Masculinity and Intellectual Disability: A Review of Theoretical Concepts and Research

Katarzyna Ćwirynkało* Beata Borowska-Beszta** Urszula Bartnikowska***1, 2

1 *Katarzyna Ćwirynkało, PhD, University of Warmia and Mazury Poland, k_cwirynkalo@uwm.edu.pl, katarzyna2710@wp.pl

**Beata Borowska-Beszta, Assoc. Professor, Nicolaus Copernicus University, Poland borbesz@umk.pl, borbesz@wp.pl

***Urszula Bartnikowska, Assoc. Professor, University of Warmia and Mazury, Poland, u.bartnikowska@uwm.edu.pl, ubartnikowska@tlen.pl

2 Article was written as part of the scientific activities by Members of the Special Adult Education Team functioning at the Unit of Special Education in the Committee of Educational Sciences of the Polish Academy of Sciences
Abstract

According to Morgan (1981) there are various theoretical paradigms of masculinity. Author believes that most of the social sciences concepts is about men, however, research on masculinity itself is relatively new. A similar situation exists in the areas of conceptualizing masculinity and intellectual disability. The intersection of masculinity and disability is an underexplored focus of research and it is essential to redress the gap (Wilson et al., 2013). The following paper is an overview of the theoretical concepts on masculinity and research on rare topic as masculinity of males with intellectual disabilities undertaken in various social research paradigms.

Keyword: Masculinity, adulthood, intellectual disability, theoretical concepts, research review

Introduction

Issues of gender have only recently begun to be considered in disability studies (Traustadóttir, 2006). While disability or intellectual disability is connected with being helpless, weak and dependent (Ostrowska, 2015), having academic problems (Saad Eissa, Al Huseini 2013), masculinity is associated with being autonomous, powerful, active. In most countries men are more privileged than women, occupy better positions in the social world and have more power to shape their lives (Adams, 2012). Thus, it is a much-cited point that masculinity and disability are in conflict (Shuttleworth, et al., 2012). In this article we introduce theoretical and research review of masculinity with intellectual disabilities concepts on the background of masculinity paradigms in general. We pay particular attention to the analysis of the research conducted worldwide in the following areas as: sexuality and intimate relationships of males with intellectual disabilities, issues of their fatherhood and self-determination.

Review of Literature

Traditional and Progressive Paradigms of Masculinity

Deliberations about masculinity were conducted by scholars in different directions and research paradigms. Paradigms are according to Rubin & Rubin (2005) philosophical concepts of the nature of the world considered as the base for assumptions for the research and producing the knowledge. An interesting and dichotomous way of conceptualizing masculinity is given by Arcimowicz (2008), who distinguishes two antagonistic paradigms: traditional/patriarchal masculinity and partnership/nontraditional. The traditional one dominates and is characterized by present specializations in certain areas, the dualism of gender roles, asymmetric characteristics of males and females (Arcimowicz 2008, Rana 2015). It also implies subordination of females and children. For O’Brien (2012) masculinity conceptualized traditionally is also related to the category paid employment indicated in the research of Irish fathers that stay at home. In turn, the paradigm of partnership masculinity emphasizes the equality and partnership between males and females, recognizing this value as fundamental in the creation of a new social order. It includes concepts of self-fulfillment, understood as the pursuit of full humanity. Partnership paradigm allows the display of both masculine and feminine essences and enables a man to achieve full individual human potential. The purpose of males become the cooperation and partnership with females and children, not the domination (Arcimowicz, 2008). Similar classification of masculinity types is presented in Calton, Heesacker & Perrin (2014) work. The authors introduce the model of traditional nontraditional/progressive types of masculinity Calton, Heesacker, Perrin (2014)
write that “most masculinity research examines the effects of traditional masculine gender roles on men’s mental health, with minimal examination of other forms of masculinity” (p. 37). *Progressive masculinity* is considered by the authors as the “other” and comprehensive form of masculinity, which contains detailed such categories as: *positive masculinity, possible masculinity, hegemonic masculinity*, and *romantic masculinity*. Within types of masculinities related to ethnic, racial groups or cultures authors depict *caballerismo masculinity*, grounded culturally and etymologically in a concept of Spanish gentleman.

The authors define the subcategories of "other" masculinity. *Positive masculinity* is described by Calton, Heesacker, Perrin (2014) as emphasizing male strengths and the positive aspects of traditional masculinity in an interesting way. Referring to Davies, Shen-Miller & Isaco (2010) the authors describe *possible masculinity* as “an aspirational and future-oriented goal for men’s identities and behaviors based on (a) what men want to be in the future, (b) what men require to meet their developmental needs, and (c) what we, as a community, need from men to foster community safety and health” (Davies, Shen-Miller & Isaco, 2010, p. 348). *Hegemonic masculinity* as a term introduced in Australia in 80s. was, according to Connell and Messerschmidt (2005), a discussion of the making of masculinities and the experience of men’s bodies. Last but not least, *romantic masculinity*, was, according to the authors,) researched by Allen (2007) who found “that romantic masculinity substantiated hegemonic masculinity, as men’s romantic identities were grounded in active male sexuality and passive female sexuality”(p. 41).

**Psychodynamic, Social Learning, Social Constructionist, Feminist Paradigms of Masculinity**

Another established in social sciences four paradigms point in Addis & Cohan (2005) as ways of conceptualizing masculinity. Another thought-provoking way of conceptualizing masculinity established in social sciences was proposed by Addis & Cohan (2005) who distinguish four paradigms. The authors discuss masculinity in perspective of *psychodynamic, social learning, social constructionist and feminist paradigms*. *Psychodynamic paradigm* and approach to masculinity in main themes are devoted to the early years of men’s lives and their interactions with caregivers (p. 636). Research in this paradigm of masculinity refer mainly to embedded parent-child interactions which influence boys' development, both emotional and social. In turn, *social learning paradigm*, according to Addis & Cohan (2005) is a common approach to investigate masculinity in the perspective of gender. The authors suggest that most research are lead in the positivist orientation, connecting the issues of broadly meant psychopathology with masculinity. The second paradigm mentioned by Addis & Cohan (2005) is social learning paradigm. According to the authors, *constructionist paradigm* is sometimes confused with social learning paradigm but there exist clear differences: “whereas social learning approaches focus on the way social environments shape gendered behavior, social constructionist perspectives highlight the different ways gender itself is actively constructed at a variety of social levels from the micro-interactional or dyadic to the cultural. Thus, the emphasis shifts from a view of individuals as respondents to processes of reinforcement and punishment (i.e., social learning) is a view of individuals as active agents who construct particular meanings of masculinity in particular social contexts” (p. 639) The authors believe that “from a social constructionist perspective, masculinities are flexible; they are constantly being constructed and challenged as men "to gender" in ways that mark themselves as masculine”(p. 639). Research on masculinity conducted within constructionist paradigm include mainly non positivist epistemology and mostly are conducted as qualitative research. The third paradigm called *feminist* analyzes according to the authors' view of gender “as a social formation that can occur at a variety of levels of social organization from the
micro-interactional (e.g., dyadic) to the cultural. Research in this paradigm are carried out in relations to the problems of power because “power plays a role in shaping men's experience and expression of mental health problems. Theoretically, life experiences lessen That individual men's sense of power (e.g., loss of a job, divorce), or reduce their position in a dominance hierarchy (e.g., being demoted, physical injury) should be linked to a greater risk of anger, depression, anxiety, or substance abuse.” (p. 640).

**Social Constructionist Paradigm of Masculinity**

Connell (2000) makes a brief characteristic of masculinity within constructionist paradigm. The author writes of multiple masculinities (which are culturally relative), hierarchy, hegemony of males and hierarchies within masculinities. Connell and Messerschmidt (2005) indicate about 200 scientific papers in databases which use exact term “hegemonic masculinity”. Connell (2000) also analyzes problems of active construction of masculinities which means that masculinities are identified as people’s acts and parts of patterns of social practice. (p. 4). In conclusion the author mentions masculinity as a phenomenon characterized by internal complexity and dynamic which changed through centuries and differs among cultures. An interesting conclusion about contradictions in men’s lives experiences is made by Kaufman (1999). The author declares "there is in the lives of men the strange combination of power and privilege, pain and powerlessness. Men enjoy social power, many forms of privilege and a sense of often-unconscious entitlement by virtue of being male. But the way we have set up that world of power causes immense pain, isolation and alienation not only for women but also for men. This is not to equate men's pain with the systemic or systematic forms of women's oppression. Rather it is to say that men's pain...comes with the price...This combination of power and pain is hidden story in the lives of men. It's men's contradictory experiences of power” (p. 45). On the ground of dimensions of masculinity in general, raise concepts and the research on masculinity with intellectual disabilities.

**Masculinity of Male Adults with Intellectual Disabilities**

Historically, people with an intellectual disability have often been perceived, treated and called in a derogative way (Barnes, Mercer, 2008). As male adults with this disability, they are often reliant upon their families and/or support workers and are ‘relatively powerless within the disability service system and exist within controls of the dominant ideology of the day’ and ‘their masculinity can be argued as a reliant masculinity – the antonym of hegemonic masculinity (Wilson et al., 2011, p. 739). The differences between the two constructs are associated with cultural perceptions: while hegemonic masculinity is about cultural ideal and institutional power, a reliant masculinity is connected with cultural stigma, stereotypes and individual powerlessness (Rushbrooke, Murray, Townsend, 2014).

It is often emphasized that disability does not have to equal a diminution of males’ status as men (Staples, 2011). Rather, it involves renegotiating and redefining the concept of ‘masculinity’. People with disabilities must usually embody their identities in wide contexts, and, as a consequence, experience the intersections between disability and masculinity in different ways (Staples, 2011). According to Gerschick & Miller (1995), men with disabilities have three main coping strategies (or three patterns of identification) to choose from: (1) ‘reformulation’ – the men redefine masculinity using their own terms – they emphasize those situations when they have control or self-reliance, (2) ‘reliance’ – the second pattern, which refers to the adoption of certain dominant attributes of masculinity, the men from this group demonstrate their abilities of being independent, strong or having sexual potency, (3) ‘rejection’ – they reject masculinity as important feature of their life.
According to Traustadóttir (2006), because gender and disability are constructs that exist simultaneously in people’s lives, they are conceptualized by many scholars “as different but interrelated axes of social relations” (p. 82). That is why a useful perspective in approaching the study of disability and gender is that of “matrix of dominance”, which allows to consider the multiple levels of dominations which derive from the societal configuration of gender and other factors (e.g. race, class, relations) instead of the more common “addictive model” which is focused on the independent effects of gender and disability in people’s experiences (Traustadóttir, 2006).

**Review of Research**

*Sexuality and Intimate Relationships of Males with Intellectual Disabilities*

Sexuality of men (or more generally – people) with intellectual disability have received in recent years a great deal of attention in literature. In Table 1. 13 research from several countries (in alphabetical order: Australia, Canada, Great Britain, Ireland, Malta, New Zealand, Poland, Spain, Turkey, USA) are referring to sexuality and intimate relationships of men with intellectual disabilities are presented.

**Table 1. Research on Sexuality and Intimate Relationships**

<table>
<thead>
<tr>
<th>Participants/ country</th>
<th>Method and research subject</th>
<th>Results</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 adults with intellectual disability (15 couples)</td>
<td>Qualitative research: Interviews – conversations; sexuality, intimacy, friendship, love, marriage, and parenthood in different phases of intellectually disabled people’s life</td>
<td>All 15 relationships were different (with or without sexual relationship, with or without children) and interviewees were of different age. For everyone, however, such relationship was an important determinant of life satisfaction. Each couple was ‘a celebrated connection, a freedom to be intimate with another person, a defense against loneliness, a chance to take care of and be cared for’ (p. 190). Several barriers were also identified, e.g. isolation, (over)protectionism by family or staff, denial of sexuality, lack of encouragement or support to socialize.</td>
<td>Schwier (1994)</td>
</tr>
<tr>
<td>5 adults with intellectual disabilities (including 2 men) living in social welfare home (Poland)</td>
<td>Qualitative research: Case study of 2 couples with intellectual disabilities, and one mother with intellectual disability, interviews with intellectually disabled persons and support worker of the Home.</td>
<td>Showing the importance of love, partnership and marriage in the process of rehabilitation of people with intellectual disabilities</td>
<td>Grütz (2007)</td>
</tr>
<tr>
<td>133 persons with intellectual disability (including 91 men), age: 17-25 (Poland)</td>
<td>Qualitative research: Medical and nursing interview; sexuality, gender, changes in adolescence</td>
<td>The low knowledge about the sexuality and gender (especially about the opposite sex)</td>
<td>Kijak (2009)</td>
</tr>
<tr>
<td>15 adults with intellectual disability (Ireland)</td>
<td>Qualitative research: Focus group method, individual conversations and discussion groups for men and women; intimate relationships – needs and barriers, knowledge on sexuality</td>
<td>Insufficient formal sexual education; participants use other sources of information on sexuality; they would like to have partners and believe they have the same needs as others but often encounter barriers in the environment (e.g. social workers or parents) and even if they form intimate relationships they keep them in secret</td>
<td>Kelly, Crowley, Hamilton (2009)</td>
</tr>
<tr>
<td>Studies</td>
<td>Research Methods</td>
<td>Findings</td>
<td>Authors/Year(s)</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>60 students with mild and moderate intellectual disability attending a vocational school; age: 15 and 20 (Turkey)</td>
<td>Quantitative research: Diagnostic survey (quantitative research analyzed in SPSS); knowledge, opinions and attitude of people with intellectual disability towards their sexuality</td>
<td>51.7% respondents were not formally educated about their sexuality; the level of knowledge about sex rather low both in case of men and women</td>
<td>Isler, Tas, Beytut, Conk (2009)</td>
</tr>
<tr>
<td>Men (5) and women (25) with intellectual disabilities</td>
<td>Qualitative research: Environmental interviews about situation of intellectual disability men and women who stayed in special social care centers and thereafter they functioned by themselves.</td>
<td>Surveyed men lived with women with disabilities. The couples were left alone with their problems (without any support from their families). The men had low awareness of their own sexuality, fulfilling the roles of a partner and a father in a family.</td>
<td>Lizoń-Szlapowska (2011)</td>
</tr>
<tr>
<td>5 men (or teenage boys) with intellectual disabilities living in three separate community-base homes, 18 support workers employed in the homes (Australia)</td>
<td>Qualitative research: Grounded theory, study focused on 5 men with moderate to profound intellectual disability; research data collected from several sources: semi-structured interviews with support workers, participant observation, analysis e.g. procedures, environmental, geographical and architectural setting</td>
<td>Four topics: sexual health, masculinity, gender, gendered caring roles. The results show how sexuality can be constructed by staff and environment.</td>
<td>Wilson, Parmenter, Stancliffe, Shuttleworth (2011)</td>
</tr>
<tr>
<td>10 students (4 men and 6 women) with mild intellectual disability aged 17-19, attending a vocational special school (Poland)</td>
<td>Qualitative research: Narrative interview; students’ knowledge on sexuality, opinions and experiences referring to love, relationships</td>
<td>Participants were aware of anatomical and personality features differentiating people of opposite sexes as well as differences in their roles. All of them also had some knowledge about sex and its consequences, pubescence, fertilization, pregnancy and contraceptives. They identified themselves with their gender (for men, the possibility of practicing sport, strength building and resourcefulness were important). For everyone setting up a family and having children was an important goal in life. They also declared that love is very important to people and would like to make a decision about the choice of their partner on their own.</td>
<td>Antoszewska, Ćwirynkalo, 2011, 2012; Ćwirynkalo, Antoszewska 2015</td>
</tr>
<tr>
<td>29 males with intellectual disabilities: 15 with mild intellectual disabilities, 14 with moderate intellectual disabilities (Poland)</td>
<td>Qualitative research: Ethnographic interviews. General problem: Lifestyle of adults both genders Particular topics: concepts of self-image as adult males, love life, mating, intimate relationships</td>
<td>For 29 males: 1 male was in happy marriage, 1 in meaningful relationship with female. 28 were single (2 were divorced) without love life and sexual partner. 27 were seriously interested in females and starting new love relationships. All males declared and described with details desired females’ physical and psychological qualities of attractiveness</td>
<td>Borowska-Beszta (2013)</td>
</tr>
<tr>
<td>35 self-advocates (men and women) with intellectual and developmental disabilities (USA)</td>
<td>Qualitative research: Nominal group technique; defining and experiencing sexuality in the context of participants’ identities as self-advocates</td>
<td>Themes relating to sexual self-advocacy: knowing and respecting themselves and others, choices, speaking up, getting information, healthy relationships, interdependence. Facilitators of sexual self-advocacy were also identified: expanding access to information and sexual health service, removing systemic barriers, education, counseling, giving opportunities for sexual expression.</td>
<td>Friedman, Arnold, Owen, Sandman, (2014)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>9 adults with intellectual disability (Great Britain)</td>
<td>Qualitative research: Phenomenology, interview: experiences of adults in intimate relationships</td>
<td>Four themes: desiring relationships, expressing sexuality, having relationships; and who has control? Intimate relationships were perceived by all participants as desired, important and fulfilling a variety of their needs. Nonetheless, challenges related to intimate relationship were also identified.</td>
<td>Rushbrooke, Murray, Townsend (2014)</td>
</tr>
<tr>
<td>19 adults with intellectual disability – participants of a self-advocacy group (Malta)</td>
<td>Qualitative research: Inclusive research methods – self-advocates in the role of co-researchers (recorded focus group meetings - interviews, both for females and males together and separate for the two sexes; during the last two meetings additional materials – pictures, story books, video clips were used); the perceptions of sexuality of the people with intellectual disability in the context of social and cultural norms</td>
<td>Participants were not only aware of their sexuality but also how it was perceived by others. They said they needed more opportunities to socialize with people their age and argued that society had to be educated about the rights of people with ID to have relationships as they often feel overprotected by their family members. Opposing threads of thought were identified among participants “indicating a possible internal battle between what people with intellectual disability have been brought up to believe and what their parents insist on in contrast to the feelings and wishes they have themselves” (p. 37).</td>
<td>Azzopardi-Lane, Callus, (2015)</td>
</tr>
<tr>
<td>16 adults with intellectual disability (Spain)</td>
<td>Qualitative research: Narrative interview; sexuality and relationships of people with intellectual disability</td>
<td>Most participants would like to have a partner and form a relationship; adults with intellectual disability are more autonomous today and feel more self-control over their lives although they still encounter barriers.</td>
<td>Rojas, Haya, Lásaro-Visa, (2016)</td>
</tr>
</tbody>
</table>

In total, 13 studies were included in the review presented in Table 1. A lot of them focus on the needs of people with intellectual disabilities. They are, in many cases, exactly the same as those of the able-bodied. Although, some researchers point to the lack of knowledge of males with intellectual disabilities on topics connected with sexuality (Isler, Tas, Beytut, Conk, 2009, Kelly, Crowley, Hamilton, 2009, Kijak, 2009, Antoszewska, Ćwirynkało, 2011, 2012, Ćwirynkało, Antoszewska, 2013, 2015), it is emphasized that their desire to have close, intimate (not necessarily sexual) relationships with others is in many cases essential for them and positive experiences in this sphere can increase their quality of life (e.g. Schwier, 1994, Kelly, Crowley, Hamilton, 2009, Rushbrooke, Murray, Borowska-Beszta 2013, Townsend, 2014, Rojas, Haya, Lásaro-Visa, 2016). Furthermore, personal agency, autonomy, and choice are emphasized within these findings (Kelly, Crowley, Hamilton, 2009, Friedman, Arnold, Owen, Sandman, 2014, Azzopardi-Lane, Callus, 2015, Rojas, Haya, Lásaro-Visa, 2016).
In spite of the fact that people in the environment of adults with intellectual disabilities are aware of their needs as far as their sexuality, friendship and love are concerned, they still encounter various problems on the way to fulfill the needs. Such situation might take place both within the family and in institutions. Adults with intellectual disabilities living with their family of origin ‘run the risk of being overprotected and unexposed to sexual experiences and sex education’ (Azzopardi-Lane, Callus, 2015: 35). The situation of people in institutions can be even more difficult. Over 20 years ago Karin Melberg Schwier (1994) wrote that “relationships in the human service system, where the emphasis is all too often on the «system» rather than the «human», are frequently, almost routinely ignored, punished and actively discouraged” (p. 5-6). More recent research suggests that it has not changed much.

Interestingly enough, in relation to male sexuality, disability does not have to be associated with a diminution of masculinity but also with a surfeit of masculine qualities. However, this surfeit is visible in posing a sexual risk instead of being vulnerable to it (Staples, 2011). As Banks (2014) reports, young people with learning difficulties are over-represented in figures of sexually harmful behavior. The analysis of various research (see: Banks, 2014) allows us to speculate that this may be due to the following factors: 1) the more repetitive aspects of their offending behavior, 2) deficits in social interactions, lack of necessary social skills, 3) being more vulnerable to the influence of delinquent peers, 4) low impulse control, 5) poor nurturing family environment, also with early experiences of physical and/or sexual abuse, or 6) simply being more likely to be caught than typically developing peers. What is also worth noting, the sexual offender statistics refer mostly to men as female sexual abusers feature much less in them.

Research on Fatherhood

Research on parenthood of people with disabilities revolve around three perspectives, none of which seems to have been given enough scholarly attention: the risk perspective (aimed at finding hazards for children related to parents’ deficits), the functional perspective (concentrated on the impact of an impairment and experienced difficulties), and the barrier perspective (environmental factors and support that determine the quality of parenting) (Parchomiuk, 2014). In table 2. we present 4 studies where men with intellectual disabilities were (also) participants and/or research subjects.

The analysis of international studies indicates that, although in recent years there has been an increased interest in research referring to parents and parenting by people with intellectual disabilities, the overwhelming majority of studies are about mothers and, despite the titles often refer to parents, the samples usually consist of mothers only (Mayes, Sigurjónsdóttir, 2010). A review of the studies allowed us to identify just a small number where an intellectually disabled parent’s gender was important. Usually, by referring to parents when writing about families, authors ignore the distinction between mothers and fathers and the term parents acts a shorthand or proxy for mothers (Llewellyn, Traustadóttir, McConnell, Sigurjónsdóttir, 2010). As a result, there are only four studies referring specifically to men that we decided to choose and include in Table 2. All of the studies presented in the table challenge the assumption that men with intellectual disabilities either bring troubles of their relationships or are exploitative. On the contrary, they can be supportive and even if they do not fulfill the traditional breadwinning role, they do contribute their contributions may come in the form of increments to family’s human capital.
<table>
<thead>
<tr>
<th>Participants/country</th>
<th>Method and research subject</th>
<th>Results</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary analysis of interviews with 55 mothers with intellectual disabilities – material from 3 projects: (1) Project 1: 33 parents (20 mothers and 13 fathers) with intellectual disabilities, (2) Project 2: 30 people from 24 families where at least one parent had intellectual disability, (3) Project 3: 25 families where at least one parent had intellectual disability</td>
<td>Qualitative research: Review of data sources (interview transcripts, case records, observational notes, documentary evidence, research logs) coming from 3 previous projects conducted by the authors; Aim: to critically examine the view that mothers with intellectual disabilities are either used, abused, or abandoned by men in their lives.</td>
<td>The majority of mothers had maintained a long-term, stable relationships with their partners. The incidence of intellectual disability among the partners was high (15). Most of the men were supportive. Only less than a quarter were abusive and the lack of support from some partners was due to such stressors as loss of support, the removal of children or health problems.</td>
<td>Booth, Booth (2002)</td>
</tr>
<tr>
<td>One father (a co-author of the article) with a moderate intellectual disability, an active member of a self-advocacy group (Australia)</td>
<td>Qualitative research: A case study, interview; experiences of a father with an intellectual disability</td>
<td>The study shows that a man with an intellectual disability (together with a woman with an intellectual disability) can raise a ‘normal’, happy family.</td>
<td>Strike, McConnell (2002)</td>
</tr>
<tr>
<td>(1) Project 1 – 7 pregnant women with intellectual disabilities (Australia); (2) Project 2 – 75 people: 8 families headed by people parents with intellectual disabilities and all their support personnel (Iceland)</td>
<td>Qualitative research: Two research projects: (1) the Australian study – phenomenological enquiry into the meaning of becoming a mother for women with intellectual disabilities (2)the Icelandic study – ethnographic and narrative inquiry on how the health and social services systems respond to the needs of families headed by parents with intellectual disabilities from the time of pregnancy. In both studies in-depth interviews and participant observation were used.</td>
<td>Fathers-to-be – similarly to mothers’ to-be – experienced heightened emotional responses during their partners’ pregnancy, but – in order not to be excluded – they had to try harder to make sure they were consulted on any decisions about the pregnancy (e.g. abortion). The men were found to be proud of their new role and tried to do their best to prepare for the arrival of their babies. Female and male participants of the two studies viewed and experienced pregnancy and postpartum differently, which, as a consequence, made their support needs different as well (e.g. they were seeking support from different circles: mothers from their innermost, closest relatives, fathers from advocates and practitioners).</td>
<td>Mayes, Sigurjónsdóttir, 2010</td>
</tr>
<tr>
<td>2 Fathers with mild intellectual disability</td>
<td>Qualitative research: Phenomenological study, in-depth interviews, analysis of documents and observations. The main purpose: gain knowledge about fathers with intellectual disabilities, factors that positive effect on them, and social support.</td>
<td>Success factors of fulfilling the role of fathers: (1) having secure financial situation, (2) the disability is not the most important feature and does not dominate their identity, (3) not living under the pressure of losing custody of the children, (4) being positive that people in their environment are in favor of them being fathers.</td>
<td>Ahlund (2010)</td>
</tr>
</tbody>
</table>
Research on Self-determination

Decision-making is another feature that is also connected with masculinity. Actually, as Wilson et al. (2013) argue, described in literature gendered powerlessness of men ‘arises through both cognitive impairment and limited opportunities for independent decision-making. Table 3. includes a short review of 4 studies referring to self-determination of males with intellectual disabilities.

Table 3. Research on Self-Determination of Males with Intellectual Disabilities

<table>
<thead>
<tr>
<th>Participants</th>
<th>Method and problems</th>
<th>Results</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 men with intellectual disabilities aged 17-21, sentenced and taken into a care of probation officer (Poland)</td>
<td>Qualitative research: Analysis of documents</td>
<td>Low standard of living of the participants, unemployment or low-paid jobs (which makes it difficult to pay the compensation payment or the court costs), negative influence of the environment, alcohol addictions</td>
<td>Wasilewska (1999)</td>
</tr>
<tr>
<td>301 adults: 149 with a mild intellectual disability, 93 with a severe intellectual disability, 59 with a developmental disability without concomitant intellectual impairments (USA)</td>
<td>Quantitative research: The Arc’s Self-Determination Scale, Autonomous Functioning Checklist, the Adult Version of the Nowicki-Strickland Internal-External Scale, the Life Choices Survey; self-determination and autonomy of adults with intellectual disabilities</td>
<td>Intellectual disability turned out not to be a significant determinant of either self-determination or autonomous functioning. Opportunities to make choices contributed positively to participants’ self-determination and autonomy.</td>
<td>Wehmeyer, Garner (2003)</td>
</tr>
<tr>
<td>Adults with mild-to-moderate learning disabilities (including 5 men) recruited through day-centers and residential care homes (England)</td>
<td>Qualitative discourse analytic study; expression of dissatisfied with services and staff practices, choice and control</td>
<td>Participants complained about staff as being controlling and directive. The people with learning disabilities are often disempowered by the staff who should support them</td>
<td>Jingree, Finlay (2013)</td>
</tr>
<tr>
<td>Adults with intellectual disabilities living in 4 social welfare homes (Poland)</td>
<td>Qualitative research: Grounded theory, interviews, participant observation; the analysis of the situation of intellectually disabled residents of social welfare home</td>
<td>Staff of social welfare homes do not always diagnose the needs of their residents appropriately. Attitudes toward sexual needs of residents: (1) underestimating, (2) diminishing, (3) controlling the sexual sphere, (4) ‘tacit consent’ to fulfill sexual needs. A gap between declarations and behavior toward residents’ intimate needs were observed. Other higher level needs (individuality, confidence, independence) are fulfilled depending on a person’s possibilities and abilities.</td>
<td>Niedbalski (2016)</td>
</tr>
<tr>
<td>21 adults with intellectual disabilities (including 13 men) from rural or small urban environments who participated in classes of a Mutual Aid Home for the Intellectually Disabled (Poland)</td>
<td>Qualitative research: interviews referring to 5 categories of support (substantial, emotional, informative, valuating, instrumental).</td>
<td>Participants obtain emotional, instrumental, informative and valuating support especially from their closest family members. Apart from that, valuating and informative support is given by the personnel of Mutual Aid Home. The sources of financial support are the government (disability pensions) and sometimes close family members</td>
<td>Ostasz (2009)</td>
</tr>
</tbody>
</table>
Discussion

The analysis of literature and research referring to intellectual disability and masculinity highlights the importance of gendered perspective. We realize that there are many aspects of functioning that could be considered as common to both men and women with intellectual disabilities. Furthermore, it is assured that there are certain environmental factors, such as social attitudes, cultural factors, barriers and support services, that are in many ways the same to all adults with intellectual disabilities. However, we believe that a focus of gender is crucial for at least two reasons. First, the experiences of men and women with intellectual disabilities might be very different and this can be due to the second reason, namely different social expectations and requirements we have towards boys/men and girls/women. This is also visible in the practice of involuntary sterilization - it has been historically aimed at women, not men with disabilities (Zaremba, Bielawski, 2011), which may be due to the beliefs about women’s and men’s rights or genetic inheritance. As Häggren et al. (2015) write, becoming a boy/ a man is not only something personal, rather the process is also done in relation to collective ideas of boyhood and manhood. Therefore we believe that just like in case of able-bodied men, also the construction of masculinity identity/identities of intellectually disabled men is affected by certain cultural, historical, social, political, economic, ethnic, religious and gender values. There is also another point worth mentioning. Even a brief analysis of two research fields (studies referring to men with intellectual disabilities and studies referring to women’s with intellectual disabilities) indicates very clearly that the first one is a new field – a research field ‘in the making’ which just begins to attract more attention. Perhaps this could be due to the accessibility of the samples (as women could be more easily identified and/or are less reluctant to take part in the research) and/or the lack of funding.

Conclusion

In this paper we set out to examine the relationships between masculinity and intellectual disability. In our opinion the place of gender needs to be considered in theory and research referring to adults with intellectual disabilities. Men with such disabilities develop, negotiate or reject roles that are often different in character from those of women. There is also an additional problem, that emerges from the analysis of the masculinity concepts of adult males with disabilities. We believe, that there are two dominant categories of masculinity of adults with intellectual disabilities on the one hand, a traditional one, because men want to exist in the traditional roles. On the other hand, males with intellectual disabilities realize in their lives the progressive paradigm of manhood, especially the possible masculinity type and the implementation of the key elements of an adult male living is set by them aside for the future.

References


