Beyond the Binary Understanding of Masculinities: Displaced Syrian Refugee Men Living with Disability and Chronic Illness in Jordan

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Established in 2005, the Center for International and Regional Studies (CIRS) at Georgetown University in Qatar is a premier research institute devoted to the academic study of regional and international issues through dialogue and exchange of ideas, research and scholarship, and engagement with national and international scholars, opinion makers, practitioners, and activists.

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Abstract

This article analyzes the dynamics of renegotiating masculinities among displaced Syrian men with disabilities in Jordan. The article draws its analysis on the personal narratives of four Syrian men who have experienced disability and chronic illness caused by the Syrian war. Their personal narratives challenge the binary and singular understanding of masculinities in the literature and the gender discourse used by international humanitarian aid organizations, which tend to associate masculine identity with social embodiment. This discourse also perceives the marginalized and subordinated masculinities as either complicit to hegemonic masculinity with its traits of violence, or emasculated by physical disability. The personal narratives provide evidence that disabled men do not completely disavow the normative image of masculinity through loss of their physical strength. Rather, they shape their unique masculinities by composing diverse elements of masculinities that they experienced throughout their life. Their emerging masculinities alter masculine normative traits of domination and aggression with emotional and moral traits of loving, caring, reciprocity, collective responsibility, democracy, and justice. Yet, the emerging composite masculinities of disabled men are still drawn upon the moral virtues of patriarchy.
Introduction

This article analyzes the relationship between male health vulnerability, exemplified through physical disability and chronic illness, and the dynamics of renegotiating masculinities. The research examines how male physical disability and illness caused by war and displacement may contribute to constructing particular forms of masculinity that challenge the standardized features of both hegemonic and marginalized/subordinate masculinities. It also examines how the changing socioeconomic positionality and physicality of disabled Syrian refugee men contribute to shaping inclusive and composite masculinities that entail multiple and contradictory elements in the context of displacement and refugeehood. The research is also concerned with understanding how the emerging model of masculinities among physically disabled and displaced Syrian refugee men fits within, or challenges, the gender discourse of international humanitarian aid. This discourse perceives refugee men in general as troublesome perpetrators of violence against women, and performers of “regressive” masculinities due to their social nurturing in a society dominated by patriarchal structures and cultures.

In order to understand the dynamics of renegotiating masculinities undertaken by displaced Syrian men with disabilities, I first outline the complexity of conceptualizing masculinities in relation to physical disability and illness. Second, I discuss how masculinity is presented within the gender

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1 According to Connell’s theory of masculinities, masculinity is defined based on how men’s practices are configured to legitimize the patriarchal and hierarchal structure of society, which guarantees the dominant position of men over women and the domination of specific groups of men over others. This is the hegemonic notion of masculinity, which assumes conflictual relationship between men and women and among different groups of men. Connell sees that the hegemony of specific groups of men is constantly reproduced in patriarchal societies. Raewyn W. Connell, *Masculinities*, 2nd ed. (Cambridge, UK: Polity Press, 2005).

discourse of international humanitarian organizations (IHOs) working with Syrian refugees in Jordan, and how physically disabled and ailing Syrian men are positioned within this discourse. Third, reflecting on the lived experiences of masculinities in the context of displacement, as narrated by a small number of physically disabled and ailing male research participants, I provide an empirical example of how this category of men renegotiate their masculinities in relation to the loss of their physical strength associated with their positionality as displaced refugees.

This paper is part of a larger research project on gendering the vulnerability of displaced Syrian refugees in Jordan. The research targets displaced Syrian refugees living in three urban districts: Amman, Zarqa, and Mafraq. From April to June 2017, personal narrative interviews were conducted with thirty Syrian refugee men of different ages, educational levels, and socioeconomic backgrounds, who had fled to Jordan during the Syrian war. The research only targeted displaced Syrian men living in urban areas, excluding those who lived in camps. I had access to Syrian refugees through cooperating with an IHO that provides psychosocial support services to Syrian refugees in the targeted districts. Using snowball sampling, the first group of Syrian refugees I interviewed put me in contact with other Syrian refugees living in the same locality. Ten of the thirty research participants in the 27–47 age group are ill and physically disabled. As defined by the disabled participants themselves, their disabilities ranged from mild to severe. Those who had completely lost the ability to move—and, as a result, were unable to do any kind of work requiring physical capacity—defined themselves as severely disabled. Although sexual dysfunctionality was not mentioned explicitly to define severe disability, one participant mentioned it implicitly by referring to his disabled fellows who had lost their ability to procreate. The disabilities of these research participants were caused by aerial bombardments during the war in Syria. Although I did not interview men with severe mental disabilities, I did consider mild mental health problems such as trauma, depression, and anxiety. These problems were given consideration through how they were reflected in the contradictory presentation of masculine selfhood.

Interviews with the disabled men had been arranged through their wives, who had met in three group meetings of Syrian refugee women organized by the cooperating IHO in Amman, Zarqa, and Mafraq. The women discussed the research idea with their husbands and obtained their permission before inviting the researcher to their homes to conduct the interviews. Three of the women voluntarily chose to be absent during the interviews. They might have thought the interview would have a positive psychological effect because, as one said: “The interview may lift up my husband’s mood.” In the other seven interviews, the women were present, but they mostly appeared to be busy with their children during the interviews.

In this paper, I refer only to the detailed personal narratives of four of the ten research participants because theirs appeared to be representative of the diversity among the other six participants. The ways in which the four men renegotiated their masculinities are similar to their fellows, though with some differences related to the degree of disability and illness, their level of education, previous employment experience, and sociality, which affected the forms of life choices undertaken and enabled some to have better socioeconomic opportunities and social networks than others. However, they all defined themselves as vulnerable (agizin) because of losing their normative physical strength and, therefore, their capacity to “provide for the family and make a good future for the children.”

Although the pattern of masculinities I studied here does not represent a large proportion of the male population in a stable socioeconomic and political situation, it is relevant to a considerable number of men in war, conflict, and displacement circumstances. The war in Syria has had a devastating effect on millions of Syrians. According to a Human Rights Watch report, from the start of the Syrian war in 2011 until March 2018, 511,000 Syrians died. The United Nations High Commissioner for Refugees (UNHCR) December 2019 figures state that 5,661,341 Syrians had fled to neighboring countries

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2 Personal interview with author.

3 Personal interview with author. The interviews were conducted in Arabic, the researcher’s native tongue. All interviews took place in the men’s homes in May and June 2017. Interviews were recorded, transcribed, and translated into English by the researcher.

since the beginning of the war; 654,192 of them live in Jordan.7 Thirty percent of physically and mentally disabled people in Jordan (1,100,000) are Syrian refugees. Data from 2014 suggests that 8 percent of refugees in Jordan have a significant injury, of which 90 percent were conflict-related.8 Injured people fled Syria to Jordan for medical treatment and then settled down as registered refugees. A HelpAge International survey conducted about displaced Syrian refugees in Jordan and Lebanon in 2014 indicates that men constitute 72 percent of those injured, while women constitute 28 percent.9 The greatest incidence of injury is found among men aged 30 to 50. The same report also shows that working-age men are more inclined to experience injuries because they were more involved in war as combatants, and because they took risks associated with their responsibilities of providing for their families.10

Defining Masculinity

Early literature on men and masculinities did not take into account the differences among men and plural masculinities.11 It portrayed masculinities as a set of typologies in men: hegemonic, due to control over sources of power; marginalized, due to poverty and social exclusion based on their race and ethnicity; and subordinated, due to homosexuality and disability.12 Typologizing masculinities draws upon the binary property relations approach—to be masculine is to have ownership over others, and to be emasculated is to be in relationships of subordination.13 Many scholars criticize typologizing masculinities because it represents a homogeneous and constant construction of masculine traits that are unchanged by shifting historical context and body changes due to impairments and aging.14

Hegemonic masculinity is the prevalent category that has attracted much scholarly attention. For some scholars, this form of masculinity refers to constant traits of domination, control, and aggression in which marginalized and subordinate men are mostly complicit.15 Raewyn W. Connell, as the most influential scholar of masculinities, revised her early thought of masculine typologies, and emphasized that masculinities, like femininities, are multiple and hierarchal, and associated with differences in positions of power.16 Connell essentializes masculinities in connection with power relations between men and women, and between different groups of men, as these relations are always reproduced in oppressive forms.17 She found that men are usually complicit

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10 Ibid.
11 Plural masculinities refers to the plural dynamics and forms of masculinity, emphasizing the multiple, even contradictory, pathways through which men are remaking their identities. See more details in Sofia Aboim, Plural Masculinities: The Remaking of the Self in Private Life (New York, NY: Routledge, 2010).
16 Connell, Masculinities (2005).
17 Ibid, 72.
with hegemonic masculinity because it is understood as an aspirational and largely unreachable set of social norms and ideals. Most men, Connell suggests, can never personally embody hegemonic masculinity, yet they support it, are regulated by it, and use it to legitimize their power. She also notes that masculinities are determined by social embodiment, which are almost always thought to proceed from men’s bodies and “cannot be sustained—for instance, as a result of physical disability.” In saying that, Connell associates men’s disability with emasculation.

Connell’s conceptualization of masculinities as plural and hierarchal due to differences in power relation based on class, race, and ethnicity is still valid. However, her understanding is not sufficient to capture the complexity of masculinities and the dynamic relationship between their different elements (physical, socioeconomic, moral, and emotional), which interweave throughout men’s lived experiences in different contexts and across generations. Critical studies on men and masculinities go beyond the discourse of power to understand masculinities, and give more attention to their historical, subjective, and intersubjective dimensions. Victor Seidler, for example, emphasizes that it is problematic to conceive masculinities as exclusively related to power. He criticizes the homogenized visions of masculinity and emphasizes that it is not a single thing, but is contradictory due to men’s diverse historical and cultural experiences.

For Seidler, conceptualizing men as powerful disallows us from understanding the ways in which they suffer and how they feel about their masculinities. He also notes that Seidler falls into an essentialist view that promotes an understanding of masculinities as relations of power. He argues that historically, men’s control over their emotions of vulnerability is usually transformed into anger or violence to regain power. Studies on the masculinities of disabled men confirm that the vulnerability and subordination of men caused by their physical disability or illness are not transformed into anger for the sake of regaining power. Rather, disability and illnesses, and their resulting vulnerability, create a space for men to replace the material elements of hegemonic masculine ideals with moral and emotional elements such as family connectedness, intimacy, care, love, empathy, and justice.

Studies on men and masculinities in the Middle East, and of Syrian refugees in particular, have significantly contributed to challenging the singular and static understanding of Arab men’s masculinities merely in relation to the hegemonic masculine ideals. These studies confirm the plurality, dynamism, and fluidity of masculinities. They also understand and analyze masculinities based on how they were and are lived and experienced heterogeneously in response to the changing historical context in each country and in their diverse structures and cultures. Recent literature has found that the masculinities of refugees and displaced people from the Middle East challenged masculine binaries and gave emphasis to the vulnerability of refugees associated with their vulnerable identities.

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18 Ibid, 70.
20 Ibid., 54.
21 Hasso, “Decolonizing Middle East Men and Masculinities Scholarship.”
23 Ibid, 13.
26 Inhorn, The New Arab Man; Wentzell, Maturing Masculinities.
28 Hasso, “Decolonizing Middle East Men and Masculinities Scholarship.”
agency and subjective and intersubjective experiences. Ingvars and Gislason, for example, studied Syrian refugee men in Athens. They argue that Syrian refugees embodied an emergent refugee masculinity that challenges "the media-led narratives of migrant criminality, immorality, and greed." Despite their vulnerability, Syrian refugees navigated "their own perceptions of desirability, their need for love and intimacy, and what it meant to be a chaste, caring, and responsible man."

Achilli and Turner challenge the singular understanding of hegemonic masculinity among Palestinian and Syrian refugees in Jordan that portrays refugees as always powerful, independent, and assertive. The singular portrayal of refugees' masculinity overlooks the actuality of their lives, their vulnerability, and their powerlessness. Achilli attempts to emphasize the limitation of the concept of hegemonic masculinity, arguing that Palestinian refugees in Jordan were neither able to assert the hegemonic masculinity nor able to challenge their subordination and marginalization in the context of diaspora. Their attempts "to reconcile diverse ideals of masculinity is a deeply fragile project in which men frequently experience failures, frustrations, and setbacks." Magdalena Suerbaum, in her study of Syrian refugees in Egypt, asserts that Syrian refugees' traditional representations of hegemonic masculinity based on patriarchal culture were actually in conflict with their lived reality in Egypt.

Studies on masculinities of refugees in and from the Middle East have drawn upon Marcia Inhorn's major argument in which the notion of hegemonic masculinity in studies of men in the Middle East "obscures the lived reality of different forms of masculinity as ever-changing social strategies enacted through practice." For Inhorn, "actual men's performances of gender are constantly in flux and may change radically as their social-physical circumstances change." She rejects the single portrayal of men in the Middle East as confined to the old patriarchal ways of behaving, which is presented as unchangeable. Empirical studies of refugees' masculinities, particularly Syrian refugees, are also theoretically framed within the understanding of masculinities as inclusive and composite, and are shaped and reshaped in trajectories throughout lived experiences. According to Eric Anderson, inclusive masculinity is an approach to understand masculinity as not rigid and constant. In inclusive masculinity, men change their image of masculine selfhood and performance of bodies due to changes in societies, which gradually undermines the idealized macho masculinity.

The concept of composite masculinities arguably involves the understanding of masculinities as inclusive, though it may not necessarily produce an egalitarian form of masculine practices as stated by Anderson. Composite masculinities refer to men's capacity to revise the hegemonic masculinity by combining diverse elements of experienced masculinities. Emily Wentzell, in her study of older and ailing Mexican men who suffered from sexual dysfunction, defines composite masculinities as a "contingent and fluid constellation of elements that men weave together into masculine selfhoods." The men in her study altered their concern with their bodies and sexual performance with the intention of being more socially and emotionally connected to their families and more cooperative with their wives. Farha Ghannam developed an approach to masculinities that overlaps with the approaches used by Anderson, Wentzell, and Inhorn. She focuses on studying the "doing" of manhood in Egypt, and the social nurturing of masculine conduct in relation to other men.

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10 Ibid., 385.

11 Ibid., 398.


13 Achilli, “Becoming a Man in al-Wihdat,” 274.


16 Ibid., 45.

17 Ibid., 13 and 46–48.


20 Wentzell, Maturing Masculinities, 163.

21 Ghannam, Live and Die Like a Man.
through work, play, food, clothing, hair styling, and bodily conduct choice, and how these “doings” differ due to class differences and other forms of social inequalities, as well as differences in personal and interpersonal experiences. Ghanam confirms the multiplicity, plurality, fluidity, and dynamicity of masculine practices, which are shaped in different trajectories.

Although there is no literature that has examined the link between masculinities and disabilities among Syrian refugees, the analytical framework mentioned above remains relevant. Disabled men, like able-bodied men, suffer from different aspects of vulnerability, and have the agency to revise and reformulate the hegemonic masculine ideals in ways that fit with their capacities and preserve a sense of masculine selfhood. When regaining socioeconomic and physical power becomes impossible for disabled men, they may choose to split the meaning of manhood—as it is inevitably connected with physical power and domination—from the constitution of their masculine selfhood. They may enhance other characteristics of masculinity that are not necessarily related to material sources of power and social embodiment. I argue that this split has a potential to create a space for disabled men to shape a new version of masculinities that is composed of diverse and contradictory masculine elements, as this research reveals.

**Gender Discourse of International Humanitarian Aid: Missing Masculinity**

Since the early 1990s, masculinities have been given more attention by the international humanitarian community responding to the increasing vulnerability of men caused by war, militarized conflict, and displacement in different parts of the world. The attention to masculinity has increased by the realization that men and boys are also victimized by sexual violence and rape, particularly during civil wars—as exemplified in several African countries. Yet, the resulting marginalized and victimized masculinities caused by war and displacement are still presented in the literature of the international humanitarian community as compliant with hegemonic masculinity—assuming that hegemonic masculinity is homogeneous and represents the natural traits of men in hierarchal societies. Hegemonic masculinity is always connected to patriarchal structures and a culture of male domination over women and discrimination against them, regardless of changes in socioeconomic and political circumstances.

The international humanitarian community still makes obscure differentiations between hegemonic and marginalized masculinity and equally associates the two with violence. For example, UNHCR guidelines for the prevention of sexual and gender-based violence state “most cases of sexual and gender-based violence involve a female victim/survivor and a male perpetrator.” UNHCR reports also present refugee men as if they always “strive to live up to the male norms” that legitimize the domination of men over women. Therefore, the role of UNHCR is to train refugee men in “critical thinking skills” and help them “unlearn” masculinity that they experienced through patriarchal norms. The association between marginalized masculinity and physical and sexual violence by men is a generalization not only because not all marginalized men enact violence, but also because not all marginalized men have the physical and sexual capacity to enact violence.

The inclusion of masculinity in the gender policies and strategies for humanitarian interventions is discussed superficially in several documents produced by United Nations agencies. For example, the 2008 UNHCR Handbook for the Protection of Women and Girls is a major document that provides guidelines for the integration of men in humanitarian interventions, particularly in situations of war and displacement. The handbook assigned a separate section on how to work with refugee men and boys to promote gender

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equality and protect women and girls based on international standards.\(^5\) In this section, marginalized and victimized masculinity is presented as conforming to hegemonic masculinity. Masculinity, as it is presented in the handbook and replicated in almost all other UN documents, is “associated with bravery, strength, authority, independence, and sexual activity.”\(^5^2\) Regardless of different aspects of socioeconomic, health, and political vulnerability that refugee men experience through war and displacement, they are presented in the UNHCR handbook as the perpetrators of violence against women and girls. The association between the masculinity of refugee men and violence is attributed to patriarchal culture and its regressive nature. In situations of war and displacement, the handbook notes that refugee men almost always turn to violence against women and girls because the conditions have deprived them of the capacity to enact their ideal masculinity as the primary breadwinner and the protector of the family.\(^5^3\)

To tackle sexual and gender-based violence (SGBV) against women and girls in situations of war and displacement, the role of the UNHCR—in partnership with other UN agencies, international and national nongovernmental organizations, and national governments—is to shape a new model of masculinity. According to the UNHCR handbook, to encourage gender equality in refugee communities, men need to replace the negative mode of their masculinity with a positive, nonviolent one.\(^5^4\) The role of humanitarian gender equality interventions is thereby to produce less violent and more “civilized” masculinities by training refugee men in “critical thinking skills” and helping them “unlearn” masculinity as they have previously perceived it.\(^5^5\) The handbook also notes that with a civilized role model of nonviolent masculinity, men “are less likely to become perpetrators of SGBV.”\(^5^6\) Men’s loss of social, economic, and political power through war and displacement, and the replacement of hegemonic masculinity with a marginalized masculinity exemplified by powerlessness, frustration, and helplessness, is perceived by IHOs as an opportunity to undermine the patriarchal model of hegemonic masculinity and replace it with a progressive one based on the universal principles of gender equality.\(^5^7\)

The UNHCR handbook is the main reference for guiding the gender policies and strategies of IHOs that aim to protect all displaced Syrian refugees in Jordan.\(^5^8\) Numerous studies have explored the vulnerability of displaced Syrian refugee men, as demonstrated in the loss of their previously powerful status, based on their reliance on family kinship support and inability to provide for their families.\(^5^9\) Yet IHOs continue to label Syrian refugee women and children as the most vulnerable victims of war and displacement due to the dominant patriarchal structure and culture. For example, various UN reports state that the resilience of Syrian refugee women is conditioned by their capacity to resist their traditional patriarchal culture, male domination, and the hegemonic model of masculinity, which is presented as exploitative and violent.\(^6^0\)

Women’s resilience is achieved by empowering their economic autonomy and freedom and facilitating their access to market skills and market-oriented jobs. What is overlooked in these efforts is the fact that the same market rules and regulations that are targeted to absorb vulnerable women have

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\(^{51}\) Ibid., 55–63.

\(^{52}\) Ibid., 56.

\(^{53}\) Ibid., 17.

\(^{54}\) Ibid.

\(^{55}\) Ibid., 60–62.

\(^{56}\) Ibid., 59.
left the majority of Syrian refugee men vulnerable and destitute.61 When it comes to men with physical disabilities and chronic sickness, this researcher found that data on disabled people is not sex segregated, the implication being that disabled men are perceived as emasculated and thus they are no longer a threat to women through their masculine embodiment. Men with disability and men suffering from severe illness are placed by IHOs into groups such as gay, lesbian, and transgender—gender identities or sexualities not socially and culturally recognized in Syria and Jordan.62 This categorization reveals that masculinity is inevitably defined in connection with physical capacity, or machoism. Marginalized and subordinate masculinities are perceived as either compliant with hegemonic masculinity to maintain the legitimacy of patriarchy, or completely emasculated as in the case of disabled men.

The overemphasis on a singular and unitary pattern of the normative hegemonic masculinity and the association of marginalized masculinity with violence is the conceptual foundation that underpins IHO’s gender policies and interventions targeting displaced Syrian refugees in Jordan. This is reflected in the UN Women report of November 2018,63 which overlooks the experiences of men’s vulnerability and violence against them, and only focuses on violence against women and girls. Although the report does not provide sufficient evidence that women are restricted in their mobility by the male members of their families, the report concludes: “threat of violence results in many male family members further restricting women and girls.”64 Without investigating the actual experience of Syrian refugee men, the report adds: “Women and girls that are providers, decision-makers, and mobile are often seen as a direct threat to normative masculinities, which can lead not only to sexual and physical violence, but to economic and legal violence that severely restricts mobility and personal agency.”65

The SGBV Sub-Working Group (SWG) coordinated by the UNHCR was established shortly after the start of the Syrian crisis with an objective of strengthening SGBV prevention and response in the context of this specific crisis. The SGBV SWG strategy (2015–2017) focuses on domestic violence;66 specifically, the physical and sexual violence perpetrated by intimate partners and other male members of the family. The Jordanian SGBV SWG strategy document relies on the standardized UN Interagency Standing Committee (IASC) guidelines and the updated strategy of UNHCR to define the causes of SGBV.67 According to the document, “the underlying cause of SGBV is unequal power relations in society and affects mostly women and girls as a result of their economic, political and social status.”68 This sentence is followed, rather superficially, with “however, men and boys can also be subject of this type of violence,” while neglecting to mention that men and boys are reluctant to report SGBV to avoid stigmatization.

As the majority of Syrian refugees who seek humanitarian assistance are women, their issues are reported by case managers of humanitarian organizations, including their experiences of sexual and gender-based violence. Therefore, the Gender-Based Violence Information Management System (GBVIMS) that is coordinated between many IHOs shows that within the period May to December 2014, among all the survivors of SGBV assisted by case management organizations reporting in the system, those receiving specialized services were mostly women (58%) and girls (32%), not men (7%).

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62 See the link to all UNHCR reports and documents: http://data.unhcr.org/syrianrefugees/documents.php?page=3&view=grid&WG%5B%5D=35.


64 Ibid., 28.

65 Ibid.


Beyond the Binary Understanding of Masculinities

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The assertion of the speculation that Syrian refugee men are more vulnerable than women to SGBV is a haphazard rhetoric, and much is based on speculation rather than reliable data reflecting the actuality of how marginalized and victimized masculinities perform in the context of displacement and vulnerability. The assertion of the speculation that Syrian refugee women and girls are the victims of domestic violence perpetrated by intimate partners or other male members of the family is the foundation that shapes the strategy for men’s inclusion in humanitarian interventions in a way that is consistent with the universal gender ideology and its standardized measures to promote gender equality.

According to the SWG’s strategy, women, girls, boys, and men all need to be actively involved in awareness-raising activities to support the empowerment of women and girls as leaders and agents of change, and the engagement of men and boys as allies in SGBV prevention strategies. Again, the strategy assumes that all Syrian refugee women and girls are at a high risk of SGBV by their own patriarchal culture, and men need to change their patriarchal attitudes to support women in becoming leaders at home and in the local community. These assumptions are necessary for humanitarian actors to legitimize their role as the protectors of women and girls from their own men and their own patriarchal culture, and keep men characterized as a threat to women’s security. This ignores the fact that, in the context of Syrian refugees’ displacement in Jordan, Syrian refugee men were more exposed to torture, bullying, and discrimination in the workplace, and were more at risk of deportation or arrest by the Jordanian police than women. There is the additional possibility that these men are further excluded by international and national humanitarian aid organizations based on the assumption that they are the root cause of women’s disempowerment.

With this overview of how masculinity is presented in the gender discourse of international humanitarian aid, I do not refute that there are able-bodied and disabled men among displaced Syrian refugees—as among non-refugees—who perpetrate SGBV against women and girls as a means of restoring their ideal hegemonic image of masculinity that is lost through war and displacement. Yet empirical and ethnographic studies conducted with Syrian refugees provide evidence that the violent category of Syrian refugee men does not constitute a generalized pattern of masculinities among Syrian refugees. Further empirical investigations are needed to provide more evidence about the effects of displacement on able-bodied and disabled men’s practices of masculinities.

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66 UN Women, “Inter-Agency Assessment,” 23.
67 Ibid., 25
Personal Narratives of Disabled Syrian Refugees

Rami

Rami, aged forty-three, lived in Mafraq when I was conducting field research. He came from a village in Daraa, which is where the Syrian uprising began in March 2011. A few days after the start of the clashes with the Syrian regime, he was arrested by the police and imprisoned for six months. He had been severely tortured in prison, which resulted in a partial spinal cord injury. Rami fled to Jordan for medical treatment, but it was not successful. Since February 2012, he has been managing his life in a wheelchair.

Before the war, Rami had worked in a minimarket owned by his family, and they had a decent standard of living. He had stopped his schooling at the ninth-grade level. He described his life before the war saying:

I was nurtured to be a strong man that my family could rely on. I left my school to help my father provide for the family because my father was responsible for his six sisters. After I served in the military, I got married at the age of twenty-six. My parents insisted that I live on my own to become self-reliant and responsible for my own family. Unfortunately, my short marriage ended with divorce. I had a boy, but he has been missing since the war started.78

When asked about how he perceived of himself before and after the injury, he said:

Honestly, I was proud of myself. I was involved in the revolution in Daraa and I loved what I did. I felt I did something good for my nation. I regret it today because all that we [men] did turned to bloodshed. In my family alone, I lost nine people, including my two brothers. If you ask me what I prefer—injury or death—I would prefer death. At least I would not go through this bitter experience with disability, but I thank God for everything.79

After he completed medical treatment, Rami thought about his family and what he could do to provide for them. He was living with his parents who were in their mid-sixties, and he was responsible for providing for them. Rami searched online and found a video on YouTube about how to make statues from matchsticks. The idea stuck in his mind and he decided to learn this craft. He shared the three reasons that motivated him to learn it quickly: “I first needed money for my family. Second, I wanted to challenge my disability, and, also, to support the revolution.”80 While Rami was learning the skill of making statues, he was also in contact with all the humanitarian organizations that supported Syrian refugees in general, and disabled people in particular. He showed them his work and persuaded them to use it in their fundraising events and campaigns to support the Syrian people. In the beginning, Rami managed to generate some money and his work became recognized by several charity organizations. A few months later, he became frustrated with humanitarian organizations, noting: “In the beginning, charity organizations used us [disabled Syrian refugees] to generate funds. Later, I was deceived by charity organizations and individuals who claimed that they wanted to support disabled people. These organizations say things and do the opposite.”81

At the beginning of the interview, Rami emphasized that his disability is defined as quadriplegia, but not hemiplegia. In saying that, he tried to confirm that his disability has not completely affected his masculine ideals of being fertile and able to have children. Among fifteen disabled men whom he knows in his area, Rami is the only one who can procreate, while others have lost this capacity. In 2014, he got married a second time, to a Syrian refugee woman ten years his junior. She was also divorced but had no children. Rami had two children with the second wife.

Rami said that he used to be tough with his first wife, before the Syrian war, but that he had changed. He said, “I am happy with my second wife. I treat her well. After I became disabled, I regretted how I was treating my first wife, but this was how we were nurtured in Daraa.” In terms of how the couple’s sources of livelihood are managed, Rami said that after their marriage, he asked his wife to register for humanitarian assistance from the UNHCR, and he relinquished control over household income and expenses to her. Rami also humbled himself at home by not interfering in his wife’s mobility or decisions.

78 Rami, personal interview with the author, Mafreq, Jordan.
79 Ibid.
80 Ibid.
81 Ibid.
When asked why things have changed, he said, “I have to accept the fact that I am not the same person as before, and I see how helpful my wife is.”

The ways in which Rami expressed his emotions toward his wife are signs of his struggle to renegotiate his masculine traits and gender relations of power that he learned throughout his life in Syria before the war. While he has struggled to fulfill his role as a family provider, as a desired image of masculine ideals, he also managed to change his attitude and practices toward his wife by accepting her free mobility and her role in decision-making. Despite the positive changes that occurred in his masculine traits, Rami appeared contradictory in his self-presentation at times. For example, when his work was not sold and he did not earn any money, or when others deceived him, his nostalgia for the classical patriarchal image of masculinity that he practiced in Syria increased. This made him feel frustrated and depressed and he described himself as “useless and helpless, death is a mercy.” When Rami succeeded in selling some of his products, or when he arranged to display his statues in charity organizations, his positive sense of masculine selfhood was elevated and it was emotionally and mentally disassociated from his disabled body. These contradictory emotions towards his masculine selfhood were a reflection of Rami’s discursive practices of his manhood in different trajectories. Some practices were successful and some were not. His experience of success and failure in the context of his displacement was expressed this way:

Humanitarian organizations are only concerned with providing us with sport and entertainment services. Do they think that we do not have family responsibilities? I have been trying to get a small loan to develop my work with the statues, but no one cared. I decided not to rely on these organizations and do things by myself. I am now doing small statues and selling them at a cheap price in the market. Poor people buy them as gifts. Yet, I still have a desire to make big statues and present them in exhibitions.

The contradictory self-presentation in Rami’s narrative, in his practices and emotions, is a sign of him exercising his agency to reformulate his masculinity in response to the changes that have occurred in his socioeconomic conditions and his body. His masculinities have changed gradually based on his day-to-day experiences—what works and what does not work. This confirms Ghannam’s understanding of masculinities as a process in which different trajectories of masculine practices overlap and interweave, producing contingent outcomes including success and failure, inclusion and exclusion, and frustration and inspiration.

Haytham

Haytham is a forty-year-old married man with three daughters. He was living in Amman at the time this field research was conducted. In 2012, Haytham fled with his wife and daughters from the Syrian city of Homs to Jordan to get medical treatment for a severe injury he sustained during the war. The injury was diagnosed as hemiplegia, and Haytham has been in a wheelchair since. He is unable to depend on himself to meet his basic needs. Haytham had previously been a trader and business owner, and would buy car parts from Germany and the United Arab Emirates to sell in Syria. At the age of twenty-five, he was married to a nineteen-year-old Syrian woman. They had both completed their schooling beyond the ninth grade. When I asked about his lifestyle before displacement, Haytham said:

Before the war, I was living with my parents and younger brothers. I could not leave them with no help. My wife helped my mother because we were a big family. We had a comfortable middle-class life. I served in the military when I was twenty-two. My father encouraged me to be self-reliant and asked me to have my business separate from his own. He wanted me to be an independent man. My relationship with my wife was very good. I used to take her out for a walk on the weekend and sometimes joined her when she was shopping for the kids. She was never in need of anything; everything was available to her.

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82 Ibid.
83 Ibid.
84 Ghannam, Live and Die Like a Man, 15.
85 Haytham, personal interview with the author, Amman, Jordan.
Haytham continued to talk about how he sustained his injury:

In May 2012, while I was walking outside the home, going to buy something for the family, a shell landed and injured my spine. After two months, I left Syria with some help from relatives and friends. I had intensive medical treatment in Amman. In my first year in Amman, I did not feel the consequences of my disability, but later I started to think about how to manage my life with it. I was a pious man before the war and the accident has strengthened my faith. To be honest with you, I sometimes feel weak, but God offers me more patience and power. Thank God, [because] other men died from the bombardment and they left their wives and children desperate and devastated. Thank God. I have been coping with my disability and do not feel it has changed who I am.86

He explained how he has managed his economic conditions:

The only thing that suppresses me now is the bad economic conditions of my family. It is too hard to accept someone coming to provide me support in front of my wife and daughters. But, thank God for everything. My wife supports me so much based on her conviction that any misfortune we have is God’s will. She has been strengthening my will and keeps me feeling good about myself.87

When asked if he expected his wife to act this way, Haytham said:

A few days after I left the hospital, I brought my wife and her mother together. I asked my wife in front of her mother: if you would like to separate and go on with your life, this is your right! Of course, I did not wish this to happen, but it is her right. She replied to me, “no, as I lived with you in the glory days, I will also live with you in the harsh days.” Since I became disabled, she has been solely responsible for everything at home. I grieve for my wife, not for myself, but thank God; she is satisfied with the mercy of God.88

Further expressing his suffering, he said:

What scares me is that sometimes I want to express my anger, my frustration at home, but I immediately say to myself, “what is the matter with you, man! Is it not enough that she [his wife] endures everything for me, and I still want to scream?” Then I control myself and take some distance, and open the Qur’an and listen to it. This calms me down.89

Regarding how Haytham deals with his daughters and how they deal with him, he said:

In the beginning, I tried to do some work in order that my daughters would not feel that their father is useless. Unfortunately, I could not do it for long because I could not stay in the wheelchair for more than two hours; I would have to lay down in bed. All I am concerned about is that my disability does not have any negative effects on my daughters. I always want them to believe that a father is the one who is responsible for providing for the family. Later, I bought five birds to raise at home and told my daughters that I breed them for sale in order to bring money to the family. That is of course not true, but just to make my daughters feel that I do something for them.90

When Haytham was asked about his relationship with humanitarian organizations, he said: “I am not the one who deals with these organizations. My wife does and she knows how to deal with them.”

Haytham’s personal narrative shows that his acceptance of his disability as “God’s will” was the strongest motive that enabled him to renegotiate the masculine ideals that he experienced before his injury, particularly in terms of fulfilling his role as the primary family provider and decision maker. He trained himself to avoid showing anger and resentment, and actually altered the normative masculine traits of anger in showing much love and respect towards his wife and daughters. Despite Haytham’s realization that he is unable to meet the fatherhood ideal represented in the responsibility of providing for the family, he symbolically gave emphasis to the idealized fatherhood that had

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86 Ibid.
87 Ibid.
88 Ibid.
89 Ibid.
90 Ibid.
been cultivated socially and culturally in Syria before the war. He wanted his daughters to grow up having the ideal image of their father as the primary breadwinner and protector of the family. The emotional support provided by Haytham’s wife, and her sacrifices to protect the family, was strong motivation for him to accept his disability and renegotiate his masculine traits. He invested in his faith and knowledge of Islam to control his behavior. In his day-to-day experience of being disabled, he successfully altered his anger, frustration, and helplessness with practices and feelings of love, care, respect, sympathy, and collaboration, based on his historical cultural and religious orientation. Nevertheless, as he said, “I still sometime lose hope and feel bad about myself as helpless.”

Haytham’s version of masculinities, shaped by his disability and associated with his socioeconomic vulnerability, confirms the understanding of masculinities as plural, multiple, and shifting. His emergent masculinities were selectively formed in composing contradictory elements of masculinities: symbolic and real, power and powerlessness, decisiveness and helplessness.

Hamdan

Hamdan, aged twenty-eight, lived in Mafraq at the time this field research was conducted. He fled from Daraa to Jordan in 2013. After he finished the ninth grade, he left school to work with his father in a vegetable shop. Hamdan came from a poor background. He was married after his military service, at the age of twenty-four, to a Syrian woman aged sixteen. Hamdan had two children before he was injured. He described himself as a very rigid and pure person, who “always stands on the side of what is right and against oppression and arrogance.”

Hamdan was injured trying to protect his young son during an aerial bombardment in 2013. His son was mildly injured, but Hamdan sustained a severe spinal injury and he fled to Jordan for medical treatment. His injury caused hemiplegia, and he has been in a wheelchair since. In the first year of his displacement, Hamdan received attention from humanitarian and charity organizations. He spent two years volunteering with one of the IHOs concerned with disabled Syrian refugees. Despite his disability, Hamdan managed to reach a large number of disabled people in the area and put them in contact with this organization. He organized sport and entertainment activities for disabled men, responding to the agenda of the humanitarian organization. Hamdan is charismatic and has strong leadership skills, which he employed in the service of a large number of disabled Syrian refugee men, not only those living in his community, but from other parts of Jordan as well. He persuaded other disabled men to participate in the humanitarian organizations’ activities and to attend their trainings, pursuing their agenda of integrating disabled people into the host community.

After two years of volunteering, Hamdan began to criticize the work of the organizations, as he felt that they were using disabled people to generate funds, and did not respond to their actual needs. Hamdan said that he had conflict with one organization because he had expressed to them that disabled men needed to work in order to support their families; he argued that they did not need sport and entertainment activities. The organization ignored his suggestions and demands for changing its priorities. Similar to Rami, Hamdan’s experience with IHOs was disappointing. He said:

All humanitarian organizations that claim they are protecting Syrian refugees are lying. I was asked by someone, who used to work with UNHCR, to pay four hundred Jordanian dinar to facilitate my access to financial support. I visited UNHCR to register for financial support (basmet e’it), and the first question they asked was, “Does your wife work? We can help your wife to find a job.” I told them: “My wife cannot

91 Inhorn, The New Arab Man; Ghannam, Live and Die Like a Man; Wentzell, Maturing Masculinities; and Hasso, “Decolonizing Middle East Men and Masculinities Scholarship.”

92 Hamdan, personal interview with author, in Mafraq, Jordan.

93 Ibid.
work. It is enough for her to take care of me and my two children.” They ended up putting me on the waiting list. Charity organizations are even worse. They assembled us—injured Syrian men—and took photos to send to donors in Qatar, and we have not heard from them since then. All that we asked these organizations for was to help us with small loans to do small business, such as accessories. We need to provide for our families.⁹⁴

Hamdan refused to talk about how his disability affected his relationship with his wife, but appreciated how she looked after him and the children, saying: “God bless her for what she is doing.”

Based on my observations, and reflecting on the ways in which Hamdan spoke about his experience with IHOs, he differed from Rami and Haytham in renegotiating his masculine traits. Hamdan’s disability made him more mentally and emotionally connected to his previous masculine practices and experiences in Daraa prior to the war. He repeatedly referred to himself when he lived in Daraa as being stubborn, critical, decisive, and resistant against any form of humiliation and oppression. Despite the actual disruption occurring between Hamdan’s masculine body and his masculine identity, he insisted that his masculine identity was not affected by his bodily dysfunction. “This is how I am. I have not changed and I will not change.” Although he talked about his work experience with organizations that targeted disabled Syrian refugees for assistance, Hamdan avoided using the term “disabled” to express himself. He instead used the term “injured,” because it culturally refers to men who are engaged in resistance.⁹⁵ If Hamdan’s physical disability were not visible, it would be hard to recognize that he had a disability. He remained assertive, noting:

Despite my negative experience with humanitarian organizations, I insist on dedicating my time and efforts to change the practices of people working for humanitarian organizations. They taught us that we have the same rights as others; they need to turn their words into actions. We injured men are not tools to be used for their advantage.

I still have power and high spirits, and will not allow anyone to suppress my fellows and me.⁹⁶

Hamdan confirmed in his narration that he was not changed by disability. He defined his masculinities within the same masculine virtues that he had cultivated and self-styled throughout his life in Syria. However, these traits have been reformulated and revised to fit within the new institutional context. He perceived humanitarian organizations as biased and nontransparent, and therefore he resists against what he sees as their biased agendas. He said: “I respect everyone’s point of view, but if someone does not respect me, or respect my fellows, I would not tolerate it. The most I hate is domination (al-tasalat). We are all equal before God. This is how I am and how I was nurtured in Syria.”⁹⁷

Through narrating his masculine experiences in the context of displacement, Hamdan tried very hard to convince me that his original masculine traits were neither invalidated nor emasculated by his disability. He said, “I am still stubborn, assertive, and rejecting any form of oppression.” Another subjective reason that arguably has allowed Hamdan to remain powerful despite his disability in a context of displacement and refugeehood is his capacity to separate his body from his masculine selfhood. He did not give much attention to the changes that have occurred in his body. He rarely mentioned his disability during the interview and presented himself as equal to able-bodied Syrian refugee men. Hamdan altered the masculine elements related to physicality and socioeconomic power with the moral elements of masculinities, including reciprocity, democracy, respect, and justice. He invested in his charismatic and decisive personality to achieve a good status and gain recognition from the community of disabled Syrian refugees in Jordan. Hamdan presented himself as rebellious and self-sacrificing, saying: “I do not easily make compromises, even if they would bring me so much money. I want to live with dignity.”

Hamdan’s experience of masculinities took a slightly different trajectory from the experiences of Rami and Haytham due to the different self-

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⁹⁴ Ibid.
⁹⁶ Hamdan, interview by author.
⁹⁷ Ibid.
stylization of his masculine selfhood. He had cultivated a personality that allowed him to alter the understanding of power and authority from a practice of domination and oppression to one of responsibility, collectiveness, justice, and solidarity.

Abu Ahmed

Abu Ahmed is a 42-year-old man originally from Daraa, who was living in Amman when our interview took place. He is a university graduate and worked as a hotel manager in Syria. He was arrested and detained by the Syrian regime for seven months. A week after he was released from detention, an aerial bombardment severely injured Abu Ahmed and killed both his wife and daughter as his wife was giving birth to her in hospital. He fled to Jordan in late 2012 to obtain medical treatment. He did not want to leave Syria, but his injury forced him to leave. Abu Ahmed’s injured kidney had to be removed, and since then he has been in a deteriorating health condition. Asked how he has been managing his life with this condition, Abu Ahmed said:

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\text{I forgot about it [illness]. I have been forcing myself to live a normal life and not let anyone feel my physical weakness, especially at home. I have been searching for a job all the time. If I have managed to cope with the loss of my wife and daughter, and leave my two young children back in Syria; would it be difficult to manage the pain in my body? Life is in God’s hands (Al a’mar be yad Allah). This is normal among Syrian refugees.}\]

During the interview, Abu Ahmed tried to disavow his chronic illness and deteriorating health. He did not speak much about his health and preferred to focus on how he, as equal to a man with no health problems, managed his livelihood. He said:

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\text{In the first three years of my displacement, I used my previous professional experience in tourism and hotel management to find a good job in Jordan. I succeeded in having a few junior managerial jobs with hotels in Amman and the Dead Sea tourist area. Of course, I worked with no work permit from the authority because we [Syrian refugees] are not allowed to work in managerial jobs. I also got involved in a business initiative with other Syrian men. But my status as a refugee with no work permit has failed all my attempts to live a normal life. Now, I have been unemployed for a year and am reliant on humanitarian aid. You know what it means for a man to rely on humanitarian aid?}\]

At his last job, in a company owned by Syrians, Abu Ahmed had employed a Syrian refugee woman as a secretary. She was not very committed to her work because she had been widowed and had three young children to care for. She had lost her husband during the war. Abu Ahmed was sympathetic to her situation and asked her to stay at home. He continued to pay her a monthly salary. Not long after, the company closed and Abu Ahmed became jobless and remained so until the time of our interview. Shortly after losing his job, he contacted the widowed woman and proposed marriage, and they got married shortly thereafter. When asked why he made such a quick decision to marry while he was unemployed, he said:

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\text{She is a respected woman from a respected family (bent nas muhtarameen). I cannot leave her degrading herself working as a secretary in companies, or searching for humanitarian assistance. She told me many stories of how she was exploited by different people. I felt morally responsible for her safety. Prior to the war, she was a driving instructor at her father’s driving school. Now, I take care of her and her children. I am the one who searches for jobs and humanitarian assistance. I do not mind degrading myself to meet the needs of the family, but not her.}\]

All that Abu Ahmed is concerned with is maintaining his sense of masculine selfhood in front of his wife and her children. He does not show his wife and the children that he is in pain or unable to provide them with what they need. He said, “I used to care so much in the past about how people think of me as a man, but not anymore. All I care about is my family.”

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98 Hasso, “Decolonizing Middle East Men and Masculinities Scholarship.”
100 Abu Ahmed, interview by author.
101 Ibid.
102 Ibid.
Abu Ahmed, similar to other research participants whose physical impairment is not visible, tried hard to disavow his health vulnerability and enhance other elements of masculinities to remain socially recognized. He invested in his personal strengths to thrive in his masculine traits through a deliberate use of his wider knowledge and communication skills. He was an intelligent and tactful interlocutor, and when he spoke he recreated his feeling of power and hid his ill health and economic powerlessness. Abu Ahmed reformulated his previous masculine practices that were based on his strong body and economic competence by focusing on loving, caring, and sacrificing for his family, in addition to maintaining strong social connections with others in his local community. He also altered the relationship with his wife from being based on domination to be based on care, intimacy, and love.

**Discussion and Analysis**

The contexts of displacement associated with disability and illness among these research participants challenge the singularity of masculine ideals, and the homogeneity and universality of hegemonic masculinities that see men as always in power: the breadwinner and the primary decision maker. As is revealed in the personal narratives of these four men, masculine “ideals” are fluid and constantly changing by context and an individual’s physicality, and are influenced by the individual’s historical, personal, and interpersonal experiences of masculinities. Disabled men, like able-bodied men, are always in a position to negotiate and renegotiate their masculinities in multiple ways to manage their livelihoods and to ensure the continuity of their sense of masculine selfhood.

Although the disabled men used their self-presentation as a tactic to hide the weaknesses caused by the dysfunction of their masculine bodies and to preserve their self-confidence and autonomy, as symbolic signs of masculine ideals, the symbolic presentation of masculine ideals does not obscure the presentation of vulnerability and helplessness. When it comes to reliance on humanitarian aid—which men consider contradictory to masculine ideals—disabled men expressed and discussed their vulnerabilities with their wives, encouraged them to search for humanitarian assistance, and accepted their free mobility. This dynamic overlapping between symbolic/moral and real/actual practices of masculinities contributes to de-normalizing gender relations of power within the family, as the wives’ reconfigured gender roles were accepted by their husbands. The changing gender attitudes against stereotypes were also associated with emotional changes. Disabled husbands became more loving, caring, and sympathetic towards their wives, and conjugal relationships became more intimate. Both husbands and wives cooperated to compromise some elements of their gender identities and replaced them with others in order to create stable gender identities: masculinity and femininity. This practice of gender within the context of men’s disability supports Inhorn’s argument that the dysfunction of men’s normative physicality and its social embodiment does not necessarily lead to a crisis in masculinity because men find multiple ways of dealing with the dysfunctionality of their bodies in relation to their manhood in negotiation with their wives.106

Disabled men in this research accepted the fact that their previous masculine embodiments based on physical strength and economic competence were gone and would never return. As a result, they overlooked the physical aspects of power and focused instead on the moral and spiritual aspects of power such as love, honesty, faith, and justice. This performance of masculinities among disabled Syrian refugees is in line with Wentzell’s concept of composite masculinities, in which men who lose their normative physical and sexual functionality maintain their sense of masculine selfhood by coordinating “changing sets of masculine elements into attempts to be particular kinds of men, through a range of narrative, embodied, and interpersonal practices.”108 In Wentzell’s study, old, ailing Mexican men re-masculinized themselves by becoming more family-connected, cooperative, and caring. Composite masculinities challenge masculine binaries and the inevitable link between masculine identity and masculine body. The social embodiment of masculinity does not appear essential for creating and maintaining a sense of masculine selfhood.

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102 Inhorn, The New Arab Man; Ghannam, Live and Die Like a Man; Hasso, “Decolonizing Middle East Men and Masculinities Scholarship.”
103 Inhorn, The New Arab Man; Wentzell, Maturing Masculinities; Ghannam, Live and Die Like a Man.
104 Ibid., 163.
106 Wentzell, *Maturing Masculinities.*
107 Ibid., 163.
The composite masculinities of disabled men in this research also imply that patriarchal culture has positive and negative configurations, as with hegemonic masculinities. Both patriarchy and hegemonic masculinities are negotiated and renegotiated throughout individuals’ lived experiences and across generations to shape contingent masculinities and femininities influenced by the changing context, bodily performance, and subjective and intersubjective experiences. Thus, the enhancement of the moral virtues of masculinities based on the ideology of patriarchy and religion, including the sense of responsibility towards the family and mutual respect and cooperation between husbands and wives, would contribute to de-hegemonizing the masculine elements of domination, violence, and aggression. Encouraging and supporting disabled men to practice their roles as family providers and caring and loving fathers, and to be recognized and active members in the community, should be a starting point for a localized long-term strategy of promoting gender equality. Women should also be encouraged to enhance these positive masculine elements in their husbands’ day-to-day practices. Although these implications may not be in line with the universal guidelines of including masculinity in humanitarian interventions to promote gender equality, they can at least minimize the counterproductive effects of the universal discourse, particularly among men, but also women.

Conclusion

Despite the broad agreement in the literature that masculinities are multiple, plural, and contradictory due to changing circumstances and discourses of power as well as body changes, multiple masculinities—subordinate, marginalized, victimized, complicit, and hegemonic—are still discussed as a set of typologies. Each type of these masculinities appears as a constant representation of a certain group of men that is different from, opposing, or not affecting the other, due to differences in power relations. This research shows that each disabled man lives with multiple masculinities at the same time, through which each type of masculinity overlaps with another to serve certain purposes: socioeconomic, personal, and interpersonal. Although the overlapping between different types of masculinities is necessary for men in general to manage their lives during situations of socioeconomic desperation and vulnerability, it becomes more obvious among men with physical disability and chronic illness. Men with physical disability use the positive elements of one form of masculinity to undermine the weakness of the other, and vice versa.

However, the composition of multiple and diverse elements of masculinities does not necessarily mean that the resulting composite masculine traits and practices are consistent or take a constant construct. Composite masculinities remain divisive and in tension between contradictory interests, emotions, and desires, as long as men interact within a particular social setting and its hierarchal structure. It is through these contradictory interests, emotions, and desires that a man selectively chooses, through his discursive practices, which elements of masculinities to preserve and which to abandon in order to shape his own terms of masculinities. The research shows that men’s capacity to compromise between conflicting masculine desires—particularly those related to access to power—in situations of economic stress, or physical disability, or both, creates a mixture of non-hegemonic masculine practices and traits that challenge the societal masculine stereotype. It is important to note that the emerging masculine traits that disabled men developed do not constitute a new type of masculinity. Rather, they are a selective combination of diverse masculine elements that disabled men had cultivated and self-stylized throughout their life histories. Men, able-bodied and disabled, have different forms of agency and different personal and interpersonal interests and desires that affect the ways they self-style their masculine responses to changing context and physicality. This is why we find within the same class, ethnic, and sectoral backgrounds, men who are aggressive, authoritarian, and violent, and others who are caring, loving, and tolerant within the same dominant patriarchal ideology and historical context.

Although this article only focuses on the personal narratives of four Syrian refugee men with disability and chronic illness, it aims to challenge the inevitable link between masculine identity and its social embodiment. Their examples of emergent composite masculinities and the different trajectories

\[110\] Ghannam, Live and Die Like a Man.
\[112\] Hasso, “Decolonizing Middle East Men and Masculinities Scholarship.”
of masculinities undertaken can also be applicable for understanding and analyzing the personal narratives of able-bodied marginalized Syrian refugee men and their dynamics of masculinities within the context of displacement.

This study has several implications that may improve the gender policies and strategies to include men more deliberately in international humanitarian interventions. First, IHOs must stop singularizing and unifying the concept of masculinity in association with patriarchal structures of power, domination, and violence, and instead give more attention to better understanding the complexities of masculinities within the particular context of war and displacement. Second, humanitarian organizations need to avoid the binary presentation of gendered vulnerability—that women are more victimized by war and displacement than men, and thus in need of prioritized interventions. Instead, IHOs ought to investigate how men respond differently to their subordination and marginalization, and the marginalization of women—apart from speculations based on universal and standardized principles. Third, humanitarian organizations need to avoid imposing a standardized concept or measure of masculinity to promote gender equality within the framework of international standards. The current approach is counterproductive because subordinate and marginalized refugee men have the capacity, or the agency, to reformulate and renegotiate their masculinities on their own terms and based on their material and physical capacities. Finally, international humanitarian organizations need to stop haphazardly attributing men’s violent behavior to patriarchal culture and must rethink patriarchal culture and its moral virtues, as they might also be a source of empowerment for subordinate and marginalized men, as well as for women.

BIBLIOGRAPHY


