) notes, "in the Xhosa society, a man is buried with his stick..."

I argue that this abandonment of personal assistive devices in searching for normalcy is a catch-22 situation for the participants. Bender (2006) has described a similar puzzle for the participants in her study. Using the personal assistive device visibilizes the disability before anything else. In this regard, I have already established that the participants reject being reduced to the disability. However, not using the assigned personal assistive device means they lose the signs of disability. Still, their limps and 'cumbersome' postures invite unwanted attention and pity because they are deviating from the normal expectations of a person who has the ability to walk.

Another account of resisting the use of personal assistive devices comes from Lukhasi whose right arm was amputated at age eleven (11). He notes:

> Lukhasi (40)*:* I do have a prosthetic arm but you see me when I have not worn it.
>
> *Interviewer:* Why are you not wearing it, brother, if I may ask?*?*
>
> Lukhasi (40) *:* In my view, I think I am better off without wearing it. It creates difficulties for me…and it also draws attention to you. It is not easy to get used to it my brother. (Interview, 28 January 2019).

Given that Lukhasi's condition is similar to my father's, this prompted me to phone my mother to find out why my father never got and wore a prosthetic arm. My memory is of him folding and clipping the left sleeves of his jackets and shirts, so they did not flap annoyingly. My mother tells me that by the time she met him, as theirs was a marriage arranged by their parents, he did not have a prosthetic, and the question/issue never came up. I am itching to ask my mother more; her feelings and perceptions about being ‘married’ to a disabled man, but the nature of our conversations regarding my father is not one of free reign. This is a subject I approach with a great sense of caution. I leave it there and decide to phone my grandmother (*gogo*), whom I also ask with great caution as my father was her only child. After a long-winded explanation about my research and why I am still studying and what I want to be that ten (10) years since my first registration I am still a student, I finally ask her the same question about my father wearing a prosthetic.

> *Gogo:* You mean the prosthetic arms, the plastic type?
>
> *Me:* Yes, grandma.
>
> *Gogo:* The doctor said so my child, that we can put a request to the hospital to get it but your grandfather and your father did not agree. I remember that your father in particular did not agree. I also didn’t do a follow-up on this. They said that he will have to often change it as he is growing up. I thought this was doing to make things difficult for me.
>
> *Me:* What was their reason for not wanting it?
>
> *Gogo:* oh, my child, how would I know? That this is not a real arm and it was not going to bring his arm back. It is just a temporary thing, I would say. I mean there is nothing that your father didn’t do when he didn’t have an arm. (Telephonic conversation with Gogo. May, 2020).

Both Lukhasi and my grandmother's accounts demonstrate three points. Firstly, personal assistive devices are perceived as presenting more of a burden than an aid. Lukhasi claims that his arm prosthetic is inconvenient (*iyasokolisa*) and better off without it. At the same time, my grandmother saw it as an inconvenience because it needed to be adjusted as the owner grows older. Secondly, both narratives demonstrate this sense of striving to achieve normalcy. In this regard, Lukhasi sees the prosthetic as an oddity and strange. I have already established that there is oneness in manhood in this context. Therefore, this account is similar to that of Naso (blind), who prefers using his stick despite having a cane. Lastly, personal assistive devices are seen as leading to hyper-visibility. It has already been argued in this section that men are not accustomed to being under the gaze. Therefore, the participants abandon these devices because they do not want to invite the stare. Lukhasi claims that the prosthetic inadvertently invites attention that was not meant for him.

9. 5 Conclusion

The purpose of this chapter was to address the following question: upon constructing and (re)defining and negotiating masculinity for themselves, how do disabled Xhosa men with visible physical impairments deal with and navigate the embodied difference in their daily lives? To answer this question, this chapter has presented data on the 'mundane' and ordinary daily lives and interactions between the participants, other people, and the environments within which they live. In choosing to focus on the mundane and taken for granted, this chapter sought to demonstrate that what are unthinking routines for non-disabled Xhosa men in doing and being men on the daily, are easy sites of struggle and therefore management problems for men with physical disabilities (Goffman, 1963). In this regard, this chapter examined the following three (3) broad areas, sex and intimacy, social interactions and sociability, and everyday home living.

This chapter started by examining doing disabled Xhosa manhood in sex and intimacy. Although sex and sexuality have been proven to be a key element in doing Xhosa manhood - through testing the penis after initiation and procreation, for example - the ability to have (penetrative) sex is often taken for granted. Therefore, unlike most literature on the sex lives of disabled people, this chapter was less interested in dis/proving 'their asexuality' and more interested in navigation of the embodied difference in sex. The data presented in this section showed two prominent issues regarding sex and intimacy. Firstly, unlike disabled people's sex lives often presented in Western literature, this study's participants have no creative or novel stories about their sex lives.

While I have established elsewhere in this study that the participants are adept at constructing alternative masculinities, I found that their agency is constrained in matters of sex and intimacy. It does not expand beyond the existing construction of sex. Subsequently, the second issue discussed concerns how the participants, despite the nature and degree of their impairments, strive to live up to the ideal of able-bodied, penetrative, and missionary sexual intercourse. I attribute this to a limited repertoire of sexuality in this context and the phallocentric constructions of sex amongst Xhosa men. This section has argued that the glorification and centrality of the penis in doing Xhosa manhood means that it has assumed a cultural asset status. This inadvertently makes it challenging for men with varying physical impairments to create ways of being sexual that do not involve the penis and penetration.

While still grounded in this study's phenomenological underpinnings, the second section in this chapter has discussed physically disabled Xhosa manhood masculinity through an interactionist lens. This section examined social relations and sociability through the following three (3) interrelated sub-themes: resisting becoming the disability, negotiating visibility and incapacity, and lastly, navigating pity and sympathy while maintaining manhood. The data presented in this section demonstrated that the participants showed both direct and indirect resistance to being reduced to just the disability. On the one hand, the participants demonstrate direct resistance by their willingness to fight anyone who reduces them to the disability physically. On the other hand, they showed indirect resistance by centring their manhood identity and related achievements before anything else.

Data demonstrates that the participants reject any expressions of pity and sympathy towards their disabled embodiments. In this section, I have also argued that the participants are aware that they have to manage the burden of the non-disabled gaze. The accounts also demonstrated that they resist pity and sympathy because they see it as relegating them to subordination. Additionally, I have argued that they reject expressions of pity and sympathy because these alert them to being under the gaze which men are generally not accustomed to. Lastly, integrating Bourdieusian notions of bodily capital with Cooley's Looking-Glass Self, this section examined feelings of shame and guilt that the participants experienced because of their disabled embodiments.

This chapter's last section examined doing disabled manhood within home and living environments. In this section, the data presented demonstrated participants' meaning-making processes and interactions with home adjustments and personal assistive devices. It has been shown that while the participants welcome adjustments to their homes, they however abandon their personal assistive devices. I have argued that they abandon these devices in attempting to achieve normalised appearances despite research showing that assistive devices have extensive benefits in terms of facilitating independence.

Chapter 10: Concluding thoughts

Through an embodied approach to disabled Xhosa manhood, this thesis has explored the ways in which Xhosa men who live with visible physical impairments – acquired before and after traditional Xhosa initiation – in the selected rural areas in the Eastern Cape construct and negotiate their manhood subjectivities and identities in everyday life. The curiosity underpinning this study was my interest in the intersections of visible physical disabilities and manhood in a Xhosa context where embodiment, except for the cultural mark of circumcision, is currently not considered as a factor by the existing scholarship in the ways of "doing being a man" (Gill *et al.*, 2005: 58". In this conclusion chapter, I seek to not re-summarise the content on this thesis but instead to reflect on the contributions of this study and the findings to the research questions underpinning this study, and how the said findings fill in the identified gaps in literature about Xhosa manhood masculine practices and the implications thereof. This chapter is arranged into methodological contributions to knowledge, followed by the theoretical contributions and highlights and lastly, the empirical contributions, emerging from the data, are highlighted.

10. 1 Methodological highlights and contributions

I have argued in this thesis that disability research in the majority of countries is still developing. Moreover, I have also shown that there is an obvious paucity of research about the significance of the physical body, particularly the disabled body, in doing being a Xhosa man despite manhood status among AmaXhosa being grounded on the body. For this reason, qualitative methods were most suitable to elicit thick descriptive narratives from the participants about their lived everyday experiences.

Secondly, a pioneering branch of disability research has focussed on specific impairments. For instance, MacQueen focussed on traumatic brain injuries, Sakellarion (2006), Nolan (2013), and Barrett (2017) focussed on spinal cord injuries, while Sithole (2013), and Powis (2017) focussed on visual impairments. While there are undoubted merits in researching specific impairments so as not to lump all disabilities together, there is also the price of limited generalizability of the research findings. The contributions and highlight of this study are in its widened sample in terms of covering a variety of impairments thus broadening the scope of a "geography of disability" (Pearson and Pini, 2017: 173) while still avoiding to lump them into one category of disability. This increases the generalizability of this study. In this regard, this study has not only looked at each impairment individually, but also made a distinction between the men who acquired their impairments before the traditional Xhosa initiation and those who acquired them after. Another methodological contribution of this study lies within the flexibility regarding the methods of eliciting the narratives of participants. I have noted that doing a group interview was not part of the plan but it proved useful in setting the participants at ease.

10. 2 Theoretical highlights and contributions

This study involved the exploration of two constructs: disability and Xhosa manhood. Therefore, it is for this reason that two theoretical lenses were used in the study. Ordinarily, studies of disability employ one of the two established theoretical models namely, the medical model or the social model in their theoretical analyses. A contribution of this study in the disability theoretical landscape was the use of the fairly novel embodied approach to the study of disability. This approach has so far been employed by Hall (1999) in his study of disability and employment and by Powis (2017) in his study on visually impaired cricket players. Because this is an approach in its development, both of these scholars modified it to suit the contexts of their research. Similarly, in this thesis the embodied approach to disability was modified to better suit the context.

This study utilised the embodied approach to disabled Xhosa manhood masculinity in order to bring together Anthropological theories of embodiment, Sociological and, phenomenological theories of the body, as a strategy to transcend the binaries and boundaries of both the social and medical understandings of disability. Fundamentally, this is a study about disabled Xhosa manhood masculinity and neither the medical model nor the social model centre the body in their analyses of disability; and the utility of the embodied approach is that it centres on researching experiences of disability through the lived body. In this regard, this thesis is a contribution to the emerging body of disability research that centres the body in the analyses. Therefore, it would have been untenable to use either the medical or social models as both physical disability and Xhosa manhood are both deeply rooted in notions of the body and physicality.

Another contribution in terms of this embodied approach to disability in this study, is that it was modified to suit the context of this research. In addition to the Anthropology of embodiment, Sociologies and phenomenologies of the body as building blocks of this approach, this approach was also concretised with socio-cultural understandings of embodiment and a recognition of isiXhosa notions, terminologies, and beliefs about disability. This was done because disability is a dynamic concept which is brought to life experientially by social and cultural practices.

Concerning the theoretical approach to Xhosa manhood masculinity, this study drew from African-centred epistemologies on manhood and masculinities rather than the established global theories of masculinities. In this regard, this study has made a contribution to the developing African-centred theories of masculinities. Therefore, instead of Raewyn Connell's theory of hegemonic masculinities, this study employed a theoretical lens of dominance at the peripheries primarily due to the geographical and economic position of the participants. Additionally, unlike most studies of Xhosa manhood, this study has established *ulwaluko* not only as a gateway to just manhood but to a respectable personhood status as well.

10. 3 Empirical highlights and contributions

In terms of the first goal of this study, which was to explore the embodied meanings of Xhosa manhood masculinity by studying the lived experiences of Xhosa men with physical disabilities in selected rural areas in the Eastern Cape, this study began by investigating the various ways in which the participants conceptualized and talked about their bodies and their disabilities concerning their manhood identities and subsequently how their "bodies are embedded in the performance of Xhosa manhood masculinities. The first interesting finding in this regard is that the participants struggled to talk about their disabled embodiments in relation to their manhood masculinities. I initially thought this was the case of the well-established claim of body-as-taken-for-granted (Watson, 2001). However, the equally well-established claim in phenomenological Sociologies that the body is taken for granted until disease or disability unsettled my analysis (Leder, 1990).

Upon viewing the transcripts in their entirety, I quickly changed my tune of analysis. I soon realized that the body-masculinity nexus, the full physicality of it, beyond the removal of foreskin in traditional Xhosa initiation, is a subject that is not ordinarily spoken about in the Xhosa manhood culture. Therefore, the participants do not have the grammar of body-masculinity thus their struggle and confusions in speaking about their bodies. Secondly, I noted that the manner in which the Xhosa manhood culture has socialized them to understand and to subsequently define their manhoods for themselves is possibly a reason for their inability to speak about their bodies. In this regard, I demonstrated that the participants always talked about their bodies in terms of being active, always doing something. Therefore, the body is always spoken about in relation to activity. In retrospect, I then realized that my mistake was asking them to talk about their bodies outside of activity.

I then used available literature to attempt to explain the participants' inabilities to talk about their bodies. Firstly, I noted that the participants regard the Xhosa traditional initiation as a grantor of equal access to manhood for all regardless of ability. In this manner, all Xhosa men are essentially the same in the ways of Xhosa manhood and this is supported by the isiXhosa proverb of manhood which says *indoda inye (*there is oneness in manhood). Because all Xhosa men bear the same scar of manhood and speak the same language of manhood, I argued that their disabled embodiments are invibilized by this cloak of oneness to an extent where the participants do not conceive of themselves as different men.

Secondly, I noted that the higher premium placed on social rather than physical self in this context could possibly be a reason for their inability to speak about their bodies. This higher premium on social selves is further supported by the relational rather than individual constructions of personhood in this context. Further, this relational personhood is also achieved in social relations. I therefore argued that the earlier emphasis about the body-at-work in their narratives helps in sustaining and establishing the social self.

I consider the lingering impact of coloniality and migrancy as another possible reason for their inability to talk about their bodies. In this regard, I inspected the men's biographies. I noted that I interviewed men in a poverty-stricken Eastern Cape, men who have had to sell their labour to the colonial imperialists in the mines and farms and from that, I argued that their inability to talk about their bodies could be traced to the simple fact that they have never owned their own labour and therefore their bodies.

The second goal of this study was to explore the ways in which Xhosa men with physical disabilities construct, define and, negotiate Xhosa manhood masculinity for themselves. To answer this question, this thesis, in Chapter 8, divided the participants' narratives between those who acquired impairments after initiation and those who acquired them before initiation. The first interesting finding in this regard was that the participants who acquired their impairments after initiation perceive the disability as a second initiation. They talked about the disability as having set them back to square one concerning their manhood duties. Secondly, with the inception of disability, this group of participants learned to be more independent in the household, particularly with domestic chores which, prior to being disabled, they regarded as women's work. Thirdly, the participants who acquired their impairments before initiation were looking forward to the traditional Xhosa initiation process as they saw it as the only way to achieve a respectable personhood status. I have therefore argued that the traditional Xhosa initiation is a gateway not only to a manhood status but also to a respectable personhood status in Xhosa communities.

Another interesting finding was, contrary to established disability and masculinity scholarship (Shuttleworth *et al.,* 2012; Nolan, 2013) both groups did not report any sense of 'loss of masculinity' or threat upon their manhood identities. But the participants talked about their status as having been affected instead. I have noted that the participants made a conceptual separation between their manhood identities and social status. In this manner, manhood assumes a master status in the self-identification of participants, unlike in mainstream disability studies wherein male participants would self-describe as "disabled men", the two categories of identification – disability and manhood – do not, in these participants' self-descriptions intersect to form one conjoined identity category. I have also demonstrated that their social status is threatened in areas such as getting married and the politics of (un)desirability that come with a disability, the (im)possibility to build one's own homestead due to the lack of resources because of disability, the possibility of being unable to sire children because of the impairment, and the impediments different impairments place upon the need to be visible within the community as is required.

The last and final objective of this study was to explore ways through which, upon constructing and (re)defining and negotiating masculinity for themselves, physically disabled Xhosa men deal with the embodied difference in their daily lives. To explore this goal, this study examined the following three (3) broad areas, sex and intimacy, social interactions and sociability, and everyday home living. In terms of sex and intimacy, contrary to the Western existing literature on the sex lives of disabled people, this study noted that the participants have no creative stories about their sex lives. I have attributed this to dominant constructions of sex and sexuality in the context. This study has noted that the participants, despite their impairments, attempt to live up to the ideal of able-bodied, penetrative, and missionary sexual intercourse. This study has also argued that the glorification and centrality of the penis in doing Xhosa manhood means that it has assumed a cultural asset status which inadvertently makes it challenging for men with varying physical impairments to create ways of being sexual that do not involve the penis and penetration.

Regarding social relations and sociability, this study has demonstrated that the participants showed both direct and indirect resistance to being reduced to just the disability. The data presented also demonstrated that the participants reject any expressions of pity and sympathy towards their disabled embodiments because they see it as relegating them to subordination. Additionally, I have argued that they reject expressions of pity and sympathy because these alert them to being under the gaze which men are generally not accustomed to. Lastly, this study revealed that while the participants welcome adjustments to their homes, they however abandon their personal assistive devices. I have argued that they abandon these devices in attempting to achieve normalised appearances despite research showing that assistive devices have extensive benefits in terms of facilitating independence.

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Appendix A: Letter of introduction

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01 November 2018

TO WHOM IT MAY CONCERN

This letter serves to confirm that Mr Thoko Sipungu, student number: 608S2656 is a student in our Department. As part of his PhD degree, Mr Sipungu is required to conduct interviews for his research. The research process is a vital component of our teaching programme and we would appreciate any assistance that you could give to enable him to meet his commitments in this regard. Please note that the data collected will be used for research purposes only.

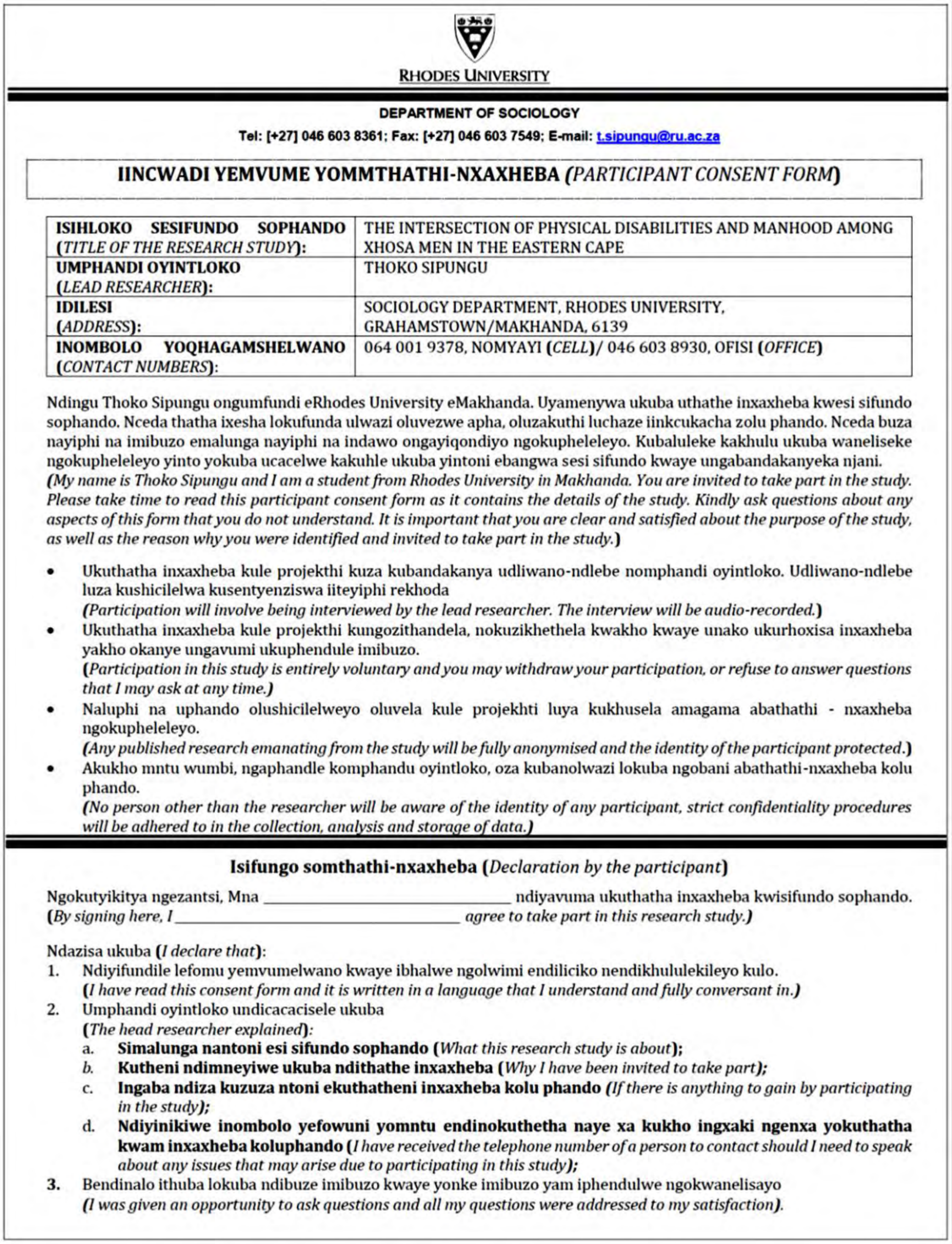
Many thanks.

Yours sincerely

Prof Gilton Klerck
Head of Department

g.klerck@ru.ac.za

Appendix B: Consent form



RHODES UNIVERSITY

DEPARTMENT OF SOCIOLOGY

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IINCWADI YEMVUME YOMMTHATHI-NXAXHEBA (*PARTICIPANT CONSENT FORM*)

ISIHLOKO SESIFUNDO SOPHANDO (*TITLE OF THE RESEARCH STUDY*):	THE INTERSECTION OF PHYSICAL DISABILITIES AND MANHOOD AMONG XHOSA MEN IN THE EASTERN CAPE
UMPHANDI OYINTLOKO (*LEAD RESEARCHER*):	THOKO SIPUNGU
IDILESI (*ADDRESS*):	SOCIOLOGY DEPARTMENT, RHODES UNIVERSITY, GRAHAMSTOWN/MAKHANDA, 6139
INOMBOLO YOQHAGAMSHELWANO (*CONTACT NUMBERS*):	064 001 9378, NOMYAYI (*CELL*)/ 046 603 8930, OFISI (*OFFICE*)

Ndingu Thoko Sipungu ongumfundi eRhodes University eMakhanda. Uyamenywa ukuba uthathe inxaxheba kwesi sifundo sophando. Nceda thatha ixesha lokufunda ulwazi oluvezwe apha, oluzakuthi luchaze iinkcukacha zolu phando. Nceda buza nayiphi na imibuzo emalunga nayiphi na indawo ongayiqondiyo ngokupheleleyo. Kubaluleke kakhulu ukuba waneliseke ngokupheleleyo yinto yokuba ucacelwe kakuhle ukuba yintoni ebangwa sesi sifundo kwaye ungabandakanyeka njani.
(*My name is Thoko Sipungu and I am a student from Rhodes University in Makhanda. You are invited to take part in the study. Please take time to read this participant consent form as it contains the details of the study. Kindly ask questions about any aspects of this form that you do not understand. It is important that you are clear and satisfied about the purpose of the study, as well as the reason why you were identified and invited to take part in the study.***)**

- Ukuthatha inxaxheba kule projekthi kuza kubandakanya udliwano-ndlebe nomphandi oyintloko. Udliwano-ndlebe luza kushicilelwa kusentyenziswa iiteyiphi rekhoda
  (Participation will involve being interviewed by the lead researcher. The interview will be audio-recorded.)
- Ukuthatha inxaxheba kule projekthi kungozithandela, nokuzikhethela kwakho kwaye unako ukurhoxisa inxaxheba yakho okanye ungavumi ukuphendule imibuzo.
  (Participation in this study is entirely voluntary and you may withdraw your participation, or refuse to answer questions that I may ask at any time.)
- Naluphi na uphando olushicilelweyo oluvela kule projekhti luya kukhusela amagama abathathi - nxaxheba ngokupheleleyo.
  (Any published research emanating from the study will be fully anonymised and the identity of the participant protected.)
- Akukho mntu wumbi, ngaphandle komphandu oyintloko, oza kubanolwazi lokuba ngobani abathathi-nxaxheba kolu phando.
  (No person other than the researcher will be aware of the identity of any participant, strict confidentiality procedures will be adhered to in the collection, analysis and storage of data.)

Isifungo somthathi-nxaxheba (*Declaration by the participant*)

Ngokutyikitya ngezantsi, Mna ______________________________ ndiyavuma ukuthatha inxaxheba kwisifundo sophando.
(*By signing here, I ___________________________________ agree to take part in this research study.*)

Ndazisa ukuba (*I declare that*):

1. Ndiyifundile lefomu yemvumelwano kwaye ibhalwe ngolwimi endiliciko nendikhululekileyo kulo.
   (*I have read this consent form and it is written in a language that I understand and fully conversant in.*)
2. Umphandi oyintloko undicacacisele ukuba
   (*The head researcher explained*):
   a. **Simalunga nantoni esi sifundo sophando** (*What this research study is about*);
   b. **Kutheni ndimneyiwe ukuba ndithathe inxaxheba** (*Why I have been invited to take part*);
   c. **Ingaba ndiza kuzuza ntoni ekuthatheni inxaxheba kolu phando** (*If there is anything to gain by participating in the study*);
   d. **Ndiyinikiwe inombolo yefowuni yomntu endinokuthetha naye xa kukho ingxaki ngenxa yokuthatha kwam inxaxheba koluphando** (*I have received the telephone number of a person to contact should I need to speak about any issues that may arise due to participating in this study*);
3. Bendinalo ithuba lokuba ndibuze imibuzo kwaye yonke imibuzo yam iphendulwe ngokwanelisayo
   (*I was given an opportunity to ask questions and all my questions were addressed to my satisfaction*).

Appendix C: Ethics clearance letter

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Human Ethics subcommittee
Rhodes University Ethical Standards Committee
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NHREC Registration no. REC-241114-045

4 November 2019

Thoko Sipungu

Review Reference: 2019-0327-2020

Email: g08S2656@campus.ru.ac.za

Dear Thoko Sipungu

Re: THE INTERSECTION OF PHYSICAL DISABILITIES AND MANHOOD AMONG XHOSA MEN IN THE EASTERN CAPE

Principal Investigator: Prof Michael Drewett

Collaborators: Mr. Thoko Sipungu

This letter confirms that the above research proposal has been reviewed and **APPROVED** by the Rhodes University Ethical Standards Committee (RUESC) – Human Ethics (HE) sub-committee.

Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying when the annual report is due.

Please ensure that the ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloging number allocated.

Sincerely

Dames

Appendix D: Schedule of Interview questions

RHODES UNIVERSITY
Grahamstown • 6140 • South Africa

INTERVIEW SCHEDULE: THE INTERSECTION OF PHYSICAL DISABILITIES AND MANHOOD AMONG XHOSA MEN IN THE EASTERN CAPE

<u>Biographical Questions:</u>

Can you tell me about yourself?

- Name, age
    - What name do people call you by?
    - [*Where does it come from?*
- Siblings [*How many*?]
- Where are you from?
- Who do you stay with?
- Relationship/Marital status?
- Do you have Children?
  [How many? How old?]
- Your formal education
  [*Follow up questions about level of education, how it was studying; where you studied; when & why did you stop*?]
- Current occupation?
  [*When did you start? If unemployed, since when? Were you ever employed?]*
- What is your clan name?
  [*Khawuzithuthe*?]

Questions about the disability:

- What type of physical disability do you live with?
- Please describe the nature of your disability
  [*Which body parts are impaired?*]
- When & how did you acquire the disability?
  [*Any beliefs or diagnosis about what caused your disability? Where did you get this information from?*]
- Do/did people call you names because of the disability?
  [*What are those names? How did/do you deal with that?*]
- Challenges growing up with the disability?
  [Schooling, friendships, puberty, sexual partners, initiation, family]
- Are there things you cannot do for yourself?
  [If yes, who helps with those? Does needing help, as a man, make you feel a certain way?]

Questions about masculine embodiment:

- When did you become a man?
- What do Xhosa men do that makes them Xhosa men?
- May you please tell me how do you define being a Xhosa man?
- What does it mean to you to be Xhosa man?
- Does your disability affect your masculinity in terms of how you have defined manhood?
  [*How does it affect it*?]
- How do you negotiate your manhood when confronted with these challenges?
- Are there things that other men do that you cannot do because of your disability?
  [What are those things? How important are they esidodeni/manhood?]
- How do other men perceive your masculinity as Xhosa man living with a physical disability?
- Are there any challenges you experience in relationships (intimate), and how do you confront them?
  [*Importance of having a partner/wife as a Xhosa man?]*
  [*Marital/ relationship status? How did you meet?*]

- Children? [*Ask this question to clarify the importance of having children as a Xhosa man*]

<u>If disability acquired after ulwaluko:</u>

- What are the challenges you have experienced with regards to your disability?
- Does the disability impact on your ideas and practices about being a man?
  [If yes, how?]
- Are there things *esidodeni/esifaneni* that you used to do before acquiring the disability that you can no longer do now?
  [What are those things? How has this impacted the way you see yourself as a man]
- *Who, then, started helping you with the necessities post your disability, if you needed help?*
  [How did suddenly needing help impact the way you see yourself as a man?]
- How have you negotiated the change?
- Are there any differences you have experienced with regards to your masculinity/sexuality?

<u>Positioning and hierarchy in manhood circles:</u>

<u>Explore the subjective positions men take, in manhood circles, and how this impact their understandings of manhood?</u>

- Would you say there is a hierarchy in Xhosa manhood circles?
  [*If yes, what is based on? Where do you place yourself in this hierarchy?]*
- Do Xhosa men with physical disabilities enjoy the same status as able-bodied men in the community?
  [*Elaboration and follow up questions if there is a need*]

The end

[*Always ask if they have questions for you*]

Appendix E: Original isiXhosa transcripts per chapter

Chapter 7 original transcripts

Sinqoko (71): "Ukuba yindoda ayisosiqu mfondini. Ayingomzimba {giggles}... Ukuba yindoda zizenzo. Nendlela yokuziphata… Nendlela oyiyo ekuhlaleni". (Interview, 5 November 2018)

Naso (54): Hee uthini na bawo? Utsho kanjani ke ngoku? (laughs)... Yanzima ke le nto undibuza yona. (Interview, 23 January 2019).

Mncedisi (58): Ukuba yindod' asikok' qhawula ijwabi ube kanti ugqibile. Ewe ndolukile kodwa ubudoda bam abukho apha emzimbeni. Ndinomzi. Ndinomfazi. Ndinabantwana. Ubudoda busemisebenzini yakho njenge ndoda. (Interview, 5 November 2018).

Zenzele kakana (59): Ndihlala neurine bag. Uba ndabon' umchamo wam awukho right ndiyakhaleza ndiye e kiliniki bajonge ke bandinike amayeza. Ndandinazo ne bed sores ngo 2010 but ndafundisa uzi dressa ngokwam. (Interview, 12 November 2018)

Naso (54): oh tata kaloku xa uyindoda kufuneka uzinakekele. Iworse ke xa ukule meko kufuneka uzinakekele more. Yabona mna ndifuna uhlala ndiclean. Ndinuka kamnandi. iroll on andiyilbali ukuyithenga. (Interview, 23 January 2019).

Alizwa (30): Uba yindoda bra yi confidence apha kum. Funek' uzithembe bra yaqonda. Ungazibaleli because of idisability. And ke bra iconfidence ivela phi? Ivela ekuzinakekeleni. Funeka ube clean bra yabo, uzinxibise kakuhle. Ungabi yinto yohlekisa... (Interview, 28 January 2019)

Naso (54): Le ntwi iyindoda yinto enengxaki zayo. Umntu esimphathela phezulu apha esidodeni ngumntu ozibenzelayo abenezinto zakhe. Uba uzimele unezinto zakho noba une disability uyaxatyiswa. Kodwa uba awunanto uzawuthukwa ngale nto uyiyo. Funeka uzimele as indoda. (Interview, 23 January 2019).

Lulama (31): Inkwenkwe mos yona ayikhathali ilala apho ihlwelwe khona. Indoda ke yona ngumntu ukuxakeka. Xa uyindonda imisebenzi yakho kumele ibonakale. Soze ulale imini yonke nje.. Kufuneka uzame icebo. Yabo mna ndihla ndinyuka ndikhangela ezi learnerships zimane zivela ngoku ndisisiqhwala.

I**nterviewer**: Kutheni indoda ingenolala imini yonke xa ifuna?

Lulama: Bubuvila obo (laughs). Kaloku bra kuthiwa ingxaki zendoda zixananazile nhe. So uzabe ulalele ntoni unga guli? (Interview, 9 November 2018).

Gcwanini (68): Ukwaluka sisithethe sakwaXhosa uyayiqonda kelonto. Ubudoda yingqondo emntwini ngoba kaloku ungalixhego elingangam ungabina ngqondo. Abantu bazokonqena nje umane (ahleke) kodwa bazozithethela bebodwa , kodwa hayi lotata ayibobudoda obu abuqhubayo uyayiqonda kelonto. Ubudoda emntwini yingqondo njengoba... Umntu uzakha uze abeyindoda. (Interview, 9 November 2018).

Zukile (43): "Hayi kaloku mfondini isiqu okanye umzimba wam awungeni ndawo ebudodeni. Kukusebenzisa ingqondo ubudoda. Akhomntu unondixelela nje nantoni kwathi hayi because kaloku ingqondo yam iyalingana naye qha yimilenze le. So kengoku ubudoda obo mayi bekhona into engenayo noba awuphangeli yenza icebo, sebenzisa ingqondo". (Interview, 14 November 2018).

Sandile (46) : Njengoba ndiyindoda bekufanale ndiyindoda ke ezibonelayo, ndinabantwana ...bekufanele uba ndiyazibiyela eli cingo uyalibo liyawa qha kule meko akukwazeki. Kodwa ke ndiyakwazi usebenzisa ingqondo yoba ndiqashe xa ndifumene isentana. (Interview, 22 November 2018).

Sintusakhe (43): Hayi ke kule yam ilali sihlala ngokokulingana kwethu nasesifaneni nabanye abafana. Akhonto yoba hayi wena usisidalwa yabo akujongwa isiqu or inkubazeko yakho. Sonke siyalingana esidodeni kushiyanwe ke nje ngeminyaka. Umntu oye acalu calulwe ke ngumntu mhlawumbi onga onganantsikiyo omdaka intwezinjalo, ovuza imikhwinya, umntu ovuza nezinkcwe kuthiwe no uyosela uyogalelelwa entweni yakhe yedwa intwezinjalo. (Interview, 04 December 2018).

Kwinana (33): Hayi mna bra ndiyazenzela yonk' into. Ndiyaziphekela… indawo zalapha ziyenyuka unless de ufike etheni but kufuneka ufune umntu uze ube kanti uyanyuka fana naxa usiya eklinikhi. (interview, 23 January 2019).

Mfuyi (59): ndiyaziqhuba aphendlini. Akho nto ndingakwazi uzenzela yona. Uba amanzi akho yonke into ikhona apha endlini ndiyakwazi usenza istulo lewheelchair ndihambe ndiye etafileni. Isitovu xa sikhona ndikwazi uba ndihleli kwesisitulo, kodwa uba amanzi awekho nangoku funeke ndiyazi uba ndizogada umntu estratweni umntu ogqithayo andikhelele amanzi etankini andibekele pha endlini. (Interview, 8 November 2018).

Interviewer: Tyhin baw' Naso, ndifike usesikolweni apha ekseni? *(I had found him being trained on how to use the cane that morning. This question was referring to that)*

Naso: (laughs) Ndiyazihambela mna tata. Kudala ndabanayo la cane yabo kodwa ndizithandela le ntonga yam.

Interviewer: Akukho ngcono usebenzisa i cane kanti?

Naso: Sendaqhela le ntonga mna tata. Kwathi nje ukuba uphele umbane ndasebnzisa intonga so ke tata since ndabanje ndisebenzisa yona yaqonda ke. La cane yona ihlala pha endlini… Ndiyayonqena futhi kuba ingathi izandijongisa kanti ndiright apha kule ntonga. (Interview, 12 July 2019).

Sintusakhe (43): Hayi ke kule yam ilali sihlala ngokokulingana kwethu nasesifaneni nabanye abafana. Akhonto yoba hayi wena usisidalwa yabo akujongwa isiqu or inkubazeko yakho. Sonke siyalingana esidodeni kushiyanwe ke nje ngeminyaka. (Interview, 04 December 2018).

Sandile (33): Singamadoda siyafana mfondini. (Interview, 9 November 2018).

Matshoba (cultural expert): Uyabonake indaba yephysical disability ayonto aye amaxhosa aye agxininise kuyo kakhulu. Into ejongwayo kukukba uyindoda okanye awuyondoda uyaqonda yiyo lento angafane agxininise. Uye ufumanise uba even abantu who get discriminated ngabantu abangekho right mentally but ngokwe physical disability akhonto ikangako. Ufumanisa ukuthi abantu abangamadoda although they have physical disabilities uye ufumanise ukuthi banemizi so I don't think ikhona impact kangako nditsho. (Interview, 05 December 2018).

Lulama (31): "Xa uyindonda imisebenzi yakho kumele ibonakale. Soze ulale imini yonke nje…" (Interview, 9 November 2018).

Interviewer: So xa kuxhelwa okanye kusombiwa apha elalini uyaya wena?

Zicelo (50): Ewe ndiyaya tata. Ndiyazihamba zonke izinto zelali.

Interviewer: Wenzeni ke wena xa abanye abafana besomba?

Zicelo (50): Ndiqokelele noba ngumhlaba kaloku tata. (Interview, 24 January 2019).

Mfuyi (59): Xa kusombiwa apha elalini okanye kukho umcimbi ndiyaya mna. Uba ukufitshane ndiye ndiziqhube. Uba ukude ke ndiye ndifumane omnye umfana azondiqhuab siye sobabini ... Owondibuyisa umntu ndamfuna phambili. (Interview, 8 November 2018).

Interviewer: So xa engekho ubhuti wakho uhlala nabani kengoku apha?

Sandile: Hayi andifane nje ndihlale ndedwa imini yonke. Isiyalo siyaphela kuhlala nabantu, hayi abantu bayandifikela bona abantu….

Interviewer: Kuza abantu?

Sandile: Kuza amadoda aqinileyo, aqinileyo… Ngamancoko ayakholwa kuncokola nam enyinto ndilincoko andingomntu othanda uthula, ndiyakholwa kusoloko ndincokola. (Interview, 22 November 2018).

* * *

Zukile (43): Like bakhona abantu, bayeza abantu nangoku, ukhona obezile apha ndithi yheyi mfondini khondikhelele amanzi pha omnye akhe omnye athini, akupheli bantu qha ngulomzuzwana nje bengekho. (Interview, 14 November 2018).

* * *

Bandile (38): "Eyona nto ingamandla kuba awuyiyo lendoda yomdongwe akukho nto inofane ikwehlele amadoda onke ayakukhusela. Amadoda ayayithanda indoda esuka ehlathini andifuni noxoka kwelo icala". (Interview, 12 July 2019).

* * *

Naso (54): Wathi asophela umsebenzi ndabuya ndaza ekhaya. Ndangathi ndiyaqashwa kwenye indawo pha ngase Marikana intenayo wehl' umbane emehlweni so ndabuya ndeza ekhaya ndazo chaza. (Interview, 23 January 2019).

* * *

Sandile (46): ehh mfondi yandichana into yokhubazeka kuba indoda kufuneka yakhe umzi. Imali yokwakha umzi iyasetyenzelwa. Amadoda ale lali aseGoli. Mna ndingaya njani eGoli ndinje? (Interview, 22 November 2018).

* * *

Lukhasi (40): Yabo mna for umzekelo andina ngalo. Kwi kontraki nase zimines soze ndilunge. Ndifanelwe ngumsebenzi wase offisini qha andina sikolo. (Interview, 16 July 2019).

Chapter 8 original transcripts

Sinqoko (74): Ey bhuti into yokhubazeka bumini inzima. Njengoba benditshilo mna ndabhukuqeka ne truck ndingumfana ndisebenza. Ooh yandiqalelisa into yokhubazeka bhuti. Ndimtsha ndingumfana
Interviewer: Uqalela kanjani ke bawo?
Sinqoko (74): kaloku bhuti ngela xesha bendisebenzela ukuba ndakhe umzi. Ndiphume pha ekhaya. Ndibenomfazi njengamanye amadoda. Ngoku ndisakwenzakala le mali yezi zinto ndizayithatha phi? Kukuqalela oko… qha ke ekunyamezeleni kuba kaloku indoda iyanyamezela ndinaye umzi, ndinomfazi nabantwana. Khange kubelula tu kona. (Interview, 5 November 2018)

Dabane (68): Kaloku wena tata le ntw' iyindoda fanele ikwazi unyamezela. Andithi ngela xesha sasise hlathini sisithi sifun'uba ngamadoda safundiswa unyamezela. So ndazixelela ke mna uba okuba ndisaphila ndizawunyamezela noba ndikhubazekile… (Interview, 7 November 2018).

Kwinana (33): Ey bra andizuxoka khange kubelula tu after ndiphume esibhedlele. Yabo kwathiwa esibhedlele endizuphinda ndikwazi uzichamela. Ndandingaziva xa ndifuna uchama ndizibone sendimoshile. Yhoo bra kwakunzima. But ndahlala ndahlala ndasuke ndabona sendisiva xa ndinomchamo kanti ndiyerecoverisha ela xesha… Mna ndazixelela uba kumel' ndinyamezele bra. Okona kunyamzela bra koku. Kuworse kunoku sithetha ngako esidodeni. Because unyamezela intlungu plus nemeko okuyo…. (Interview, 23 January 2019).

Sintusakhe (38): Xa uyindoda. Phofu mna mandithethe ngam. Ndivele nd'zixelele uba ndahlala ehlathini inyanga yonke ndinyamezele. So ndive ndizixelele uba na le izadlula. Oku nyamezela sikuthetha empilweni kuko oko
Interviewer: Empilweni kanjani bhuti? Utheth' ukuthini?
Sintusakhe (38): Andithi ngoku bendikubuza impilo uthe sinyazemezele? Ndithetha ngako oko. (Interview, 04 December 2018).

Kwinana (33): Mna bra uThixo ndimthandazile kakhulu uphuma kwam esibhedlele. Kakhulu kakhulu bendithanda uthandaza then ndaye ndibaright ndabaright kancinci kancinci. Ndaye ndiyamkela ne meko yam ke ekuhambeni kwe xesha.

Interviewer: So ubuqhele uthandaza na before wenzakale okanye ibeyinto entsha?

Kwinana (33): Uthandaza asoze andizukuxokisela ndiqale mna uthandaza the day endaxelelwa ngayo ngogqirha ndathandaziswa ngabo uqala kwa, uthandaza ndathandaziswa ngabo because bebendincamile. Njengba senditshilo babesithi sobe ndiphinde ndikwazi uchama but ndiyakwazi ngoku. (Interview, 23 January 2019)

Interviewer: Ubuthe ungumntu okhonzayo kanene?

Sinqoko (74): Ewe ndikhonza eZion. Oko ndathi ndalimala ndambona uTHIXO. Sendiphila ngo Thixo ngoku kuba andisazenzi izinto ezifana nokusela. Into endiyithandezelayo ngoku koku kuyeka ukutshaya ngoba akude kuyekeke. Nakhona andingomntu onenkani. Uba kunofika abantu bayekisayo mhlawumbi usuka kwezi ndawo. Ndingakuyeka koba nako kuyayi mosha imali ndiyayazi. Ewe tata. Ndingumntu wenkonzo yonk'imihla ngee cawa

Interviewer: So ubungumntu oselayo?

Sinqoko (74): Bendisela qha ndaqond' uba ey le meko endikuyo ngoba uyakwazi usela nabantu imali yakho yepeyi ugqiba kwakho usele bamoshe banxila. Uyawuthi usithi phala phala bantu abekho. ushiyeke nezontonga apho wedwa. Ubhukuleze uwe. Uthi uzi setsha akukho ne senti. qha ube nalanto yoba hayi ndophinde ndipeye. yabona uba yinto engahambiyo leyo? soze ube nanto. Ndayibona ngoko uba kodwa ndandithe ndifuna uba yindoda. Ndifuna uba yindoda yothini? Andiyondoda yezisusa ndihamba ndivova kule mizi. Ndifuna uba yindoda enento zam. Because ndandingumntu owayene feelings zoba ndibawela uba ndibeyinto ethile. (Interview, 5 November 2018).

Bandile (38): Ndayibona ngoko uba kodwa ndandithe ndifuna uba yindoda. Ndifuna uba yindoda yothini? (Interview, 12 July 2019).

Interviewer: So ubungumntu okhonzayo naphambi kokuba wenzakale?

Siphondo (57): Hayi no bendingakhonzi. Icawe elaxesha ibiyinto kamama pha ekhaya. Ndiqale ubaserious wena ngoku sendonzakele ndimane ndisiya nenkosikazi… Ndathi ndisonxitywa pha ecaweni noko ndabona ba utywala abuhambelani nezivatho so ndayeka kanjalo ke mna. (Interview, 17 November 2018).

Mfuyi (59): Eyi ndoda kwakunzima uphuma kwam esibhedlele. Ndandingazazi noba ndizoqala ngaphi...Ndizaba yindoda utata onjani? (Interview, 8 November 2018).

Interviewer: So uba umbane wakho ubungazange uphele ngabe unkosikazi wakho uyasebenza?

Naso (54): Owu hayi tata andifuni kuxoka ngengasebenzi tu. Qha ke sibethwa yimeko sobayi two kuba le mali yepeyi ayikho. (Interview, 23 January 2019).

Interviewer: So uthi ubungakwazi ukupheka before uhlale kwi wheelchair?

Zenzele (59): Hayi zange ndafunda tu.

Interviewer: So pha eRhawutini ubuphekelwa ngubani?

Zenzele (59): Bhuti mna andizokuxokisa. Singamadoda sasi nala nto yo tata bethu yoba pha eRhawutini makubekho umntu wokuphekela novasa impahla. Abe ke nonkosikazi ekhona apha ekhaya (laughs). So ukupheka ndandingakwazi tu. Kodwa ngoku ndiyaziqhuba aph' endlini ndipheke xa ndilambile. (Interview, 12 November 2018).

Interviewer: So zange ufundiswe ukupheka ngoku ubukhula?
Zenzele (59): Mna ekhaya ndikhule ukupheka iyinto yamantombazana kunye nomama ke. Thina singabafana besijongene nemfuyo. Ndoluka then ndathatha unkosikazi ke. So zange ndibenento yoba make ndifunde ukupheka de kube kanti ndihleli kwesi situlo. Kuba ke kunyanzelekile ndipheke ngoku coz kaloku unkosikazi akanobuya ediniwe yonke imihla kufuneke aphinde aphekele mna. (Interview, 12 November 2018).

Mfuyi (59): Akho ntwi sukayo mos ngohlamba izitya ukurobhe icarpet andithi? [giggles]. Ubudoda abuyindawo tata. (Interview, 8 November 2018).

Sandile (46): Xa uyinkwenkwe awuthathelwa ntweni bra. Nditsho nalapha kwi family ungumntu njee but kwizinto ezibalulekileyo like intlanganiso zekhaya awucingwa tu. Sobayi ndoda uyahlonitshwa and uyafakwa kwizinto ezidl'ikhaya uyabo. So mna bra ndandifukuna ukoluka gqithi futhi. Ibaworse xa ushiywe zintanga zakho ibuhlungu gqitha lanto. (Interview, 22 November 2018)

Mkululi (47): I remember ndiye ndathatha idecision at the age of 21 ndaqonda ba mandoluke. One ichallenge yokuqala yile yokokuba ndiza koluka kanjani yabe ifamily yam yona isithi mandibheke esibhedlele. Two ndabe diqonda into yokuba kwi environment endiphila kuyo once ndaya esibhedlele izakundibeka kwenye imeko lonto. Okokuqala because one idisability lena ayonto yamkelekayo iyodwa, two ngoku ndabe ndiqonduba xa ndizawuya esibhedlele izophinda ithi add more phezu kokuhlukumezeka okufumanayo ngoku xa ndizophinda uthi kengoku uzama uzisondeza ebantwini uphinde ubekwimeko yentoyoba wena wolukele esibhedlele gento ezophinda ikufakele imeko yoku hlukumeza more ube kengoku ngento ongazukwazi uphinda uyitshintshe sowungenile kuyo. It's where kengoku nda decider into yokuba no ndizakuya elihlobo kwalukwa ngalo ngabanye abantu. (Interview, 20 November 2018).

Mncedisi (58): Mfo, into yokwenzakala ndiseyikwekwe yabanzima kakhulu. Uyandibona ndiyaqhwalela mos. Lo nto yatheth' uba andikwazi uhamba imitshotsho namanye amakhwenkwe. Andaphinde ndikwazi udlala kwanezontonga ndenzekala kuzo. Kwafuneka ndihlale ngendlu yabe ke inkwenkwe iyi ntwe lala apho ihlwelwe khona ngela xesha. (Interview, 5 November 2018).

Thembani (34): Ewe ndiyavuma ningxwelerhekile kodwa ukuba yindoda kwam akungeni ndawo. Ndiyindoda njengamanye amadoda yaqonda ke. Ubudoda abusuki (giggles) ngaphandle ke uba wolukele esibhedlele ubhaqwe ngamanye amadoda. Hayi ke lento yozibiza indoda uzawuxelelwa uba awuyondoda. (Interview, 28 January 2019).

Sinqoko (74): Ukhubazeka kwam kungenaphi ebudodeni bam yaqonda ke mfo ka bawo? Ndiyindoda qha qwaba. (Interview, 5 November 2018).

Zukile (43): Isidima sakho njenge ndodo siyakhula once utshate ube noxanduva. Ewe kaloku utata kufuneka abe noxanduva.

Researcher: So uba andifuni utshata mna indibekapi mna lonto?

Zukile: Ehh yabona kengoku intanga zakho azizukuthathela into yoba uyintanga ncam. Unalento usilela ngayo wena. Uzawuvuma kentanga. Uxanduva lakho moss ungusiqu sakho qha kuphela awunangxaki ngoku ke istatus sakho asifiki kwaba bantu banoxanduva yeah?

Researcher: Ok kodwa ekuhlaleni ndisajongwe ngoba ndiyindoda?

Zukile: Okusalayo awuzude ungabiyiyo, uyindoda kodwa uyindoda engenzinto kodwa sifane sibene themba uba mhlawumbi yheey ungenza into qha iminyaka iyahamba. (Interview 14 November 2018).

Sintusakhe (38): Indoda kumele itshate mfo. Yabo xa kuphume ezabhotile, ezabhotile zamabele emcimbini. Xa nibaninzi ningamadoda kuthiwe hayi ngoku ningamadoda akuzuyitya wena lebhotile ngoba awunamfazi awunotya ibhotile yamabele. Ngamabele omfazi kabana la ungenamfazi wena? So funeka utshatile uze ufike kula level nawe. (Interview, 04 December 2018)

Mr Matshoba: Eh indaba yehierarchy yesiXhosa ibalwa kwizilimela uyaqonda yiminyaka emingaphi uyindoda uyaqonda because uzawufumana aphezantsi ufumane amakrwala after sometime unyukele kwi level elandelayo niba ngabafana… and then pha phezulu ke ngamaxhego uyaqonda ihamba olohlobo ke.” (Interview, 05 December 2018).

Naso (54): Mna ndidibene nala sisi nditshate naye ngoku umbane sele uphelile. Ngoku sasiqala ndandiqonduba inoba uyandirwaya nje lo yayiqonda (laughs). Omnye endadibana kaloku naye wandifakela amaphepha elotto (laughs). Andilibali mna iyi 600 hundred. Ndithi zi hundred rands.

Kanti ngamaphepha e lotto... And ke elaxesha wayesa sela. Ahambe abuye ebusuku. Ndiqond uba inoba undijonga athi owu inyoli yabantu shame. (Interview, 23 January 2019).

Zicelo (50): Owu bhuti uthi sewudibene naye umntu ungamqondi noba uzele le mali yepeyi okanye ukuthanda nyani na… Kaloku siyayazi uba bayisehleba njemba singxwelerhekile nje. Nditsho kwa aba sihlala nabo apha esenta (centre) uhlale ubave besithi inoba akakwazi nokwenza ke lo (giggles) uyayiqonda ke. (Interview, 24 January 2019).

Thembani (34): intwe sichanayo thina bantu baphila oluhlobo iskakhakhulu wena bra kukuzicingela yabo. (laughs) ok mandithethe ngam ke phofu. Kukuzicingela wena bra kweli cala le maids. (Interview, 28 January 2019).

Alizwa (30): ingxaki wena bra kukungabina confidence apha kuthi. Umntu aqonde ukuba aka qualify because ene disability. Yilanto yocing'ba inoba bathini ocherry xabendibona ndinje. (Interview, 28 January 2019).

Thembani (34): oksalayo wena ntwana ndiyazondla andithi, ndiyazinxibisa and ndiyondoda njengamanye amadoda. So into yoba abanye abantu bathini andiyifaki entloko kakhulu. (Interview, 28 January 2019).

Zicelo (50): Oh tata andimsoli nganto uThixo. Sendtsho akukho mntu wakhe wandibiza kakubi. Qha kukuxicingela nje kuba ke xa ukule meko kunzima ungazicingi. Qha ke andimsoli nganto uThixo kuba ndizimele mos. Amandla andinike wona ndiyakwazi uwasebenzisa ndenze izinto ezifana namanye amadoda. (Interview, 24 January 2019).

Interviewer: so ngoku bendikubuza about ukuhlala namanye amadoda ubusithi ukhubazeka kwakho akungeni ndawo ebudodeni bakho andithi? So ndifuna uqonda uba why apha ebantwini abango sisi uzibona uba unedisability? Sendtsho ingathi ihlala ikhona engqondweni xa sithetha ngosisi

Thembani (34): Kaloku wena bra kosisi imaids nhe sikhona isincwaso mos. Ayokokuhlalisana njengalendlela ndihlala ngayo namanye amadoda nhe. So soze ungabinazo ezangcinga zoba i wonder uzondijonga njani yaqonda. Andithi kumele sikhulule nalo mntu uba ndibe nelucky ke? So lamdoda ndihlala nawo akayazi uba ijijeke njani imilenze yam. (Interview, 28 January 2019)

Mkululi (47): Anditshatanga mntu une disability inkosikazi yam mna ayina disability and ke zange ndi chooselwe ndazi tshuzela ndabe ke ndinayo ndidibene nayo ngoku ndine disability and then kengoku sangena emtshatweni emva konyaka. Umntu onedisability ebengazundilungela mna bhuti because uyandibona mos… so atleast ndididinga umntu ozondinakekela endlini. (Interview 20 Novermber 2018).

Sinqoko (74): Umzekele ndifuna uhambela la mntu ukwi wheelchair okanye yena ufuna uza apha endlini. Uhamba nge bhayisekile nhe, nam ndihamba nge bhayisekile. Ngubani ozofunqula omnye ambeke ebhedini. (Interview, 5 November 2018)

Zandisile (62): Mna ke ndazithatha ngoba mhlawumbi okokuqala umntu ongena disability mhlawumbu uzondi bhulisha ewe ezonto abephandlapha mandithi zonke ezanto mna ndazithatha ngelohlobo. (Interview, 01 November 2018).

Sandile (46): Noko yena ubhetele ulula keya ulula uzobalapha phambi kwam yena akazukuthi mhlawumbi ndiya endaweni ethile kanti uyaxoka ewe akayikhona. (Interview, 22 November 2018).

Zicelo (50): Oh tata ndingakholwa mna ngumntu okule meko yam. Kuba kaloku yena uya understanda nhe. Uba ndithi amathambo abuhlungu uzayiqonda kuba uyazela phaya kuye andithi… and ke kuye soze. . (Interview, 24 January 2019).

Kampini (58): Indoda mfondini kumele ibenaye noba ngu rontawuli omnye apho iyawuthi izinze khona. (Interview, 05 December 2018).

Zicelo (50): Njemba bendisitsho ke bhuti ndihlala ekhaya kodwa ndiyakha owam umzi kwa Kuni… Ndifuna uba yindoda phakathi kwamanye amadoda. Nam khe ndisile kowam umzi ndibize amanye amadoda ndaziwe kaloku. . (Interview, 24 January 2019).

Kampini (58): Indoda mfondini kumele ibenaye noba ngu rontawuli omnye apho iyawuthi izinze khona. (Interview, 05 December 2018).

Zicelo (50): Njemba bendisitsho ke bhuti ndihlala ekhaya kodwa ndiyakha owam umzi kwa Kuni… Ndifuna uba yindoda phakathi kwamanye amadoda. Nam khe ndisile kowam umzi ndibize amanye amadoda ndaziwe kaloku. (Interview, 24 January 2019).

Sithelo (40): Ngoku ndandiyalwa mna kwathiwa indoda isebenzela ukwakha umzi okanye uvusa ikhaya kuyaxhomekeka andazi ke kwamanye amadoda

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Kampini (58): Injalo kanye. Inje ngoba iyithetha le ndoda. Andiqondi uba ikhona indoda apha engazange iyalwe ixelelekwe ukuba kumele isebenze yakhe umzi (Group interview, 20 Novermber 2018).

Interviewer: Yintoni kanye le ibalulekileyo ngobanomzi? Yintoni le ewrongo ngohlala ekhaya?

Zukile (43): Sometimes xa sishleli singamadoda masithi kuyaselwa uyabona. Uba kukho amadoda anemizi ibangawo anesdima nembeko eninzi. Xa kumele kuthethiwe kujongwa kuwo okanye enze ilizwi lozenzele kulo mzi sikuwo. (Interview 14 November 2018)

Zicelo (50): Oh tata ndiyakha qha kunzima kakhulu. Ndizama uphuma pha ekhaya kuba asingomzi wam lowa. Ndimana ndibeka noba yihundred for izitena. Ndakha ngale mali yepeyi. Ndincediswa ngumama ekwakheni wena tata. Ngeyakhe imali uthenga ukutya mna eyam ndihambe ndiyoyiphosa emlungwini kwa build it for izinto zokwakha. Ndithetha nje Ndinaso isecertificate sothunga ileather. Mna andilukhunanga tata. Noba kungabekwa i material ye furniture apha ndingakwazi mna. Qha ngubani ofuna uqasha isidalwa? Uyayiva ke? (Interview, 24 January 2019).

Mncedisi (58): Akukho nezo piece jobs for abantu abafana nam. Imisebenzi iseGoli andithi? Mna ndizawuya njani eGoli? Zike zibekhona ipiece jobs qha asifumani tu. Asifumani noba ke yile misebenzi yobamba iflag endleleni xa isenziwa yaqonda. Andithi umntu umile umane nje ephakamisa iflag. Nam ndingawenza lowo qha ke asibonelelwa tu. (Interview, 5 November 2018).

Bandile (38): Mna ndiyafuna uphuma apha ekhaya ndizimele qha ke ndibethwa kuba le mali yepeyi ayikho for uba ndingajonga ukwakha ngayo. Sendtsho akukho nendlela uRhulumente asibonelela ngayo noba ke zi RPD yaqonda for thina bantu sikhubazekileyo. (Interview, 12 July 2019).

Zukile (43): Xa uyindoda engenabantwana, engenamzi, enganamfazi ixabiso lakho liba bukekela. Noko ke okanye umzi uduru ukwakha because akukho mali. Nemfuyo yelobolo ayikho yaqonda ke. Kodwa noko umntwana noba umnye. Funeke ukwazi ukhwaza unyana wakho umsikele ebuhlanti njengamanye amadoda yayive ke bhut' omkhulu? (Interview 14 November 2018)

Thembani (34): Yazi wena bra, xa ukule meko inje ngeyam umzekelo. Usisqhwala nhe okanye ukwi wheelchair. Abanye banatu ndisure bacinga i 4-5 ayivuki kuba unje. I'm sure bamthela nqa nomntu ojola nawe uba uhleleleni… Xa umithisile ke ngoku itsho itshintshe la idea yoba awuvukelwa...Mna ndiyamfuna umntwana qha ndoyika nezi zifo ngoba bayahula aba bantwana (giggles). (Interview, 28 January 2019).

Mkululi (47): Ndicinga ukuba abantwana yeyonanto iba liphupha layiphi indoda emtshatweni ... Ndane challenge yento yokuba iqengqeleke iminyaka abantwana ndingenabo emtshatweni and yayiyeyona pressure ingummangaliso keleyo eyayinkulu kakhulu nam endingcucalazisayo. Ndibona uba ingawenza umtshato wam uphele because lento uhlukunyezwa ngabantu bokuhlala kuba unga inkosikazi yakho ingafumani bantwana.

Interviewer: le pressure nokungcucalaziswa uthethwa ngako kuvela phi? Kukuwe okanye ekuhlaleni

Mkululi: Kaloku abantu befamily nasekuhlaleni babe bekubuza oko uba kutheni abantwana bangade bavele yayiqoda la nto. I think iyenzeka kuzo zonke inewly weds wena bhuti... Qha yabangathi iworse apha kuba kaloku ndihleli kwesi situlo. (Interview, 20 November 2018).

Mkululi (47): uThixo wenza inkosikazi yam yakhulelwa ngo2005 or 2006 saba nabantwana abangamawele boy and girl. Zathethwa ke izinto ngelixesha ikhulelweyo but uThixo izinto zakhe ziyamangaza bazalwa abantwana bam akwabikho nalento kuthiwa abantwana bafana nomama wabo okanye bafana nobani . ehh bandim behleli yhey kwavaleka imilomo yabantu nathi ndisa ndathi ndisajonge leyo ngo 2008 waphinda uThixo wandiblesser ngomntwana oyinkwenkwe ehh my last born ehh. (Interview, 20 November 2018

Kampini (58): amany'amadoda ayasebenza kaloku. Amadoda alapha andithi ahamba koma Rhawuti. So abam abantwana bazawuthi utata wabo uhleleleni apha angayozama. Inzima into yohlala ndijonge kule mali kaRhulumente because ayoneli mfo. Qha ke ndibethwa yimeko. (Interview, 05 December 2018).

Sinqoko (74): Amany'amadoda ayasebenza kaloku. Amadoda alapha andithi ahamba koma Rhawuti. So abam abantwana bazawuthi utata wabo uhleleleni apha angayozama. Inzima into yohlala ndijonge kule mali kaRhulumente because ayoneli mfo. Qha ke ndibetha yimeko. (Interview, 5 November 2018)

Zukile (43): Uyabona indoda yindoda kutshiwo naxa iyalwayo indoda ayikokoluka kuthiwe udlangiwe, uyakwazi udlangwa ube ufana nekwekwe. Zizenzo zakho ubudoda apha ekuhlaleni. Xa uyindoda uhlala ujongiwe and uyaziwa mos, nawe ke mele ubonakale. (Interview 14 November 2018).

Mncedisi (58): Akunothi kuhlinzwa, okanye kukho imbizo wena ube ungabonakali. Uyindoda enjani ke ngoku? Khawundixelele? Indoda kumele ibonakale phakathi kwamanye amadoda mfondini… Iyadelelisa la nto yozivalela endlini uzazibona sewukwekwa. (Interview, 5 November 2018).

Bandile (38): Abantu bade bakuqhele kaloku. For umzekelo bra mna phantse bonke abantu bayayazi uba eli cala alisebenzi. So abantu abasandithela nqa ngoku ngabantu abangandaziyo otherwise apha elalini ndiright. (Interview, 12 July 2019).

Kwinana (33): Yhoo bra ngoku ndandisando phuma esibhedlele kwakunzima. Uqondba uyafuna ukuya ezintweni because kumele uye uyomela ikhaya qha wonqena la mehlo nala mibuzo mininzi. (interview, 23 January 2019).

Sandile : Ndiye ndanentonga ndina 10 years because elaxesha marn bekunzima. Ebengekho omnye umntu ohamba ngentonga apha elalini. Uyaqonda bendi funny gqithi kanti nabanye abantwana bandoyike xa bendibona hahahaha.

Interviewer: Bakoyika ntoni?

Sandile (46): Kwakungekho mntu unjeya ngela hlobo umntu okhasayo ohamba ngentonga babengabantwana moss noGantu ngelaxesha eliya. But bade bandiqhela ndaphela ndinetshomi sisenza izinto zobukhwenkwe sonke. (Interview, 22 November 2018).

Sinqoko (74): Ingxaki wena tata xa ukule meko kubakho imini apho amadolo am akhe aqaqambe. Uyabona mos nawe ndihamba nzima ngezi ntonga. Masithi ke ngoku kukho intlanganiso okanye umcimbi ndibe mna ndisezintlungwini. Kufuneka kuphume unkosikazi uba anaye akekho msebenzini ayomela ikhaya. Ayiwuhlisi ke ngoku umngangatho into qho yomelwa ngumfazi? (Interview, 5 November 2018)

Naso (54): Yabona lento uyibuzayo iyinyani. Umzekelo kwake kwazovingcwa apha kwa makhi wam. Ndasiva isikhalo mos uhlala yedwa la mfazi indoda isegoli. Ngoku Kunzima kum uphakama ndiye kuba kaloku andithi umbane awukho. Mele kuthini ke ngoku kuohakame lo sis ndihlala naye? Izawuthini ilali xa ndingabonakali ezintweni ezinjalo? Kuyawuza bani xa mna ndikhala?
Interviewer: Kodwa bayakwazi mos uba awunambane nje?
Naso: Ewe bayayazi tata qha ke mnadithi iyanditya mna. Kumele kaloku be kanti ndiyabonakala ezindaweni ezinjalo. Ingabi ngathi ndisisinyabi sendoda uyaqonda? (Interview, 23 January 2019).

Chapter 9 original transcripts

Zicelo (50): Oh tata inzima into yase kamereni. Ngen'xesha uyafuna. Umzimba uyawabawa. Ibe ke ngamanye amaxesha ekhona umntu. Qha ingxaki kubenzima amalunga ozimba angavumi. Uyaqonda uyachanakala ke ngoku?
Interviewer: Utsho kanjani ke bawo uba amalunga angavumi?
Zicelo (50): Nditsho tata uba masithi okanye imilenze ibe kanti iyaqaqamba then ungakwazi ukhwela. Hayi ibe yona induku iready tata qha kubenzima nje ukhwela (laughs). (Interview, 24 January 2019).

Bandile (38): Ubuza ngozeka? (laughs). Hayi ke andingxaki kwelo cala. Sisinqe mos into esebenzeyo kula way. Akhonto ingako wena TK. (Interview, 12 July 2019).

Sandisile (62): Ukufumana umntu akuyongxaki. Kulula kakhulu iworse xa unemali yakho. Ndiyapeya mos so ilula wena. Worse ngeza ntsuku zepeyi hayi bayazizela. Amabhinqa afuna imali. And ke mna ndihlala ndodwa umntu angaza nanini. Ingxaki apho ikhoyo kupha ebhedini. Nakhona incinci le nto. Ndihleli kwesi situlo mos so kula mcimbi funeka ndibe ngaphezulu. Ngoku kufeneka ndibe ndibhukuleza yayibona ke ngoku (laughs)
Interviewer: kutheni yena loo mntu engenoncedisana nawe ibe nguye ngaphezulu ke ngoku bawo? (laughs)
Sandisile (62): Awu njani ke ngoku? Zizi nto zenu bantu bafundileyo ezo (giggles) andithi? Zizinto zabelungu ezo ezi sizibona pha eTvini. Andiqondi noba bangavuma aba balapha. (Interview, 01 November 2018)

Kwinana (33): Bra yhooo bendizithatha as ingathi ndingumntu nje coz ndikwi r/ship, ndonzakele ndikwi relationship and ukuze i relationship ibe right funeka ulale nomntu wakho but ndina le challenge yonga vukelwa. Unento ozibona wedwa xa ukulemeko. (Interview, 23 January 2019).

Mfuyi (59): Ngexesha ungumntu ongu tata awukwazi uvakalelwa. Ayimphathi kakuhle kakhulu umntu ongutatata because intliziyo ngengqondo ziyasebenza (Interview, 8 November 2018).

Sinqoko (71): Uye ngexesha uqonde ingase ingqondo ngekubhetele ingasebenzi. Because imfuno zako ebuqhele uzifamana awusazifumana macala. Imfuno zendalo uyazibawela zibe zikude kuwe ngenxesha. Yiyona nto ikubhekisa emva kakhulu lo nto. (Interview, 5 November 2018)

Mbulelo (59): Ingcinga ziyahlaba kakhulu. Ihurta kakhulu. Kuba kaloku ingqondo iphelele. Iingcinga zikhona. Akho nto icimileyo. Ulwazi lona lukhona qha kukwenza oku kungekhoyo. And ucingele lo ebeqhele wena umonwabisa eyyy ibuhlungu kakhulu. Ngoba yena uva kabhlungu kuba uyabona uba akho nto unoyenza. Counselling iyazitsho ezinye indlela zokonwaba no nkskz qha isikhakhulu zihambelana ne mali. Umzekelo usuka kwam pha bandinika i cooler box ene naliti ezi yi 70. Xa ndifuna udibanisa no mame khaya funeka ndizihlabe then ibindim ke ngoku ndivuke. Zathi zakuphela ndayo jonga pha kwa link pharmacy e King ndafumanisa uba hayi izando costa kakhulu. Ndabona uba hayi mandixole. Ngoba le naliti uyisebenzisa kube kanye uyibeke ecaleni. (Interview, 12 November 2018).

Lukhasi (40): Akukho mntu unondibiza unongalwana njemba ndingenangalo. Ndingalwa wena mkhuluwa. Ndingutata wabantwana. Ndinomzi. Ndinesiduko yaqonda ke. (Group interview, 20 November 2018)

Sinqoko (71): Yazi wena bhuti xa une disability ungumntu ufana nje nabanye abantu. Andithi sonke siziz idalwa zika Thixo ekugqibeleni? Ndonqena la nto yokwaziwa nje ngesifombo qha. Akukho kwanto ingenye caba iyaziwa ngam. Ndiyindoda ndizimele. Ndingu tata ka … Ndinomzi and xa kukho intlanganiso ndinegalelo. Ezinto wena tata ndizenza kuba andifuna kwaziwa nje ngesiqhwala sesifombo qha. (Interview, 5 November 2018).

Thembani (34): mfo into endiyiyo ndiyindoda. Ndingumntu. Ewe ndine disability yabo kodwa andiyiboni into ede ibangele abantu basibize ngamagama asecaleni. Ewe iyenzeka yona kodwa mna ndawumthuka umntu. Andithi naye uyandithuka mos xa endibiza ngola hlobo? (Interview, 28 January 2019).

Matshoba: Iyaxhomekeka isidalwa umsebenzisa when you feel pity for that person uyabona kengoku seyine attitude already uyabo but xa usithi ukhubazekile you just describing the person uyaqonda ukuthi lomntu has got physical disability but xa uzawuthi sisiqhwala you are specific akango nongalwana. You cannot describe him/her nge disability yakhe umntu. (Interview, 05 December 2018).

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Interviewer: So uba sithi apha esiXhoseni umntu ngumntu ngabantu yintoni ewrongo, apah kuwe, xa abantu bezama ukukunceda noba wena khange ulucele uncedo?

Sinqoko (71): Kaloku mfo kabawo ukhona umeheluko phakathi kwe nkathalo yabantu nokusizeleka. Andinangxaki mna nabantu abandikhathalelayo njemba nawe usitsho. Into nje endingayifuniyo kusizelwa. (Interview, 5 November 2018).

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Sarhili (58): Masithi pha ebuhlanti ubekelwe isitya sakho wedwa kuba ukhubazekile. Bona shame bayakucingela andithi? Ndawaxelela mna amadoda uba izandla zam ziyasebenza and andithi asizurhwaphiliza asingo makhwenkwe so ayikho ineed yoba ndityiswe ndedwa. (Interview, 5 November 2018).

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Interviewer: So bawo yintoni le iwrongo xa unikwa isitya sakho wedwa? Ibangathi kutheni apha kuwe

Mncedisi (58): Ayskuba kutheni wena bhuti. Qha yilanto yesiqhelo. Mos sisthethe into yoba amadoda atya onke. Kwabiwa ngokwezithebe andithi? Njemba ndisitsho bona bazama ukucingelana nale meko yam kodwa kum ayihli kamnandi uyaqonda ke? (Interview, 5 November 2018)

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Mzimeli (47): Uske ubone uba abantu bakuthatha njengo mntu ongasoze aphinde enze nto. Ingathi ungumntu lo ohleli esezintlungwini. Ewe zikhona imini zoqaqanjelwa but not yonke le mihla. I think mna abantu abanalwazi about disability so i reaction yabo yokuqala kukusizela. Ndiyayicaphukela ke laa nto kube kusithiwa shame shame… sendtsho wena bhuti ndiright mos. Yonk' into ndiyazenzela. (Interview, 20 November 2018).

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Sandile (46): Moss xa ukwi condition ethile apha ebomini iba bubomi bakho mos obo. So wena for umzekelo ayonto uyicinga yonke le mihla uba unenyawo ezimbini nezandla, namehlo andithi yabo. Sisqhelo ubomi buyaqhubeka. Injalo ke nakuthi. Bubomi obu. Ayonto ndiyicinga yonke le mihla uba oh kanene ndisabled yabo… into ekwandenza kube kanti ndiyicinga qho kube ndibuzwa okanye abantu ba-offerishe undinceda ndibe ndingacelanga ncedo… Okanye uthi uzihlele ukhe uyive laa nto usindwe ngamehlo uthi xa ujonga nyani kukho umntu okuthe ntsho. (Interview, 22 November 2018).

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Zicelo (50): njemba bendisitsho ke bhuti ndiyaya xa kusombiwa okanye emhlinzweni. Intenayo into endityayo inye yile yobuya ndiclean mna ndedwa. Yenza intloni ke la nto yobuya emsebenzini uclean amanye amadoda emdaka. (Interview, 24 January 2019).

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Thembani (34): mos xa nisebenza niyoncedisa emzini as amadoda niye niphekelwe masithi kweminye imizi nixhelelwe after nigqibe ukomba. La plate uqonde sometimes ayihli kamnandi kuba khange wenze niks. Ubuhleli nje ubukele. But ke amanye amadoda awakujaji mos qha nguwe lo uzibalelayo. Bayayazi mos imeko yakho. (Interview, 28 January 2019).

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Bandile (38): Xa kuyokombiwa mna ndihlala pha kula mzi kubhujwe kuwo. Ndihlala ebuhlanti nama xhego xa kuxhelwa. Umzekelo izolo bekukho inkomo apha kulo mzi ungemva. Kuxhelwe inkomo bendiyile. (Interview, 12 July 2019).

Interviewer: So uziva njani xa ontanga bakho behlinza okanye besomba ube wena ubukele uhleli namaxhego?

Bandile (38): Akukho kuthini kaloku (laughs) Bayandazi futhi bayazibonela mos uba akho nto ndinoyenza… Kunzima kwa ukuhamba so akukho noba kungathiwa ndikhupha umhlaba ke. Kona kona akukho nto ivakala kamnandi kuba kule meko kuba ibangathi uyashota. Ndizothini na? Ngathi kukho into oshota ngayo. But ke bayayazi uba before ndibe nje bendiqhele uzenza zonke izinto zelali ndimele ikhaya lam xa ndikhona. (Interview, 12 July 2019).

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Zukile (43): Ewe ndiyaya kuzo qha ngamaxesha athile. Hayi andi calu caluleki emadodeni andifuni kuxoka. Qha ke ndicaluleka kwicala lokuba kukho imisebenzi uye ubonakale ukuba yhey apha ndili lolo nyani noba ndiyindoda kodwa but ndililolo nge gem yoba abantu bayaphithizela bayasebenza mna ndihleli. Yabona la nto yongabinagalelo ezintweni zasekuhlaleni ayingeni kamnanandi. (Interview, 7 November 2018).

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Zicelo (50): Oh kudala ndayikhalazela ke laa nto yala toilet tata. Kwangokuya zazifakwa ndandithe kumele mna ndilungiselelwe qha zange ndihoyakale. Uyayibona indlela ephakame ngayo? Ngoku kufuneka ndixhathalaze xa ndingena. (Interview, 24 January 2019).

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Zwlivumile (59): Into enje ngale toilet nayo bekufanele ukuba into yoba noba kuxeshaphi ndikwazi uthini na ndiyazi uba andizuphuma phandle ndizawuba kufutshane because nentuba kengoku ndingaqhutywa ngslento ndibheke etoilet kufuneka indlela iberight ibeyinto enjeya. Kwezindawo zinjeya andikwazi uqhuba mna ngokokwam zizinto ebenzicinga uba ezi zinako mhlawumbi ebekwazi urhulumente ibezizinto ezisondezwa kubantu abanje ngathi aba. (Interview, 8 November 2018).

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Sinqoko (71): Ukuba besihoyiwe bekumele uRhulumente usakhela izindlu eziright for thina bantu abakhubaekilyo. Uyabona mos nawe kunzima ungena kulo mnyango andithi? Intenzyo ke ilizwi lomntu okhubazekileyo alivakali tu. Mos uyayibona imilenze yam ayisebenzi. Ndizochopha njani? Kumele ndingqengqe ngecala wenze ke le nto kumele uyenze. Qha ke abantu abayiqondi lo nto. (Interview, 5 November 2018)

Kwinana (33): Kwathiwa esibhedlele endizuphinda ndikwazi uzichamela. Kwathiwa andizuba na feeling from apha esinqeni ukuhla. Ndandingakwazi uchama ndandingaziva uba ngoku ndifuna ubheka etoilet ndizibona sendimoshile yabo. Ndandinalo challenge leyo. Kakhulu kakhulu bendithanda uthandaza then ndaye ndibaright ndabaright kancinci kancinci. Ndathi one day ndilapha endlini ndilele ndaziva ngathi umchamo uyeza. Nyhani wadubuleka umchamo. Senditsho lelaxesha kanti ndiya recoverisha kancinci. Uqala ngoko ndisiva nditshiswa ngumchamo ndifune into ndichame. (Interview, 23 January 2019).

Interviewer: so ngoku ubungawuva umchamo ubusenza njani? Ubuy

Kwinana (33): Ndandiyinikiwe la tube yomchamo wena bra qha ndandisonqena le nto yobe ndixhakazela. So ndadi measure wena bra. Mandithi ndiqaqadele uba umchamo ndiwubona sewukho xesha nini kula bag and then ndiyifake masithi elo xesha yabo. (Interview, 23 January 2019).

Bandile (38): Ndandiyifumene ne wheelchair esibhedlele qha I wheelchair andiyithandi iyadodobalisi. At least le walker yi exercise. (Interview, 12 July 2019).

Thembani (34): Mna bra ndiyakwazi uzihambela. Ewe icrutches zindenza ndihambe easy qha ke ndike ndikhethe uzishiya ndizihambele ukuza apha.

Interviewer: So ke ngoku apha kuwe yintoni le ithi shiya icrutches sometimes if nawe utsho uba zihambisa ngcono? Ndifuna nje ucacelwa sisi zathu?

Thembani (34): Ingxaki wena bra andifuni la nto yabo imilenze xa ungayisebenzisi oko isose ivele icime pam. Andifuni lo nto ke. Atleast mandihlale ndikwazi uzihambela noba ndiyaxhathalaza ke but ndiyafika apho ndiya khona. Kuku traina nje imilenze kum. (Interview, 28 January 2019).

Lukhasi (40): Ndinayo wena bhuti la ngalo ifakelwayo qha ungandiboni ndingayinxibanga.

Interviewer: Kutheni ungayinxibi bhuti if ndingabuza?

Lukhasi (40) : Xa ndizijongile mna ndingcono xa ndingayinxibanga. Iyasokolisa .. and ikutsalela namehlo ebengezi kuwe. Ayiqheleki wena bhuti. (Interview, 28 January 2019).

Gogo: Utsho ezingalo zifakelwayo zeplastiki?

Interviewer: Ewe gogo

Gogo:Ogqirha babetshilo mntanam ukuba singafaka isicelo pha esibhedlele soba ayifumane qha uyihlomkhulu noSpika (father) ke zange bavume. Ndikhumbula uyihlo kanye zange avume. Nam ke into eyandeza ndingayilandeleli kwathiwa kuzawufuneka amane azoyitshintsha tshintsha xa ekhula. Ndaqonda ba ingathi izandisokolisa.

Interviewer: Babesithi kutheni bengayifuni?

Gogo: Oh mntanam ndingayazela phi mna?Ak'siyo ngalo mos la nto. And yayingazubuyisa ingalo yakhe. Kukubambisa nje wenza ngathi. Andithi akukho nto angazange ayenze uyihlo ngoku engana ngalo. (Telephonic conversation with Gogo. May, 2020).