Masculinity Theory in Applied Research with Men and Boys with Intellectual Disability

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Abstract
Researchers in intellectual disability have had limited theoretical engagement with mainstream theories of masculinity. In this article, the authors consider what mainstream theories of masculinity may offer to applied research on, and hence to therapeutic interventions with, men and boys with intellectual disability. An example from one research project that explored male sexual health illustrates how using masculinity theory provided greater insight into gendered data. Finally, we discuss the following five topics to illustrate how researchers might use theories of masculinity: (a) fathering, (b) male physical expression, (c) sexual expression, (d) men’s health, and (e) underweight and obesity. Theories of masculinity offer an additional framework to analyze and conceptualize gendered data; we challenge researchers to engage with this body of work.

Key Words: gender; masculinity; intellectual disability; research; theory

Research exploring the lives of men and boys with intellectual disability is not a new phenomenon, but a lack of theoretical engagement by researchers with mainstream perspectives on masculinity remains. By theoretical engagement, we mean the development of a set of “plausible relationships produced among concepts and sets of concepts” (Strauss & Corbin, 1994, p. 278) based on issues of gender, in this case, masculinity. Gender theories seek to move the meaning of empirical data beyond a simple explanation of sex, or sex differences, to a conceptualization of gender. Humans are more than a sex; they are deeply subject to the sociocultural and gendered milieu in which they function. People with intellectual disability are no less subject to the gendered settings in which they are born, develop, live, work, and age. Researchers engaging with theories of masculinity will enhance theoretical understanding of intellectual disability.

More important, masculinity as a theoretical construct does not belong to a single theoretical paradigm. The epistemological breadth of applied research that has started to incorporate theories of masculinity is quite wide. For example, exploration of masculinity has been incorporated in areas such as male health practices (S. Robertson, 2007), prostate cancer (Oliffe, 2009), mental health (Oliffe & Phillips, 2008), physical disabilities such as cerebral palsy (Shuttleworth, 2000), muscular dystrophy (Gibson, Young, Upshur, & McKeever, 2007), arthritis (Gibbs, 2005), and sport and male body image (McKay, Messner, & Sabo, 2000). Interpretations of masculinity have also been used to analyze film (Biber, Sear, & Trudinger, 1999; Cohan & Hark, 1993; Jeffords, 1994), to better understand the practice of male nursing (Holyoake, 2001), in the area of boys’ education (Donnelly, 2005; West, 2004), in the geography of the masculine work–home boundary (Smith & Winchester, 1998), and in the arena of war and interpersonal violence (DeKeseredy & Schwartz, 2005).

Wilson (2009) incorporated a focus on masculinity into a study of male sexual health and intellectual disability to ensure the research adequately considered gender issues. Embracing such thinking proved a turning point in the process of inquiry because it became clear that any review of male health, and indeed sexual health, should also consider issues of masculinity (Lohan, 2007; Sabo, 2005). That is, by moving the analysis beyond being male (sex) to being masculine (gender), a broader contextualization of male sexual health resulted. Theoretically, this broader contextualization presented a dilemma because notions of masculinity and intellectual disability are often in conflict with each other; having intellectual
disability is often linked with issues of dependence, whereas masculinity is often associated with strength, independence, and power (Shuttleworth, Wedgewood, & Wilson, in press). On one hand, we suggest that applied research with men and boys with intellectual disability that integrates the question of masculinity will benefit from a broader understanding of gender and will potentially uncover previously overlooked layers of the lived experience of men and boys with intellectual disability. On the other hand, we feel that the dilemma of these conflicting notions requires recognition and negotiation of complex theoretical issues in the area of intellectual disability, such as a potential reformulation of gendered notions of dependence, marginalization, powerlessness, and disadvantage. Our aim in this article is twofold, as follows: (a) introduce, then summarize, contemporary theories of masculinity and (b) suggest some practical applications such theories may make to gender research, and hence to evidence-based therapeutic actions, in intellectual disability.

**What Are Contemporary Theories of Masculinity?**

Contemporary theories of masculinity can offer insights to researchers who seek to understand and interpret the gendered lives of men and boys, male identity, male behavior, male inequality, male sexuality, male learning, male health, and male interpersonal communication—that is, theory that locates men and boys as one vital part of the wider gendered sociocultural fabric alongside women and girls, with analysis at the personal, sociocultural, and political levels (Hearn, 1992a, 1992b).

During the Enlightenment (1700–1820), masculinity was associated with innate reason and logic; femininity was associated with innate emotion and sensitivity (Seidler, 1994). This historical association is important because challenges with reason and logic, owing to cognitive limitations, are an important component of the dilemma of masculinity for men and boys with intellectual disability. Karoski’s (2007) research findings suggested that the Romantic period (1820–1920), which followed the Enlightenment, resonated with the contemporary men’s movement as the historical time when it became acceptable for men to be in touch with their feminine side through emotive expression in poetry, music, art, and philosophy.

The Romantic period was also an important period in the development of theory on intellectual disability. During this time, institutional settings emerged across Europe and the United States; the first scientific journals on intellectual disability were published in Germany; some biological causes of intellectual disability started to be uncovered; and the eugenics movement emerged (Judge, 1987; Kanner, 1964). The birth of sexology in 1907 drew attention to what was considered normal and abnormal sexual behavior, attention that further highlighted the difference of men and boys with intellectual disability. The scientific focus on intellectual disability in this era crystallized the notion of *difference*, or the *other*, and hence the dilemma of disabled masculinity was reified.

The focus on one’s gendered unconscious by psychoanalytic theorists such as Freud and Jung at the turn of the 20th century offered an even deeper delineation of masculine and feminine traits. Again, these analyses presented further gender issues for men and boys with intellectual disability in relation to deviations from the normative development throughout the lifespan. More recently, the social sciences have led the theoretical vanguard, with understanding of masculinity, as well as disability, tending to have a distinctly social constructionist flavor (Reynaud, 1983), that is, an understanding of how the social phenomena of masculinity and disability develop in certain social contexts. For men and boys with intellectual disability, these social contexts were often non-normative, large, residential settings and sheltered workshops, once again highlighting differences.

Since the 1960s, a focus on gender matters has mostly centered on issues affecting women and girls and termed *feminism*. Feminism inadvertently led to the more recent focus on men and issues of masculinity by drawing attention to the effect men and masculinity have on the lives of women and girls. As Connell, Hearn, and Kimmel (2005) observed, revealing gender dynamics through the emergence of contemporary feminism and gender studies not only made masculinity visible but also problematized the position of men. The often-cited work of Michelle McCarthy (1999) is a case in point; it has focused on the position of men with intellectual disability through their contribution to the largely negative sexual experiences of their female partners. More recently, ideas about masculinity have evolved through the development of
Critical Studies on Men and Masculinities

Holter (2005) has described two main social theories of masculinity, as follows: (a) direct gender hierarchy perspectives and (b) structural inequality perspectives. The former tend to emerge from historical notions of patriarchy, whereas the latter are more concerned with gender inequality that is a consequence of sociostructural matters. Other sociological theoretical perspectives do exist, but we do not consider them in this article. More information on these perspectives can be found in Connell and Messerchmidt’s (2005) summary of critiques of hegemonic masculinity and in Holter’s important chapter.

Arguably, the most cited theoretical perspective has been articulated by Connell (1995) and consists of a direct hierarchy of multiple masculinities (Wedgwood, 2009). With a hegemonic exemplar at the summit, three other categories of the hierarchy (complicit, marginalized, and subordinate) act in a configuration of practice with each other (Connell, 1995). Hegemonic masculinity is often represented by the dominant male, depicted in countries such as Australia by images of the elite, bronzed, muscular, successful, chisel-jawed lifeguard. Complicit masculinity represents the patriarchal “dividend” that other masculinities receive from hegemonic masculinity. Marginalized masculinity can be illustrated by masculinities in ethnic minorities, such as Black African migrants to Australia, who may experience marginalization as a result of their social location relative to the dominant White Anglo masculinity. Subordinate masculinity has usually been illustrated by gay masculinities in which hostility and ridicule from other masculinities is experienced. However, Connell is quite specific that such examples are just illustrations; the key point is the configuration of practice based on power between categories. Connell’s hierarchy, although useful, presents an underlying sociocultural challenge to theory in intellectual disability because its structure implies that cognitive impairment is the opposite of the hegemonic exemplar of masculinity that Connell describes. Is such a hierarchical approach that focuses on difference a useful or unhelpful exercise?

By contrast, Holter’s (2005) description of structural inequality suggested that both men and women are subject to a variety of inequalities along the social gradient that are not always gendered, or indeed hierarchical, in nature. This perspective suggests that a patriarchal baseline may no longer be relevant in countries such as Australia in which disadvantage may remain widespread despite the dismantling of patriarchy; that is, patriarchy cannot explain the disadvantage of all men, women, and children. Here, factors associated with socioeconomic, educational, and environmental inequality are relevant to the inequalities experienced by certain gender groups. For example, the stark health disparity experienced by Aboriginal men in Australia is more often about the social determinants of health rather than any explicit, hierarchically gendered marginalization. Likewise, the notion of structural inequality questions whether intellectual disability is automatically a determinant of sociocultural inequality, of poor quality of life, or both. The focus on sociostructural factors takes the spotlight off personal characteristics, such as intellectual disability, and therefore marries nicely with the people-first values of the intellectual disability field.

Men’s Movement

Karoski (2007) suggested that the men’s movement has four perspectives: profeminist, mythopoetic,
fathers’ rights, and the inclusives. The profeminists adhere to feminist arguments for gender equality; the mythopoetics believe in an essential masculinity and reject the claim that masculinity is oppressive; the fathers’ rights strand arose partly as a reaction to the perceived impact of feminism on men (particularly in the area of family law); and the inclusives incorporate all perspectives by arguing for a tangible theory to reflect their profeminist views but also one that identifies the costs these views can have for men and boys.

Although less academically organized than critical studies on men and masculinities, the men’s movement has sought to deconstruct the male violence myth that is often linked to testosterone or, indeed, masculinity (Clare, 2000). Instead, a focus is placed on the benefits of male role models, masculine rites of passage, and the problems men and boys may have in finding their place in this postmodern world (Biddulph, 1995). In addition, the development of a salutogenic, or strengths-based, discourse in the area of men’s health recognizes the role of social determinants that marginalize as opposed to suggestions that male attributes, or indeed masculinity, are the problem (Macdonald, 2005; Macdonald, McDermott, & Di Campli, 2001). Such perspectives infer that although some men and boys do display violence and other social pathologies, these matters usually have far less to do with masculinity but are rather more about the circumstances in which men and boys find themselves in and their incapacity, for a range of reasons, to successfully manage those circumstances.

This broad movement has been successful in lobbying the Australian government for the first men’s health policy framework, which also comes with substantial research funding (Department of Health and Ageing, 2010). Australia is also home to the burgeoning men’s sheds movement that exemplifies, at a practice level, the philosophical ethos of the men’s movement (Biddulph, 1995). In addition, the development of a salutogenic, or strengths-based, discourse in the area of men’s health recognizes the role of social determinants that marginalize as opposed to suggestions that male attributes, or indeed masculinity, are the problem (Macdonald, 2005; Macdonald, McDermott, & Di Campli, 2001). Such perspectives infer that although some men and boys do display violence and other social pathologies, these matters usually have far less to do with masculinity but are rather more about the circumstances in which men and boys find themselves in and their incapacity, for a range of reasons, to successfully manage those circumstances.

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**Theoretical Dichotomy?**

Despite our preference to view the two theoretical perspectives as equally important, a marked epistemological divide between social and biopsychological constructs seems to have arisen. Those researchers from a purely sociological position may refer to biopsychological perspectives as “mythopoetic pop psychology” or the “mythopoetic men’s movement” (Connell, 1995). Likewise, those researchers who adopt a more biopsychological perspective may reject out of hand the reduction of all men and boys to stereotypical constructs such as “men behaving badly” (Biddulph, 2000). Indeed, some even avoid the use of the word masculinity because of its perceived correlation with pathological traits. However, we feel these differences can be encompassed within a biopsychosocial narrative that is open to a range of perspectives, such as Wilson’s (2009) study.

**Masculinity Theory and the Lives of Men and Boys with Intellectual Disability**

Wilson’s (2009) work sought to uncover the sexual health needs of five men and teenage boys with moderate to profound intellectual disability living in 24-hr, staffed community-based group homes. This study explored not only sexual health, but also the way in which masculinity, the environment, and gendered caring roles might interact to shape the sexual health needs of this group. The research enabled sexual health to be contextualized to masculinity for people whose dependence on others is perhaps far greater than that of any other group of men or boys in Australian society.

*Conditionally masculine* is a multifaceted theoretical notion that emerged from Wilson’s (2009) study. It involves the intersection of sexual health, masculinity, gendered caregiving, and intellectual disability (Wilson, Stancliffe, Parmenter & Shuttleworth, 2011). Described in the study as “a limited sphere of participation” (Wilson, 2009, p. 159), conditionally masculine built on the work...
of Gershick (2005) and others who determined that masculinity was a mutable and malleable embodied construct. Wilson’s study extended this notion of embodiment by suggesting that men’s and boys’ experience of their bodies, and indeed masculinity, also incorporates a simultaneously cognitive and physical experience, that is, that one cannot exclude the cognitive aspect of masculinity. Yet, thus far, masculinity theorists had indeed overlooked this factor.

The importance of cognition to the construction of the participants’ lives and masculinity was central to the conditionally masculine concept. The greater the cognitive impairment, the less sociocultural scripts (e.g., normative masculine roles, media) shaped their masculinity, which consequently led to a greater influence by support staff, who are mostly female, over their masculinity (see Wilson et al., 2011). For example, one male participant who had moderate intellectual disability wanted to grow a substantial beard to reflect his idealized image of firemen that he had seen on television and of Ned Kelly (an infamous Australian bushranger) whose photographic image he had seen. By contrast, the participants with severe to profound intellectual disability showed no such socially scripted preferences and were generally compliant with whatever grooming and styling staff deemed suitable. Interestingly, although female clients in this service were offered a range of normative female grooming choices, male clients were offered a more limited and gender-neutral range of options. Biophysically, these individuals were still perceived as being male (sex), but their masculinity (gender) was perceived as conditional (e.g., limited or inadequate) and hence differed, depending on the degree of cognitive impairment and the subsequent limitations this had for their masculine practice.

This example illustrates one outcome of applying a gender analysis in applied research. Conversely, the absence of a gender analysis can often place data at risk of “neutering” the subject when issues of gender may be relevant. As Walford (2001, p. 147) stated, “The analysis of data and the use of theory are not ‘add-ons’ to the work of empirical research, but a necessary accompaniment to the entire process.” For example, in Fyson’s (2007) otherwise illuminating article on sexually harmful behavior, it is clear that the school students were both male (n = 14) and female (n = 1); however, most of the discussion referred to pupils and young persons instead of boys or girls. When a sexually harmful behavior was being discussed, whether a male or female student was the perpetrator or victim was not always clear. Although Fyson’s article remains of immense value, such a neutral treatment of data limits the capacity to identify potential gender disparities or, indeed, inequities.

**Contextualizing Gender**

The intellectual disability literature contains some good examples of gender analysis even though these examples do not incorporate theories of gender. For example, Carr, Smith, Giacin, Whelan, and Pancari (2003) connected menstrual discomfort to episodes of challenging behavior; they linked the biological with the social and emotional and were therefore able to frame the behavior as a gendered phenomenon. Research exploring gender differences in parenting has demonstrated that fathers respond differently to their child depending on whether the child is a boy or a girl (Ricci & Hodapp, 2003). Ricci and Hodapp (2003) described fatherhood and male emotional responses to provide a gendered insight into fathering beyond stereotype. In other research, Grant and Whittell (2000) suggested that mothers displayed greater self-belief, self-confidence, and ability as caregivers to their children with disability than did fathers, who found that distancing themselves from caring roles actually provided them with a coping mechanism. The interpretation of these data allowed a stereotypical unemotional male response to be better understood, usefully illustrating some gender differences between fathers and mothers without necessarily pathologizing the differences.

**How Might Theories of Masculinity Be Incorporated Into Applied Research?**

In this section, we address a range of topics that illustrate how theories of masculinity might be incorporated into applied research on intellectual disability. We selected these topics on the basis of their prominence in the literature; they by no means constitute a complete list. The aim is to enable a gendered conceptualization that would otherwise be limited to reporting of sex or sex differences. The topics are fathering, male physical expression, male sexual expression, male health, and underweight and obesity.

**Fathering**

Very little research exists on the perspectives, experiences, and lives of fathers who have a child
with intellectual disability. Research exploring the experiences and lives of fathers with intellectual disability is even rarer. Little is known about the role of fathers in the lives of boys with intellectual disability and how masculinity is shaped, or otherwise, by these relationships. A recent discussion between Nathan John Wilson and a small group of single mothers who have a son with intellectual disability highlighted their desire for male role models in their sons' female-dominated lives. One mother talked about how her teenage son is called names such as "gay" and "faggot" by other boys, a fact the mother relates to a lifetime influence of female therapists using female-specific games (e.g., singing and dancing with physical contact, such as cuddles, as a reward) to conduct the therapy. The effect on this teenage boy of long-term exposure to gendered (feminine) social scripts remains open to conjecture. What was clear was the mothers' desire for, and trouble locating, male staff to work with their sons for the sole purpose of masculine company, support, mentoring, and role models.

This example suggests mothers' high regard for positive male role models for developing boys; interpreting this regard as an example of a salutogenic understanding of masculinity offers a promising theoretical approach to the relationship between fathers and sons. For example, a recent collection of autobiographical narratives by fathers of a child with a disability (Harrison, Henderson, & Leonard, 2007) provided a rich source of masculine insight into fathers' lives and their role as caregivers; the reader is informed about how fathering is enacted in a uniquely gendered way. Although this book is rich in narrative, it did not seek to uncover theoretical meanings of masculinity. However, there is a suggestion that these fathers experience a dislocation from not only their a priori masculine world but also their new world that may often be dominated by the medical and therapeutic, a reality that often seemed easier for their female partners to negotiate. The following quote from Simon illustrates his dislocation from his family, disability support groups, and other fathers:

I feel the need to work as many hours as possible in order to bring in money; this means that when I come in from work I find it hard to motivate myself to get involved with committees and support groups. When you do go to events they tend to be dominated and it is difficult to know what tone to take in conversation—men and women do have different topics they tend to discuss. When talking to other men without experience of children with disabilities, children don't dominate the discussion. (Harrison et al., 2007, p. 52)

The suggestion of dislocation, as opposed to marginalization, arises from the event-specific nature of the dislocation that affects the father, as opposed to an intrinsic attribute of the father that may marginalize, such as through cultural or religious social differences. Whether their masculinity is marginalized because they have a child with a disability or is dislocated remains open to conjecture. However, if dislocated masculinity does describe their lived experience, such a notion illuminates different ways to understand and support fathers of a child with intellectual disability to remain engaged in a range of caregiving processes. That is, a masculine analysis that recognizes such dislocation may provide insight into how to better engage fathers in the lives of their children in a way that is not at the expense of their other relationships, their own sense of self, and their feelings of health and well-being. Practical measures might emerge that may better connect fathers to support groups, early intervention settings, health interventions, and their previous masculine identity and world. For example, would father-only groups be conducive to fathers being able to share and express their feelings about fathering a child with disability and, hence, contribute to better emotional well-being?

**Male Physical Expression**

Research on challenging behavior in people with intellectual disability has frequently described physical aggression by men and boys. Direct gender hierarchy perspectives of masculinity have suggested that male aggression is implicitly linked to sociocultural contexts and, in turn, the correlation between male dominance, interpersonal violence, and patriarchal hegemony in society. By contrast, biopsychological perspectives have suggested that far more is at play than social scripts that reduce men and boys to stereotypically problematic male social behaviors. A recent review of intellectual disability research focused on males or females highlighted a trend toward such problematization in research with men and boys with intellectual disability (Wilson, Parmenter, Stancilffe, Shuttleworth, & Parker, 2010). The review identified that health and well-being was a central focus of research concerning women and girls, whereas
sexual and behavioral challenges were a central focus of research concerning men and boys. Although perspectives that focus on the gendered nature of behavioral challenges may conveniently locate it in a gendered hierarchy, this limits the capacity to explain or contextualize the behavior. That is, it offers a limited scope to develop pragmatic supports that still value the man or boy in question.

A masculine perspective on supporting male physical expression may seek to reduce the incidence of maladaptive physical expression but still value the person’s masculinity. For example, men and boys with intellectual disability and mental health problems tend to express themselves more physically than women and girls with intellectual disability (Thompson, Caruso, & Ellerbeck, 2003). Thompson et al. (2003) also found that men and boys with autism displayed more hyperactivity and aggression than women and girls with autism, who tended to have better superficial social and language skills. Therefore, if men and boys are innately more physical in their communication, then research should be exploring this phenomenon. Does engagement in sport, physical and energetic play, or other appropriate physical activities reduce the incidence of maladaptive physical behavior? If so, would this enable a shift from the focus on problematized masculinity as highlighted by Wilson et al. (2010)?

**Male Sexual Expression**

Research has shown that sexual offenders with intellectual disability are usually, if not always, male (Brown & Stein, 1997; Hays, Murphy, Langdon, Rose, & Reed, 2007; Lunsky, Frijters, Griffiths, Watson, & Williston, 2007). Other research has shown that sexual offending is usually correlated with one or more of the following: multiple pathology in the family home, school adjustment problems, behavior problems, psychiatric problems, sexual naiveté, lack of relationship skills, poor impulse control, being easily influenced by others, poor peer relations, negative early experiences, a lack of personal power, and being the victim of sexual abuse oneself (Hayes, 2009; Lindsay, 2002). The use of antilibidinal medication is also usually male specific (Carlson, Taylor, & Wilson, 2000; Carlson, Wilson, & Taylor, 1997). Sajith, Morgan, and Clarke (2008) suggested that the use of antilibidinal medication as an agent to control sexual expression has the potential to be abused when less aversive measures, which may be more effective, might be considered too costly. Carlson et al. (1997) also questioned the motivation of decision makers to chemically or surgically sterilize men and boys with intellectual disability because it is an unthinkable treatment option in men and boys without disability.

This summary focused starkly on male sociosexual pathologies. One of the features described in the study by Wilson (2009) highlighted how support staff perceived that successful masturbation often led to a calmer disposition for several hours in some men and boys with intellectual disability. Although this sounds a little primal, beneath it lies a perfectly logical connection between self-pleasuring and a prolonged feeling of well-being centered in the sexual arousal–climax–release cycle. What else is known about the sexual expression of men and boys with intellectual disability, however, that focuses on health and well-being, or indeed sex for enjoyment? If people need to express themselves sexually, they are likely to do it however they can, using whatever means are at their disposal. One example of a pathological focus on not only sexual expression but also sexual orientation described two men with intellectual disability caught by staff having consensual intercourse in the day program shed; apparently, the service responded by demolishing the shed as a means to curtail the behavior (Abbott & Burns, 2007). This example begs the question of the positive alternatives to removing the shed. Using life-enhancing masculine constructs would encourage practitioners and researchers to consider how to support a healthy sexuality, whether gay or straight, rather than simply reacting to suppress problematized sexual expression.

**Male Health**

Specific health guidelines have not been published for men and boys with intellectual disability as they have been for women and girls with intellectual disability (Lennox et al., 2002). Men’s health and intellectual disability is a vastly underresearched area. For example, very little is known about testicular or prostate screening initiatives. Several Australian physicians have expressed concern about the common practice of not using testosterone to treat men and boys with intellectual disability who have hypogonadism and testosterone deficiency, even though testosterone treatment is routine for their peers without disability (McElduff
& Beange, 2003; McElduff, Center, & Beange, 2003). Putting the health inequity argument aside, the rationale behind this approach might be explained through an analysis that incorporates theories of masculinity. What does this default neutering of men and boys with intellectual disability and hypogonadism tell researchers about themselves, their gendered constructs, and the trend toward a problematizing male sexuality in the research literature? Why is such a position of inequality tolerated? If this position is founded on a fear of maleness, or on some form of stereotypical and hegemonic masculinity, then its examination is long overdue.

Mainstream research has identified a direct correlation between male risk-taking behavior and male health practice (Sabo, 2005). Courtney (2000) illustrated how dominant masculine exemplars reinforced both risk taking and the display of essential manhood. But what of men and boys with intellectual disability? How do risk and sociocultural exemplars interact with their health behaviors? The conditionally masculine concept showed that male health practice for men and boys with moderate to profound intellectual disability is largely accessed by proxy. Male caregivers were reluctant to advocate for male clients (particularly out of a fear that their interest in sexual health matters might be misconstrued as inappropriate), and female caregivers felt uncomfortable dealing with male health issues. It raises the question of whether the male health needs and masculinity of men and boys with intellectual disability are reduced to a relative nonissue. A deeper gender analysis of caregiver roles and expectations would flesh out methods to promote better male health outcomes. Such an analysis might suggest ways in which male caregivers would feel more comfortable advocating for male clients. This may see the advent of a male health specialist in each disability service who is able to offer advice, therapeutic guidance, and support to all men and boys with intellectual disability and their caregivers.

Underweight and Obesity
Several studies have shown that, unlike in the general population, among adults with intellectual disability, a higher percentage of women are obese (body mass index $> 30$) than men (Bhaumik, Watson, Thorp, Tyrer, & McGrother, 2008; Emerson, 2005; J. Robertson et al., 2000). For example, Bhaumik et al. (2008) reported that for adults with intellectual disability age 25 and older, 15% of men and 32% of women were obese. Similarly, underweight (body mass index $\leq 20$) is more common among adults with intellectual disability, and within this population, it is more prevalent in men than women, with men with intellectual disability being substantially more likely to be underweight than men from the general community (Bhaumik et al., 2008). The findings regarding sex differences in body mass are important in their own right and have significant implications for health. However, what appears to have been less studied is the interplay between body mass and gender roles in men and women with intellectual disability. For example, how do underweight men with intellectual disability interact with social scripts and media images of strong, powerful men? Likewise, how do obese women with intellectual disability respond to stereotypes of female slimness and beauty? There seems to be ample potential for further gender research on the effect of body mass on body image, social behavior, physical activity, participation, marginalization, and stereotyping.

Conclusion
In this article, we sought to introduce theories of masculinity in applied research with men and boys with intellectual disability. We urge interested researchers to engage with the wider body of work, some of which we have cited. For convenience and ease of explanation, we have discussed critical studies on men and masculinities and the men’s movement as two overarching paradigms, as follows: social and biopsychological perspectives. Some masculinity theorists and men’s health researchers would critique this convenient simplification, and we acknowledge this limitation. We have also suggested that social and biopsychological perspectives both have a lot to offer when used together. Again, some would argue against this proposition.

The concept of conditionally masculine suggests that expressions of masculinity by men and boys with intellectual disability cannot always be reduced to social scripts that are often regarded in masculinity theory as underpinning hierarchical gendered practice (Wilson, 2009). This concept also introduces how important the role of cognition is to constructs of masculinity, a factor that has yet
to be appreciated by masculinity theorists and researchers. These developments give rise to several questions. Does the experience of intellectual disability provide an opportunity to expand theories of masculinity? In turn, do theories of masculinity offer an exposition of hidden insights into the gender issues affecting men and boys with intellectual disability? That is, does the intersection of intellectual disability and masculinity provide a useful opportunity to better appreciate a more complex array of masculine practice, based on issues of cognition?

This is an emergent theoretical area, and many of the suggestions for future research are equally as tentative. The example of conditionally masculine highlighted one way in which theories of masculinity have been able to contextualize data beyond a description of sex toward a more conceptually gendered outcome (Wilson, 2009). The five summaries offered some specific examples that may act as a starting point, but these are by no means the limit. Examples for therapeutic action that will enhance quality of life include creating male-friendly groups for fathers who have a child with intellectual disability, enabling positive sexual expression for health and well-being; creating opportunities for physical activities to reduce the incidence of challenging behavior; and creating a specialist male health worker role in disability organizations to support all caregivers with male-specific matters.

We acknowledge the limitations in the coverage of issues in this article. For example, we have discussed a range of issues for fathers of children with intellectual disability, but with virtually no empirical work to draw on, we have neglected the situation of fathers with intellectual disability. As researchers from Australia, many of the examples we have offered come from our own country, but we consider masculinity issues to not be confined to any one country. Aging represents another area in which gender matters have received little attention. Masculinity and supported employment would also offer a rich insight into how degrees of supported employment affect one’s masculinity. Masculinity is not a static notion, nor is it a factor that should be ignored by applied researchers. We feel the time is ripe to embrace such theoretical perspectives to reverse the potential for neutering data and consequently the lived experiences of men and boys with intellectual disability.

References


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Législation sur la parité nationale de l’assurance pour les services en autisme et le fardeau financier des familles

Susan Parish, Kathleen Thomas, Roderick Rose, Mona Kilany et Robert McConville

Nous avons examiné l’association entre les mandats législatifs des États américains mentionnant la couverture des services en autisme et le financement relatif aux soins de santé des familles ayant un enfant autiste. Les données sur les enfants et les familles proviennent du Sondage national américain sur les enfants ayant des besoins de santé spéciaux (n = 2082 enfants autistes). Les caractéristiques des politiques d’état proviennent de sources publiques. Les trois résultats possibles incluaient que les familles avaient fait elles-mêmes des dépenses relatives à des soins de santé pour leur enfant autiste durant la dernière année, le montant de cette dépense, et les dépenses en tant que proportion du revenu familial. Nous avons fait un modèle de l’association entre les mandats politiques de l’État quant à l’autisme et le financement des familles en ajustant selon les caractéristiques de l’enfant, de la famille et de l’État. Cette étude fournit des arguments appuyant la couverture privée de compagnie d’assurance pour des services chez les autistes afin de réduire le fardeau financier des familles associé aux dépenses de soins de santé pour leur enfant.

Stratégies de financement des soins de santé de l’État pour les enfants présentant une déficience intellectuelle ou développementale

Sara Bachman, Margaret Comeau, Carol Tobias, Deborah Allen, Susan Epstein, Kathryn Jantz et Lynda Honberg

Les auteurs fournissent le premier résumé décrivant les programmes sélectionnés ayant été développés afin d’aider l’expansion des possibilités de couverture, réduire la détresse financière des familles et fournir les services de santé et de soutien dont les enfants présentant une déficience intellectuelle et développementale (DID) ont besoin afin de maximiser leur statut fonctionnel et leur qualité de vie aux États-Unis. Les initiatives financières des États ont été identifiées par des entrevues auprès de plaidoyers familiaux, Title V et des représentants de Medicaid. Les résultats montrent que les États utilisent une panoplie de stratégies afin de payer les soins et maximiser le soutien, incluant les bénéfices psychosociaux, les soins directs aux familles, le financement flexible, les avantages mandatés, les programmes d’approvisionnement Medicaid ainsi que le financement du Tax Equity and Fiscal Responsibility Act de 1982. Même si la réforme de santé pourrait réduire la variation entre les États, son impact sur les familles des enfants présentant une DID n’est pas clair en ce moment. Pendant l’implantation de la réforme de santé, les stratégies des États afin d’améliorer la détresse financière des familles d’enfants présentant une DID promettent une utilisation immédiate.

La théorie de la masculinité dans la recherche appliquée avec des hommes et des garçons présentant une déficience intellectuelle

Nathan John Wilson, Russell Shuttleworth, Roger Stancliffe et Trevor Parmenter

Les chercheurs en déficience intellectuelle présentent un engagement théorique limité envers les théories courantes de la masculinité. Cet article traite des théories courantes de la masculinité et ce qu’elles peuvent offrir à la recherche appliquée, et donc aux interventions thérapeutiques, avec des hommes et des garçons ayant une déficience intellectuelle. Un exemple d’un projet de recherche qui a exploré la santé sexuelle masculine illustre comment l’utilisation de la théorie de la masculinité fournit une meilleure compréhension des données liées aux genres. Enfin, cinq thèmes sont abordés pour illustrer comment les théories de la masculinité pourraient être utilisées par les chercheurs : (a) la paternité, (b) l’expression physique masculine, (c) l’expression sexuelle, (d) la santé des hommes, et (e) l’insuffisance de poids et l’obésité. Les théories de la masculinité offrent un cadre conceptuel supplémentaire pour analyser et conceptualiser des données liées aux genres; les auteurs mettent les chercheurs au défi d’entreprendre ce type de travail.

Neurodiversité: fierté autistique chez les mères d’enfants ayant un trouble du spectre de l’autisme

M. Ariel Cascio

Le Mouvement Neurodiversité adopte une approche identitaire politique des troubles du spectre de