

BENT, NOT BROKEN:
AN AUTOETHNOGRAPHIC EXPLORATION OF MALE SEXUAL DYS/FUNCTION AND SHAME

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BY

JAMES HOFFNER

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DEDICATION

I would like to dedicate this work to all of my past partners, you made me who I am today and

you will forever be a part of me.

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I would like to acknowledge all the support I have gotten over the years from my parents, Kyra and Gerald Hoffner. I choose an unconventional route in life, and they gave me the freedom and privilege to explore my passions and figure out who I wanted to be. I have never been the easiest person to deal with, but I want to acknowledge that I can never express to them how grateful and loving I feel towards them every day.

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Finally, I want to thank all of my friends, enemies, past mentors, and all the people I could never express my appreciation for enough. This thesis is a product of me, and I have been shaped by all them. So, this thesis is the work of everyone.

ABSTRACT

JAMES HOFFNER

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Through personal memory, reflection, and theoretical analysis, I explore what my experiences with sexual dys/function says about masculinity and how affective responses to sexual dys/function can be shaped by gendered standards. My aim is to portray vulnerable, real experience with sexual dys/function to both shine light on the struggles of sexual dys/function and how gendered expectations can cause feelings of shame. In doing so, my hope is that men (and others) who have experiences of sexual dys/function can reimagine their relationships to their bodies, sexuality, and gender in a positive way. The ability to challenge hegemonic masculine standards will be a critical step in reimagining the male body. Furthermore, turning inward towards shame that is produced by the failure to reach gendered and ablebodied norms has the potential to form a political consciousness of disability, masculinity, and sexuality.

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CHAPTER I

INTRODUCTION

The presence of shame has often been a roadblock for me in seemingly all aspects of my life. It has affected relationships, jobs, school, and my own well-being. Gloria Anzaldúa remarked about the effects of shame in men's lives; specifically, in *Borderlands/La Frontera: The New Mestiza*, Anzaldúa briefly questions men's inability to confront their masculinity and calls for men to turn towards their shame (105-106). For her, this was necessary in an attempt to form a new consciousness. This has resonated with me ever since, and has been a guiding principle towards how I wish to build on my own research. Anzaldúa's thoughts have catapulted me into the questioning of my own experiences: what makes me feel ashamed? It did not take me very long to know that my experiences of sexual dys/function have been one of my biggest sources of shame, altering how I behave and interact not just with intimate partners but also extending towards my sense of self as a whole.

Anzaldúa's ideas here have been a major inspiration for this thesis. This concept of turning towards my shame about sexual dys/function is one that I wanted to explore further to better understand myself and also build an analysis that could be applied to other's lived experiences. I focus on my experiences to give deeper insight into the ways in which people negotiate masculinity through intimate relationships and feelings of inadequacy. In this thesis, I have three primary questions: firstly, what can I learn about masculinity from my personal experience with sexual dys/function? Secondly, how does shame manifest as a result of experiences of sexual dys/function? And, thirdly, what are some strategies for developing a different, more positive relationship with one's body and sexuality? In addressing these questions, I argue that although masculine ideals regarding sexuality are associated with an ability to reach and maintain an erection until one achieves orgasm, sexual dys/function does not necessitate a loss of a major piece of our identities; instead, sexual dys/function can offer a space to challenge masculine ideals and

reconfigure our relationships with gender, ability, and sexuality. My hope is that by examining my personal stories I will be able to highlight the phenomenon of male sexual dys/function in relation to social constructions of masculinity and offer some theoretical shifts in approaching masculinity, shame and the body.

Before moving into the literature review, I want to clarify my use of the term sexual dys/function. Although I use sexual dys/function in this thesis specifically to describe erectile dysfunction, experiences of sexual dys/function are not exclusive to those with a penis or to intimate acts that involve a penis, so the feelings associated with sexual dys/function may be relatable towards how others perceive the connection between sexuality, their body, and what may be understood as normative sexual performances (Wendell 14). Throughout this thesis, I use the term dys/function, and not “dysfunction,” to both question and challenge what sexual function really entails. Proponents of disability studies suggest that bodily function is not simply “functional” or “dysfunctional” (Garland-Thomson “Feminist Disability Studies” 1559; Wendell 23; Kafer 8). The use of the slash symbolizes the ways social norms construct a binary of being either functional or dysfunctional, while also placing the two ideas together to show that an individual’s body may fit into both categories throughout their lifetime, thus blurring the binary (Goodley and Runswick-Cole 3). It is a way to challenge the way we value bodies, and instead focus on the diverse experience of humans. The slash is critical to the term sexual dys/function, and this project, because it emphasizes that sexual dys/function is not merely an experience of loss or pain but rather a valuable part of the human sexual experience.

Literature Review

The literature on male sexual dys/function has mainly been focused through medical approaches to frame, treat, or fix what are perceived as problems. However, my thesis will not be about how to “fix” anyone’s biological dispositions; rather, my aim is to address the affective reality of living with sexual dys/function and rethink how men engage their bodies. To do this, I draw from

fields exploring masculinity as a socially constructed identity, firstly, from prominent contributors in masculinity studies (Connell 45-66; Messerschmidt 85-91; Bridges and Pascoe 250-255) and, secondly, from the emotional and affective dimensions of male sexuality (Dolezal 71-93; Tepper 131-140; Zilbergeld 21-40). My analysis also involves a reconceptualization of the body through feminist disability studies, which challenges objective, medicalized notions of the body and promotes a more relational, context-driven approach to sexuality (Garland-Thomson "Misfits" 593; Wendell 170; Shuttleworth 174). Research that connects sexual dys/function to feminist disability studies allows me to alter conceptions of "healthy" or "normal" sexuality through the reimagined body.

Masculinity studies laid the groundwork for a feminist understanding the effects masculinity has on men's lives and introduced a deeper interrogation of "hegemonic masculinity" (Brod 264). Hegemonic masculinity refers to the overarching, idealized form of what men ought to be, linking manhood to characteristics of dominance, control, and power (Howson 3). The idea developed as a way of addressing power relations between men and women, specifically how it has formed as a social practice for men to maintain power (Connell and Messerschmidt 830-831). Hegemonic masculinity is the expectation to follow cultural norms around manhood, indicating there is a "right" way to be a man. In Western culture, hegemonic masculinity has been associated with heterosexuality, stoicism, and physical prowess, amongst many other characteristics.

These social practices formed ideals of "being a man," constraining men to embody and perpetuate this "hegemonic masculinity" in every day spaces. One such space is in sexual encounters, where the masculine ideal has formed around the pleasure and maintained erection of the penis (Tiefer "In Pursuit of the Perfect Penis" 167). Hegemonic masculinity, then, denotes a matter of privilege and power in being a man, but also reveals a potentially unhappy lifestyle of meeting gender standards (Connell and Messerschmidt 852). Although my experiences certainly have been shaped by hegemonic masculinity, my work is also influenced by new ideas on

masculinity, such as expanding the masculine repertoire by focusing on healthy communication styles in interpersonal settings (Shuttlesworth 174) and hybrid or alternative masculinities (Bridges and Pascoe 250; Yang 328) Particularly, I wish to engage in these new ideas to question how an individual can locate themselves in masculinity without relying on current hegemonic standards.

Within hegemony masculinity, there are gendered expectations of ablebodiedness and straightness. These expectations are what Robert McRuer refers to as the concepts of compulsory ablebodiedness and compulsory heterosexuality (7). Ablebodiedness is a default identity and, unless explicitly marked as disabled, individuals are presumed to be fully able-bodied (Kafer "Compulsory Bodies" 80). Heterosexuality likewise is considered the norm of Western culture, and to act in accordance to straightness is a key tenet of hegemonic masculinity. McRuer points out how these two concepts are mutually intertwined, uphold positions of power, and marginalize difference. They also function by positioning masculinity as negatively related to disability and queerness, so "normal" men must avoid those identities to sustain normality (Butler 154). The inability to penetrate restricts men from what is deemed "normal" sexual behavior, which often calls into question both heterosexual expectations and ablebodiedness. Those with sexual dys/function, then, fail to meet the compulsory standards of ablebodiedness and heterosexuality in a non-visible way. The non-visibility of sexual dys/function only further perpetuates the pain caused by continuously having to reidentify one's self with disability (Samuels 240). Understanding these concepts in relation to sexual dys/function is important because of the requirements needed to perform the ideal masculine body and the way heteronormative sexuality is associated with penetration.

Although an idea like heterosexuality may be linked to sexual orientation, sexuality is often an integral piece of gender identity and an individual's sense of self. Specifically, for men, sexuality becomes attached to (re)producing a vision of manhood. Leonore Tiefer argues that "sexual competence is part- some would say the central part- of contemporary masculinity, whether we are

discussing the traditional man, the modern man, or even the 'new' man" ("In Pursuit of the Perfect Penis" 166). It would follow, then, that the absence of sexual competence and ability is absence of masculinity. Tomlinson and Wright explain, "The most common initial reaction to erectile dysfunction was a sense of emasculation" (1038). Emasculation, though, may move past the moments of a sexual interaction and lead to feelings of shame, further isolating males from their loved ones, their community, and even a positive image of their self (Tomlinson and Wright 1039). Therefore, the feelings connected to sexual dys/function as a perceived biological failure and gendered inadequacy can be extremely harmful.

Scholars such as Tomlinson and Wright and Mensah Adinkrah emphasize the affective dimensions of masculinity, by extension, sexuality and sexual dys/function. The feeling I address in this thesis is shame. Shame is an emotion that results from anxiety that one may be judged by others for a specific individual characteristic (Dolezal 21), ranging from behaviors to actions, physical appearance, and identities. It is important to note that shame only occurs within a social context, or in other words requires "a witness" (Dolezal 104). What becomes shameful is not indicative of something inherently negative, but socially dictated as outside the norm and in this context can lead towards negative evaluations of the self (Gordon 106; Sedgwick 12) and result in changes in behavior and interactions with others.

Hegemonic masculinity and masculine ideals can be a source of shame when an individual isn't able to live up to the expectations they create. Shame, then, becomes an upholder of masculine ideals and patriarchal norms (Mitchell 202). Because addressing shame can be difficult, men may accentuate their masculine presentations as a shield to avoid confronting shame and to counteract the perception that sexual dys/function is a failure to live up to masculine expectations (Javaid 1205). This tie between masculinity, bodily expectations, and shame shows the multiplicity of pressures men are under to conform to an idealized image. Shame, then, is felt on the body and changes how we conceive of our bodies (Ahmed 103; Dolezal 26). Sexual dys/function places men

outside the scope of idealized masculinity through a failure to live up to bodily expectations. This failing can strip men of their identity, producing a shame that alters an individual's selfhood (Adinkrah 479; Koestenbaum 10). The emasculation and shame as a result of not fitting normalized body standards produced through masculinity can produce chronically negative self-evaluations.

Feminist disability studies challenges some of the notions around ability and what is regarded as "normal" bodily function by highlighting that disability or dys/function is not inherent to any body but results from social ideas about ablebodiedness and the construction of our built environment. Rosemarie Garland-Thomson explains that,

Feminist disability studies ... questions our assumptions that disability is a flaw, lack, or excess. To do so, it defines disability broadly from a social rather than a medical perspective. Disability, it argues, is a cultural interpretation of human variation rather than an inherent inferiority, a pathology to cure, or an undesirable trait to eliminate. In other words, it finds disability's significance in interactions between bodies and their social and material environments. ("Feminist Disability Studies" 1557)

Garland-Thomson's thoughts here move disability from something to be diagnosed and "solved" through physiological and medicalized interventions to something that is socially constructed. Disability (or dys/function) is not inherently problematic but becomes so because it does not fit into the "built" environment or reflect ideas about what a "normal" body should be. Garland-Thomson reinforces this idea by discussing her disability concept of misfitting. Garland-Thomson argues, "Misfit emphasizes context over essence, relation over isolation, mediation over origination" ("Misfits" 593). In other words, misfitting prioritizes understanding the relationship between our bodies and the social environments that situate people as disabled. Furthermore, Susan Wendell argues that the biological and social construction of disabilities and impairments are intertwined and interactive, and that the body cannot simply be reduced to biomedical terms (35).

Emphasizing the social construction of the body speaks to the idea that sexual dys/function—as perceived disability—is not reducible to medicalization because the problem, at least in part, forms in a social and gendered context. In other words, both Garland-Thomson and Wendell allow us to think of the body and dys/function in a relational, context-driven way. In this thinking, new responses towards negotiating masculinity and perceptions of sexual functionality can emerge. If men experiencing sexual dys/function were to reconceptualize their body in terms of feminist disability studies, relational recovery would become a part of moving past negative affective experiences of sexual dys/function.

Connecting a feminist disability lens to masculinity and sexual dys/function allows men experiencing sexual dys/function not only to rationalize their bodies differently but also to reframe the goals of a sexual encounter, namely from aiming to achieve a specific type of performance to an emphasis on pleasure and human connection. Leonore Tiefer explains, “Sexuality can be transformed from a rigid standard for masculine adequacy to a way of being, a way of communicating, a hobby, a way of being in one’s body – and being one’s body – that does not impose control but rather affirms pleasure, movement, sensation, cooperation, playfulness, relating” (“In Pursuit of the Perfect Penis” 182). In other words, sexual being must move from something singular and with rigid rules to something more fluid and relational. My thesis builds on this literature by autoethnographically analyzing my own personal experiences of sexual dys/function, which gives me the space to theorize how men more generally can rethink their relationship to their own bodies, move towards a more relational space, and adapt a more fluid and diverse sense of sexual being.

Method

I draw on my personal experience with sexual dys/function through an autoethnographic research method. Carolyn Ellis defines autoethnography as “research, writing, story, and method that connect the autobiographical and personal to the cultural, social, and political” (xix). In other

words, this method allows me to connect my personal experience to broader topics of masculinity, sexuality, and how individuals negotiate their body. Autoethnography is based on reflexivity and provides a qualitative approach towards research that allows for the highlighting of hard truths connected to experience and may employ techniques such as creative writing, performance, and storytelling (Rodriguez-Dorans and Holmes 156). As such, for this thesis I created a narrative that encapsulates multiple stories from my life related to sexual dys/function followed by an analysis of the major social and cultural themes of the narrative.

Making clear what my “data” is and how it was collected is important. In an autoethnography, stories act as the data; therefore, personal memory acts as “a primary source of information in [one’s] research” (Chang 71). Writing and reflecting on my experiences, then, becomes a process in acquiring my data. I collected and organized stories from my past by using an autobiographical timeline (Chang 73), which is a list of moments when I remember experiencing both sexual dys/function and shame as a result. As my data was collected through personal memory, it is also important to note that feelings and thoughts about experiences change over time. To help organize my thoughts, each entry in the timeline included a one-to-two paragraph explanation of what I remembered.

Crucial to the acquisition of data and engagement with personal experience is the recapturing of emotions tied to those experiences. The deeply intimate and troubling stories that for years we may not have been able to speak about are certainly no exception (Adams and Jones 109). My feelings about sexual dys/function are certainly raw (Rodriguez-Dorans and Holmes 152). To help keep balance with these emotions, I used a field journal and participated in therapy to reflect on past experiences and assess my understanding of my own sexuality in relation to the present moment as well as the past. In twelve therapy sessions with a mental health professional, I explored some of the difficult experiences I had seldomly revealed to others. In the field journal I reflected on and assessed my current feelings and perceptions about the topics as I engaged in my

research (Chang 95-96). Both the field journal and therapy sessions informed my personal memory by bringing forward the affective dimensions of such experiences.

Once I compiled my data, which includes the autobiographical timeline, therapy sessions, and field journal, I focused on refining and analyzing it. I narrowed down my personal experiences based on what I find to be epiphanal moments (Ellis 56), or moments in which I experienced a significant shift in my life. These shifts were about the way I perceived of myself in relation to others, my thoughts on sexuality, and how specifically sexual dys/function impacted my holistic sense of self. After establishing my epiphanal moments, I integrated them into a more holistic narrative in which I articulated emotional truths about my experiences of sexual dys/function and masculinity. This narrative was constructed through a process of writing and rewriting the stories in different formats.

This thesis is not simply a recounting of personal experiences of sexual dys/function for its individualistic therapeutic effects; rather, this thesis is meant to connect my personal experience of sexual dys/function to the ways in which men negotiate masculinity, sexuality, their body, and shame. To distance myself from the rawness of the emotions and unpack the many layers of experience and affect in my data (Adams 158), I noted recurring topics, themes, and patterns as well as exceptional occurrences. I analyzed these themes and anomalies by connecting the present with the past and contextualizing the data by connecting the personal to the cultural (Chang 131). This is how the themes of masculinity, shame, and embodiment came forward. These strategies gave a more defined way of approaching the data and answering my research questions.

Although analysis of my personal experiences may shift the thesis towards the more theoretical understanding of the body and sexual dys/function, my use of autoethnographic method aims to create an embodied affective experience for the reader. This experience is where the reader can not only place themselves in the scenes, but also begin to connect to how others experience life (Chang 52; Ellis 168, 203). This connection to theory through the personal is a theory in the flesh

approach Cherríe Moraga and Gloria Anzaldúa describe as a way of telling my stories to create visibility and healing (19). Therefore, creative writing allows the “flesh” or embodiment of my experiences to come through in ways that traditional theory or research may not allow for. I modelled my work on performative, multi-styled autoethnographies, such as Kristen C. Blinne’s “Auto(erotic)ethnography” and Sharrell D. Lockett’s *Young Gifted and Fat: An Autoethnography of Size, Sexuality, and Privilege*. Blinne’s and Lockett’s work served as inspiration to combine narrative, dialogue, and poetry writing styles together.

Positionality Statement

Essential to my approach towards autoethnographic research is the importance of recognizing my positions of identity in relation to power. Growing up, my family moved all around the east coast, never really settling in to one spot until I was in middle school. This created a kind of outsider in me, where I never really felt like I belonged to anything or anyone. I didn’t feel like I had a culture or a community, and after my own traumatic experiences I kind of distanced myself from most people. Adopting this outsider perspective allowed me to start questioning why things are taken as normal. I pushed against a lot of ideas I was being taught in school or socialized by peers to believe. This ability to argue and question led me to study philosophy in my undergraduate years, when I became more invested in social and feminist philosophies that prioritized questioning rational thought that places us into specific boxes (Harding; hooks). I was again pushing against narratives that have been more mainstreamed, favoring the outside and marginalized perspectives, and locating myself outside certain norms.

However, as much as I feel like an outsider, it is important to recognize my privilege. I am white, (mostly) straight male who is in relatively good health. I grew up in a mostly white area, with my parents still together, and very financially fortunate. I know this was not always the case for my family; but as I started to grow up, I never really knew the feeling of being intensely poor. I had very few restrictions and barriers in my life to reach this point to where I can be in graduate school

writing a thesis about sexuality. I am coming to this thesis, then, as someone who has internalized an outsider perspective and wishes to question and challenge the hierarchal social constructs that separate and oppress people while also being the beneficiary of many of these social hierarchies. Therefore, my experience is my own and cannot be used to define the experience of all men or even some men. What I hope my experience can do, though, is provide a space for which others can find similarities and relate to foster new meanings attached to sexual dys/function, masculinity, shame, sexuality, and one's body.

Ethics

As I reflect on my methodology and position, it is also important to consider the ethics of my research. I write this thesis through an autoethnographic lens, which means that I am painting a narrative based on my own personal experiences. It is crucial to understand that in doing so there is a separation between Truth and truthfulness. Truth, with a capital T, refers to the objective truth of reality; however, as I write this from a subjective position, there is no way to access Truth (Medford 853). In other words, my approach to autoethnography aspires to be *truthful*, insofar as it is *my truth* that I am relaying. The experiences that I describe may be seen or approached differently based on a different subjective position. This is important because although my method does not require additional participants, the narrative I create could not happen without my experiences with other people (Edwards 5). Although the focus of this research is on myself, my narrative includes interactions with past partners, my former therapist, acquaintances, and family. For some people, there is no way to contact them and co-construct a narrative. As a result, they are also not able to formally approve what I have written. I don't know if some of these individuals will ever read this, but I want to be completely fair to them and make sure that they are not identifiable (Ellis 395-397). Therefore, for the sake of ethical practice and anonymity, I use pseudonyms for all people other than myself.

Writing this thesis also required me to think about the ethical obligations I have to myself. Although my intention in this piece is to engage vulnerably with the reader about my personal experiences, I recognize there is some risk in exposing very personal things about myself. All of this self-reflection has been quite an emotionally draining process. Admittedly, there were many weeks where I couldn't even open my laptop because I was afraid of what the last and next words I typed would say to me. Self-reflection is so crucial to this project, but it has the potential to open many wounds (Ellis 224). However, it is my long-standing intention to confront my shame and help people access some of their own self-reflection on their bodies and sexuality. Therefore, I believe the experiences I provide in the narrative portion of this thesis are necessary for providing an accurate picture of the work being done to turn towards my shame.

Chapter Overview

Following this opening chapter, Chapter 2 explores my past and current experiences related to sexual dys/function through an autoethnographic narrative based on the autobiographical timeline. I depict the experiences through a variety of creative writing styles in hope of engaging readers in an empathetic way and conveying different aspects of the truthfulness of my experience. In Chapter 3, I analyze my autoethnographic narrative by engaging in a theoretical reflection on themes of hegemonic masculinity, compulsory ablebodiedness/heterosexuality, shame, and ability. The concluding chapter will briefly expand my main argument about disconnecting from a masculine ideal and phallogocentric version of sex towards a more open, fluid understanding of the body and its relational being to others.

CHAPTER II

MEMORIES

September 14, 2022

I join a Zoom appointment with my therapist. I had recently started going to therapy for the first time in my life. I knew taking on this thesis required deep reflection, so I wanted to both create some support for myself and potentially uncover some thoughts and memories that may not have naturally come forth. My therapist welcomes me as always and asks her standard questions about my location and whether or not I was in crisis. I always giggle at the crisis question because although I may not immediately be a threat, I always feel like I am in an existential crisis.

Dr. Ren: Okay, so what did you want to talk about this week, James?

James: Well, I would like to talk about sex. Although I appreciate us going over some of my issues related to trust and mental health in the previous weeks, I did begin therapy with the focus of talking about what is going on with me sexually. As we discussed earlier, I struggle with keeping erections. Sometimes it is painful for me to penetrate because of my medical history. Sometimes I am just so anxious and nervous about performing. Sometimes I fear what will happen if it doesn't go exactly like it is supposed to.

Dr. Ren: Interesting, well I have a few follow up questions. What is sex to you? And what is it supposed to go like?

James: Sex. It's supposed go like you would expect. The expectations. I lead up with conversation and all the foreplay, but after a while my partner will want me to penetrate her. They want me to fuck. They want to fuck until I cum. Orgasm. Until hopefully both of us orgasm.

Dr. Ren: And you are worried that you will not be able to do so? Or you have experience not doing so?

James: Oh, I have experience alright. It happens all the time. It's like I communicate myself as this great person, but then when we get into the bedroom I ruin all expectations by not wanting to penetrate. And I feel so uncomfortable to communicate this, that sometimes I try to penetrate anyways. I always get met with the wall of questions: *Are you okay? Is something wrong? Is it me? What can I do for you? Why don't you want to fuck me? Why Why Why...* Then I have to comfort them. Tell them don't worry, it's just me. I'm fucked up. Nothing is wrong with you, something is wrong with me.

Dr. Ren: That is a lot of pressure. But it is also a lot of pressure you are putting on yourself. Why do you think you feel you need to perform in a certain way?

James: Don't we all feel like we need to perform in a certain way?

Dr. Ren: Well yes, but why do *you* feel this need to perform?

James: I don't know. That's just how I know how to have sex. Even as I expand my horizons and explore all these different sides of sex, there is still a piece of me saying "you are doing it wrong." And it isn't just a piece of me, it's everyone's reactions to when I do it "wrong." I feel so different, that I'm not normal. I feel like I transform from just a guy, maybe even a really good guy on a date, to some alien or creature that is far from human. So in order to maintain my humanness, I need to perform my self, my body, my desires. I need to penetrate.

Dr. Ren: But it is a performance? Not reality?

James: I feel it is, but I think that is my problem. I feel almost removed from reality. That I am just constantly performing.

Dr. Ren: I think this is an interesting idea. Let's take a step back though. Why do you feel sex is so important? To clarify, I understand it is important to people, but when you think of the importance of sex, where does that come from?

James: Well, it comes from everywhere. Friends, family, doctors, media. All things. Let me give you an example. When I was in high school, I was in an electrical trade shop. It was all men in this shop, and we would talk about sports, politics, and joke about sex. But one day this senior came in the classroom and gave a very compelling speech. He talked about a man's worth. He asked us why we did the jobs we did and what our aspirations were. After a moment, he said we were all wrong. He very plainly said, all we need to care about is fucking. Some of my classmates giggled, but the senior continued. He asked us why would we need a job, and many said to buy things or support our future families. He corrected us again that it was to have sex. He explained that men buy things, have families, try to gain more power, fame, and wealth all to have more sex. All those other things are just extra, but the sex is what makes a man. And to have sex, you must be fucking. Not oral, not kissing, sex as in penetration. Flawed logic in the first half, I know. But was he really far off from what a lot of people believe?

Dr. Ren: Well do you believe this?

James: I don't want to believe this, but there are some ideas that I feel like I can't get out of my head. I feel like everywhere I turn, this idea gets supported. One time when I was 17, I was in the car with my dad. Although I went to a high school that prepared me to be an electrician, my family wanted me to go to college. I wasn't sure what I wanted to do with my life, or if I even wanted to go to college. So, I was nervous about the idea, although very excited to be living a more independent life. However, while we in the car, my dad was talking to me about how excited he was for me to go college. I remember him telling me

something along the lines of *Bro think about all the girls you are going to get. You are going to be fucking all the time.* I remember some of his thoughts a bit more explicitly, but this was the general idea. My dad went on and on about fucking women some more while I smiled and nodded. But really, I had a rush of thoughts I was grappling with. Was the only purpose of me going to college to sleep with people? Was that senior in my electrical shop, right? Was I really going to be someone that *could* sleep with a bunch of people? What if I couldn't? What if no one even wanted to sleep with me? I realized in that moment that my dad's joy over sex had shifted what was important about life. It didn't matter what I majored in. It didn't matter what my job would be, or how much money I was making. What mattered was whether or not I was fucking. What was going to make me life have meaning was fucking. What was going to make me a man was fucking.

March 30, 2018

The first time I met Elle was in my junior year of college when we had a bioethics course together. In fact, we took a number of the same courses because our philosophy backgrounds overlapped. However, the first time I really noticed her was in this bioethics course because we had a group project together. She had wavy dyed blonde hair, piercings on her ears and nose, a few noticeable tattoos, and her makeup was heavy around her eyes and lips. I appreciated her style, wearing clothes that were a little edgy and, in my head, resembled what I think of punk rock. I only really confronted myself later that this kind of aesthetic was definitely my "type," as I had always believed I was attracted to all different kinds of people. When I started college, I had somewhat stunted social skills. I never really talked to anyone in high school, let alone sleep with anyone. While attending college, I started to flourish a little more, socially and sexually, but I still couldn't imagine asking the girl I had classes with on a date or to hangout sometime.

However, throughout the semester we began to talk more and more. Eventually we decided we should hang out and have some drinks together. We couldn't go to the bar yet, so I went over to

her apartment. It was a great time, where we talked about philosophy, SSRIs and medicalization, and our favorite international shows. We even put on a Korean TV show that I am pretty sure neither of us really liked, but that gave us enough reason to start cuddling on the couch. We made out for a little while, and I was pretty excited. I think we both were, even though nothing beyond kissing happened. As I walked out of her place in the morning disheveled and hungover from the both of us trying to fit on a tiny college dorm couch, there was a great feeling of hope that I may have found somewhat that liked me. However, that hope was quickly met with just as much anxiety. I began to wonder (and perhaps fantasize) about how sex will go. Will it work out? Are our bodies compatible, and will I be able to have sex?

November 2, 2022

Dr. Ren: How are things going this week?

James: Surprisingly great. I started seeing someone, and we had our first date the other night. We met online in a kink-related space. Not that it matters to you, but just so I don't keep saying "that girl" her name is Sienna. Both before and during the date I disclosed my issues with sexual dys/function and she seems pretty understanding.

Dr. Ren: How exciting! Are you nervous at all? How are you feeling about the relationship?

James: Extremely nervous. Even though she seems understanding, it is one thing to say you are okay with something about a person and another when you actually see how things go. We didn't have sex, just talked about it. But shared a pretty intimate moment in the bar booth and made out a lot.

Dr. Ren: That is understandable, but is she giving off any indication that she may not accept you? Or are you creating this in your mind?

James: Probably the latter, but I feel like I always have to be guarded. I don't want to start delving deeper into a relationship only to be hurt again. For her to tell me it won't work out

because things I cannot change. It will make me feel like once again I am not enough for her or for anyone, that the man people want me to be is unobtainable. That will hurt.

Dr. Ren: Do you think this guard you have up will ever come down? Doesn't this effect your ability to trust? To communicate your feelings?

James: I am not sure. I would love this guard to come down, but when is it safe? This guard absolutely does hinder my trust and my vulnerability, but I need to protect myself.

Otherwise, I will be throwing myself into relationships only to be let down, ridiculed, shamed, used, or abused.

Dr. Ren: Having your guard up has certainly helped you survive. But don't you think you are putting yourself in a more difficult position? Don't all these things happen even in a state of guardedness?

James: They do. I still feel let down, ridiculed, shamed, used, and abused all the time. And I don't ever get to experience a true trust with someone. But I think the guard lets me move on faster, to recover from these feelings so I can do things like work. Otherwise, I would just be a shell every day.

Dr. Ren, chuckles: I understand that. You certainly cannot be a shell every day. But isn't this just deferring a confrontation of what you are fearful of? What does that look like?

James: Well, it usually looks like me blacking out from drinking or a big blow-up. My frustration boils over at something unrelated. I can be the smiley and loving James most of the time, but then every now and again I ruin everything. I ruin relationships, I sabotage myself. All because I cannot be the person that I want to be. The guy who can fuck. Not fuck anyone all the time, but just fuck in general. I think life would be better if I could have no issues with sex. But instead, all these struggles bleed out into the rest of my life. When

things are going well, they're great. And when they're not, they're horrible. And when I get to the bedroom, I get reminded I can't fuck and things go south.

Dr. Ren: I think this is important, though. You create these problems as a result of your issues with sex. But what if you moved the "smiley and loving James" into the bedroom? If your frustrations are bleeding into your life outside of sex, why not try to let the positive side of your life be prioritized in the bedroom?

James: It would require me to be really comfortable, which requires me to drop my guard and be vulnerable. I love when I get to laugh and be silly when I have sex. I love just feeling connected to another person, making them smile in any way possible. I don't feel like I am performing a duty or a job that was given to me by my gender. I feel like I am mutually pleasing the both of us. If I could communicate like that to people, I think I would be a lot happier. My only problem is whether my partner wants the same thing. There have been times where they like who I am, but then they wonder what is next. They want the silly, but where is the penetration? So, it is always like a large piece is missing. Anyways, I'll let you know how things go with my date and if that piece matters as we go forward.

April 14, 2018

Over the last month of the spring semester of my junior year, Elle and I had gotten together a couple times a week. I remember when we decided to have sex. It was during the last week of classes. We were both naked laying in my bed in my dorm room as my roommate was gone for the day. I was very nervous, but it was important for me to try to give her some kind of pleasure because I was always so terrified of being one of those men that only consider themselves. I went down on her for a little while, but I had no idea what I was doing. I tried to think of YouTube videos and comedians all with different methods. But when you're down there, all the methods of the world go out the window. I want just trying my best. That was until she brought me up to her face and told me to fuck her. Internally at this point I was scrambling. I knew there were things I had to

do, but I did not know if I was going to be able to. I trusted that my body would just perform when it was time, but every thought in my head did not realize now was the time. I tried to put a condom on, which felt like it took a century to do. As I got on top of her, I tried to penetrate.

As I thrust for the first time, I felt the uncomfortable bend of my penis. With nerves, discomfort, and her eyes so tightly on me, I lost my erection. It felt like I was trying push a large square peg into a tiny round hole, except with each passing second the hole became tighter and the square peg became more and more like gelatin. I think I was still aroused, but I lacked being firm enough to push on through. I could no longer tell with all these racing thoughts in my head. All I could think about was why now did my body decide to do this? Of all the times in my life things could fail, why does it have to be in front of the person I want to be with? How embarrassing, defeating, soul crushing this first time with someone I liked was. She had asked me several times what was wrong, what could she do, and if it was her that made me disinterested. I felt quiet, robotic, like an empty body, like a slab of marble. I tried to reassure her she did nothing wrong, and I felt like I had to care for her. But my responses came out lifeless, stoic, unemotional. My thoughts were now racing, not in the heat of the moment, but again asking why? Why did this happen? Why is my body like this? Is it me, is it her? Why... why... why.

November 16, 2022

Dr. Ren: So, I noticed on your preliminary chart that a lot of your work anxiety and feelings of hopelessness went down this week? Any specific reasons?

James: I am feeling a lot better, like my mind isn't racing as much. But I was excited to tell you, I went on another date with Sienna. The girl I told you about last time.

Dr. Ren: That is good to hear. How did it go?

James: Well, we had sex! And it went amazingly! This may be too much information but I need to say it. I came... I orgasmed from her touch. It was the first time I had ever was able to reach a climax from someone else and not myself doing it. They would always help, but I

never relaxed enough to allow someone else to make me cum. I've had lots of partners, but it would always result in me finishing myself or not at all. We had smoked some weed, and used lots of toys. She had multiple orgasms, which made me feel *amazing*. I love being able to make someone else feel pleasure, so that took a lot of pressure off. And then, she did the same to me. I was honestly so happy, and a little surprised, that I was able to get off. She made me feel really comfortable. Sorry if that was a lot of info.

Dr. Ren: No need to apologize. That is great you are able to experience that with her. I am sure it was really affirming of all the work you have done that you were able to relax with another person.

James: It was really amazing; I didn't feel constrained to perform in a specific way. She and I were able to communicate about what we wanted to do to each other. I felt like I was a man, but I didn't feel like I was performing "manhood" necessarily. I was much more focused on giving pleasure in the way she needed, being present in the moment, and not letting my mind drift to spaces like "what is she thinking about" or "am I doing this right." And on top of giving, I was able to receive pleasure. I think as I had my guard up for so long, I was denying myself a really pleasurable experience.

Dr. Ren: In moving sex away from your focus on penetration problems, do you think that you could maybe understand your own masculinity differently?

James: I think so, like I could approach it in a couple different ways. I could think of myself as a man still engaging my masculinity in everything I do, and then my deficiencies are just a part of the bedroom: something I will have to communicate, but it's okay. But I just question why separate anything. I am who I am in the bedroom, just as I am myself at work, at home, at the amusement park. I still retain some sense of masculinity, but when there isn't this ideal masculine wall that I have to perform against I think of myself differently. I think of the

fun I am having, the expressions of myself and my body without the need for penetration. I can revel in my masculinity in a positive way. I can play with it, change it, retain it, and let it go. And it's not just because of this person I am seeing, I still have my guard up a little bit. But really intentionally moving past penetration is this huge burden off the way I feel about myself.

Dr. Ren: That's really remarkable and I am glad you are feeling more comfortable with sex and with yourself. Do you plan on seeing her again?

James: I do, so I will update you on how it goes.

May 12, 2018

Elle and I had tried to sleep with each other again, and the same scenario happened. This time it was on the night before the end of the semester. We slept throughout the night, and I completely forgot my mom was coming to pick me up the next day. She texted me that she was outside the apartment while Elle and I were still naked in bed. We quickly got dressed, and Elle scampered past my mom with her hair in knots and her clothes from the previous night all disheveled. My mom let out a big laugh and thought the whole scene was hilarious. We entered my apartment to start moving me out for the semester, and of course she notices the used condom on the ground. She again laughs, but I could tell there was a happiness from her that I was actually seeing someone. My parents had never seen any of my partners, so to know my sexuality was real must have felt comforting. Unfortunately, what could not be seen was the heaviness weighing on me from what was happening for the past couple weeks. I felt like my problems were invisible, and there was no way to talk about them. No escape from my reality.

Elle and I lived hours apart during the summer, and I had started an inventory job. We would occasionally snapchat each other, but our communication became strained. I did not know what I was feeling, and what I should I do. I felt so sexually removed from myself, and yet that was all I could think about. I became more lustful, and when Elle and I had talked it would mostly be

about sex. I felt so disconnected from everything and everyone, I kind of started to just focus on going to work, going home, and once in a while drinking until I blacked out. I was alone, even when people were around me. A few weeks into the summer, Elle and I stopped talking. I am sure she could feel my negative emotions through the screen. It was two months since we had last spoken when the new semester had started. Elle came up to me at a club fair. Her first question was whether or not we were still dating. I told her I didn't think we were, in a confused way but I am sure it came off arrogant as I chuckled slightly from being nervous. So much time had passed, and I didn't know if she was interested at all. I viewed myself so negatively; I couldn't imagine someone wanting to talk to me, especially Elle, who knew I couldn't have sex like other men. However, when she began to cry, I realized how badly I hurt her. In processing my own feelings, I had unintentionally rejected hers. With my lack of dating history, this was the first time I had really hurt someone that cared about me. It sucks to know you hurt someone, but the bigger realization was that my self-hatred and my pain, even in isolation, extended outside of myself and could deeply impact other people.

November 31, 2022

Dr. Ren: How are things going this week? I noticed you had a higher level of anxiety on your chart.

James: Well, not so great. I have continued to see Sienna. We had sex again, but it wasn't as passionate and exciting as the first time. And we haven't had sex in the past two weeks after that. I feel like something is wrong, and I am trying to avoid going into my old ways of assuming it is about me. But there is part of me that thinks it has to do with the sex.

Dr. Ren: Why do you feel that the issue is you? Do you feel like you are creating narratives that aren't there?

James: I don't know. I feel like it is just me because I never felt like I could belong to another person. Not in the possessive sense—I don't see relationships as ownership—but in the

sense that I really *fit* with another person. In the sense that I matter to them and they matter to me, and we fit together. Any time it ever feels like it is headed that way, I pull back. I pull back because I worry that I am not a complete enough person to warrant belonging. No one grows up thinking I want to be with a guy who can't have penetrative sex.

Dr. Ren, jokes: I don't think penetration is exactly what people are wishing for when they're growing up.

James, laughing: Not exactly the top priority for a kid, I agree. But it still is the point that my belonging to another is shaped by both the image I see of myself and the image they see of me. Sienna has been great, and we laugh and go to basketball games together, get high and watch crappy reality tv, and hang out with her bulldog. But there is voice inside of me nagging that I don't fit into this space, like I should pull away because Sienna deserves much more. And then her behavior is only affirming those feelings that I may not be enough for her. Sure we can laugh, smile, hangout, but I can't provide for her everything she wants.

Dr. Ren: Well I don't think anyone can provide everything another wants. We can check off certain boxes and have priorities about what we want in a partner, but people change and their priorities change.

James: I understand that, but it feels like penetrative sex is a huge deal. At least in the moment. Like maybe as I get older, people will start to care about it less? But then how long do I have to wait? Will I live long enough for that? Without first shutting myself off from everyone.

Dr. Ren: Relationships are a negotiation of who we are, an exchange of selves. They aren't black and white to say this is what this individual brings to the table, and this is what this other individual brings. Rather it is two people coming together and testing how the other person makes them feel. Both partners have a choice of what matters to them.

James: Right, which is why I want to get past these feelings of isolation from sexual dys/function. Because if I harp on it too much, then it takes away from how great I know I can make someone feel. There is, however, this feeling that no one will choose me. I am ashamed of not being chosen as much as I am ashamed of whether I can perform in the bedroom. And I fear my inability to perform in the bedroom is what will prevent me from being “chosen.”

Dr. Ren: Would you want a partner that wouldn't chose you because of one aspect of your life you cannot change?

James: Absolutely not. And there is my frustration. I know what I am saying sounds silly, and there are easy answers like get over people who aren't interested in you and proverbially “there are plenty of fish in the sea.” I know it is damaging to bottle up my emotions. I know engaging vulnerably with another starts simply with opening the door of communication. All these things are simple answers to the problems I face. And yet, my inability to do these things are the very reasons I am worried. This is what causes my deep-seeded loneliness, my anger and outbursts, my shame. It is my being a man that is tearing me apart in where I fit in the world. It is my being man that limits me, controls and guides me in every single moment of life. It is my being a man that makes me dys/functional.

Bent, Not Broken

I don't know where I fit in this world,
where I belong.

I am a man,
but not a normal man.

A man who does not penetrate when he has sex,
a **Broken** man.

My brokenness has caused pain,
to myself and to others.
I wish I could say and do the right things,
and be the perfect man.
But I fall into the trap over and over,
this *masculinity trap*.

This ideal I perform only hurts me,
it causes me to be ashamed of who I am.
I will never reach the person I think I should be,
who I have been told I must be.
The trap I fall into pushes me away from love,
because this trap will always make me *dys/functional*.

But I can love the way I am.
I can have sex the way I am.
I may not fit perfectly how anyone wants me to,
or how I *should* as a man.
I may be **Bent**,
but I am **Not Broken**.

December 6, 2022

Dear Dr. Ren,

Just wanted to follow up from our therapy sessions. I'm very glad to have done the sessions with you. I really appreciate talking to you about things in my life, and definitely don't want you to feel sad about what could have been with our time. We will see how helpful therapy will have been in

the coming days! My partner that I told you about, Sienna, just broke up with me because my inability to have penetrative sex. So, every good feeling that I have had recently is surely going to be tested! Since we no longer meet, I figure I would email you about it anyways. I appreciate all your help though.

Best,

James

Dealbreaker

I texted Sienna earlier in the day asking if she wanted to have sex, as I noticed the intimacy was slipping. She responded that she wasn't really in the mood to have sex. In fact, she said she doesn't think our relationship would work out long term. She told me it was because I couldn't have penetrative sex. It was a dealbreaker. This really stung because I had communicated about my sexual dys/function up front; she said she was okay with it, and yet, in the end, it is so blatantly the reason I lost another relationship. All those feelings of shame, doubt, and inadequacy came rushing back to me. I couldn't tell if I was more angry or sad—that kind of feeling where you don't know what to do with your body, when you're doing everything right, when you're trying to confront your shame, and still, you feel completely alone.

But I wasn't alone. I immediately emailed my therapist the above message. Writing that email may have been a saving grace because I had so many emotions that I had to balance. Writing that email helped me really focus on being careful about what I was saying but expressing my pain. After the email, I messaged some friends and met up with them. I had drinks that night, and admittedly may have drunk too much. However, I didn't feel like I was escaping my emotions. I really enjoyed being with my friends, and come the next morning, Sienna was gone from my life. I never spoke to her again, not a single word after she told me that my erection problems were a dealbreaker. Truthfully, I felt so free that I didn't have to perform in the ways she wanted me to. I felt relief that I didn't have to question if my partner was really interested in me. I felt proud of the

body I lived in, and I didn't want to change it for her or for anyone. I felt this mountain of shame that weighed over me collapsing slowly. I was a man the way I wanted to be a man. I wasn't confined to my dick.

Sienna did great things for me, allowing me to see that I can relax and be comfortable in my body. She allowed me to feel that I can be all the things I want to be in a relationship without needing to penetrate. What I realized the morning after was that her dealbreaker was not one-sided. If my partner wasn't going to appreciate what I brought to the table, then they would never be a partner of mine. It was this relationship where I said to myself that I was happy with who I was and I was never going to change my body in the vision of someone else. No matter my size, shape, or ability. It's the fit that matters to me.

CHAPTER III

THEORETICAL REFLECTIONS

In this autoethnographic research, I engage in a theoretical exploration of my past experiences and memories. Reflecting upon the stories that converged, I found themes related to manhood, sexuality, embodiment and ability, and emotional response. Over the course of this chapter, I use some theories related to these themes that continue to shape my ideas on masculinity and sexual dys/function. In the first section, Masculine Epiphanies, I focus largely on the connection between hegemonic masculinity and compulsory heterosexuality/ablebodiedness. My aim in this section is point out the important realizations I reached through my experiences of sexual dys/function, and how these insights may have changed my relationships with masculinity and my body. Secondly, I address the role shame has in altering our experiences, particularly by applying the lens of Luna Dolezal's theory of body shame to address how masculine standards produce body shame that has the potential to become chronic pieces of one's life. Finally, I conclude the chapter rethinking one's perception of the body and the political implications of disability by considering Rosemarie Garland-Thomson's theory of misfitting. The goal of this section is to consider ways forward for myself, and other men who experience sexual dys/function, while grappling with heavy social pressures related to disability.

Masculine Epiphanies

I opened up the previous chapter with a discussion with my therapist, Dr. Ren, about sex and how crucial it is to my sense of identity. I discussed things like expectations and performing in line with how I think others want me to be. For me, a lot of these pressures came down to penetrative sex. That was the thing that would define me as a man. In remembering my conversation with my dad, the idea that I need to have sex continuously re-asserted itself in my head as the main goal of my existence. It confused, made me question a lot of things in my life. And, as I sit here now reflecting, I return to these questions. Why do I am feel obligated to have sex? Why

is sex so connected to masculinity? Why do I need to have penetrative sex? These thoughts came back to me in my experiences with Elle and Sienna. So, in this section, I explore where an idealized version of masculinity comes from and is perpetuated, how masculinity contributes to theories of compulsory heterosexuality and compulsory ablebodiedness, and what epiphanies may form out of experiences of sexual dys/function.

Firstly, I would like to address the connection between manhood and an idealized form of masculinity. Raewyn Connell points out there have been many approaches to defining masculinity, which include behavioral and psychological approaches, symbolic understandings of manhood, and even plainly stating masculinity is what men are (68-71). Common to all, though, is that masculinity largely relates to men in some way and is relational. By relational, I mean that masculinity is formed through a connection with femininity and is constructed as difference (Yang 319); men are one way and women are different. Thus, Connell explains that, “‘Masculinity’, to the extent the term can be briefly defined at all, is simultaneously a place in gender relations, the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture” (71). In other words, masculinity defines a gendered experience and is shaped by social factors. Hegemonic masculinity, by extension, refers to the overarching, idealized form of what men ought to be, linking manhood to characteristics of dominance, control, and power (Howson 3). Examples of hegemonic masculinity in practice, as it relates to Western culture, often include body physique and physical prowess, heterosexuality, financial stability, and assertiveness and aggression (Connell and Messerschmidt 851; Duckworth and Trautner 800-812). Connell first introduced the concept in the 1980s, as interest in the examination of the effects of masculinity grew, to describe how masculinity was a tool to uphold and legitimate the unequal gender relation between men and women, masculinity and femininity (Messerschmidt 86). For Connell, then, hegemonic masculinity has everything to do with power and gender relations.

Although hegemonic masculinity is an ideal, hegemonic masculinity shapes the social construction of masculinity and how men are socialized throughout their whole lives (Chu 63). This socialization process means that hegemonic masculinity is culturally specific (Bhatti 3). This means that it is flexible and can change, but it nevertheless is still an ideal men place themselves against. As Yang explains, "Hegemonic masculinity is not a substantive kind of masculinity like toxic masculinity or the group of masculinities that legitimate patriarchy, but a structural position in the hierarchy. It is a box fixed on top of a ladder, but what goes into the box varies from gender regime to gender regime" (325). Understanding hegemonic masculinity as a structural position shows how the varying actions, behaviors, and appearances associated with masculinity form a hierarchy, not only among men but also between masculinity and femininity. Since hegemonic masculinity has to do with dominance, such masculinity is created through the subordination of femininity and other masculinities (Connell 77-81; Pascoe 7). This formation of hierarchy and power are important for the emotional responses I have to the experiences of sex and sexuality I discuss.

Compulsory heterosexuality and compulsory ablebodiedness are two intertwined concepts. Compulsory alludes to the normalization and further institutionalization of heterosexuality and ablebodiedness as normal (Rich, 36). What follows the normalization of these identities is the mandating of heterosexuality and ablebodiedness because people do not want to be considered deviant or abnormal. Robert McRuer explains, "Compulsion is here produced and covered over, with the appearance of choice (sexual preference) mystifying a system in which there actually is no choice" (7). In other words, heterosexuality and ablebodiedness become normalized as the right way to be and to be anything else is the choice to be abnormal. Both heterosexuality and ablebodiedness are not simply identity markers but become political institutions of power (Pascoe 86-87). This can be seen in Adrienne Rich's discussion of compulsory heterosexuality for women, as heterosexuality becomes less about preference and more about social enforcement (31-32). For men with experiences of sexual dys/function, not embodying heterosexual expectations, such as penetration,

places them in a precarious social position because there has often been negative depictions of those who do not fit into heterosexual norms.

Robert McRuer pushes Rich's and Butler's work further by replacing the word heterosexuality with ablebodiness. Our normalization of the able body has erased our conceptions of disability. Alison Kafer points to Adrienne Rich's idea of the "control of consciousness" as a way that compulsory ablebodiness is enacted. Kafer explains that, through messaging, a cultural presumption of ablebodiness occurs. Kafer continues, "Unless someone identifies herself as disabled, or is visually marked as disabled, she is assumed not to be disabled. This assumption serves to isolate people with disabilities by masking the pervasiveness of disability throughout society" ("Compulsory Bodies" 80). In other words, disability is not seen a legitimate way of life, ability is always the default setting and disability must be marked or mentioned. This places the extreme pressure to either live in silence or mark one's self as disabled, a failure to embody compulsory ability. But just as Butler argues compulsory heterosexuality becomes not only law but performative (155), ablebodiness is even more so. Robert McRuer explains, "able-bodied status is always temporary, disability being the one identity category that all people will embody if they live long enough" (96). Essentially, the able-bodied subject is not a real thing, as we all have varying degrees of ability and will inevitably reach disability in some form. However, we should not be mourning the loss of our ablebodiness and instead be thinking about how we can alter our environments.

The requirements for performing sex and sexuality within hegemonic masculinity lie at the intersection of compulsory heterosexuality and compulsory ablebodiness. Bernie Zilbergeld opens his book *The New Male Sexuality: The Truth About Men, Sex, and Pleasure* by discussing the myths of male sexuality. Zilbergeld posits, "Everyone know men are the essence of simplicity. They only have one sexual organ, which is hanging right out there in public view; nothing mysterious or complex about that! And it's clear what men want and what their main problem is: getting as much sex as the

can” (1). Zilbergeld points to the ideology that sex is masculinity, and sex is performed through the penis. This penis-centered focus equates manhood to one’s ability to reach and sustain erections (Tiefer “Medicalization of Impotence” 372). The erection is the symbol of normality within a system of compulsory ablebodiness. However, when complications arise related to a man’s erection, masculinity (and ablebodiness) are threatened. Mitchell Tepper speaks about the intersection of disability and sexuality, and how failures to live up to masculinity may form as disability. Tepper explains, “When their penis does not operate according to certain specifications, men equate this with loss of manhood. This is no different for a man who acquires disability” (137). Sexual dys/function, then, places men out of space within both systems of hegemonic masculinity (manhood) and compulsory ablebodiness (ability). The loss of masculinity may also place a man in a fragile position with compulsory heterosexuality. If compulsory heterosexuality maintains a sexualized hierarchy that upholds hegemonic masculinity, then sexual dys/function or a man’s inability to have as much sex as possible could be seen as strange or peculiar. Therefore, potentially lost in sexual dys/function is not just one’s partners or self-confidence, but potentially a man’s sense of masculinity, sense of self, and hierarchal positioning in society. This can reveal to an individual the harmful ways in which compulsory heterosexuality and compulsory ablebodiness hold power over men.

At this point, I turn towards my autoethnographic research to show how sexual dys/function can uphold, and challenge, compulsory heterosexuality and compulsory ablebodiness. Looking back to my relationship with Elle, I had concerns whether I was ever going to be the man she wanted me to be, specifically in the bedroom. When I eventually failed to penetrate, I was crushed. I questioned myself and why something like this would happen. I had emotional responses of being “empty” and “lifeless, stoic, unemotional.” I was trying to protect myself; but in reality, I was panicked because I didn’t know what was wrong. These feelings were a result of my inability to meet the expectations of compulsory heterosexuality and compulsory ablebodiness. I had

developed an expectation of my ability, and when I failed to meet these expectations my entire sense of self, which includes my masculinity, was threatened. Ablebodiness has become so normalized that the presence of sexual dys/function became a threat to who I was. I wanted to be normal, so I could not stay with someone who knew I was not.

The expectations of compulsory heterosexuality and compulsory ablebodiness also affected my relationship with Sienna. I recounted this story through my therapy sessions, which focused on trying to better understand my relationship with masculinity and my body. I started my relationship with Sienna hopeful that I was making strides in appreciating my body and not feeling required to have penetrative sex. I admitted that I started feeling concerned that I would never be enough or feel like I belonged with another person because of my inability to have penetrative sex. These thoughts showed me how ingrained ablebodiness can be, planting seeds of doubt because my body does not meet the qualifications of what is normal. Sienna affirmed these ideas by stating that my inability to penetrate was a dealbreaker for her, articulating expectations of compulsory heterosexuality and ablebodiness even though just weeks prior she had said this was not a concern. The requirement of penetration is what upheld the mandatory ideals of heterosexual expectation and ablebodiness.

In the poem "Bent, Not Broken," I bring forth these realizations about the pressures I have put on myself to act in accordance to these larger systems of compulsory heterosexuality and compulsory ablebodiness. I saw that my experiences with sexual dys/function caused me to feel broken, and to feel like I am not a man. I recognized that masculinity sexual dys/function became a huge weight, causing me more pain than I could explain. I ended up causing others pain, such as Elle, because I couldn't escape these intense pressures of being in my body and being a man. I recognized under the laws of ablebodiness and hegemonic masculinity that I would always be dysfunctional, even if I made every attempt in the world to correct my erections and engage in sexuality the way I was "supposed" to. However, in the end, I ultimately rejected compulsory

heterosexuality and compulsory ablebodiedness as systems of power I needed to subscribe to. I could be the way I was, even if it was in direct conflict with hegemonic masculinity. I don't want to feel like I need to be fighting for my place in some sense of manhood or hierarchy nor do I want to feel like I have lost my place, my identity, and who I am simply because I don't have penetrative sex often.

These moments have been crucial to forming my understanding of my own experiences of sexual dys/function, occurring as "heteronormative epiphanies", the moment a heterosexual/ablebodied person comes into contact with queerness or disability in a way that allows a new perception or perspective to emerge (McRuer 12). In my case, I am not responding to another person's embodiment of difference, but rather my own body disrupts what I thought to be normal or natural. McRuer explains that when these moments happen, flexibility is required. By flexibility, McRuer refers to how the heterosexual, ablebodied individual is able to expand their notions of normality through the recognition of difference without challenging the social structure of power that leaves disabled individuals still as inferior (18). In this sense, flexibility is not necessarily a good thing because those in positions of power (heterosexual, ablebodied) can use experiences of difference to reinforce compulsory heterosexuality and compulsory ablebodiedness.

Just as McRuer worries that flexibility reinforces the models of compulsory heterosexuality/ablebodiedness, Connell and Messerschmidt express concern over the expansion of different hegemonic masculinities (838). These masculinities are what Tristan Bridges and C.J. Pascoe refer to as hybrid masculinities, which similar to embodiment of ability/disability, recognize different forms of masculinity but without challenging the characteristics or ideals of hegemonic masculinity (256). However, I think there is still value in expressing a diversity of masculine performance. Yang places importance of the diversity of masculinities for social change, and speaks of Connell's optimism for the future. Connell specifically speaks of a fantasy to create a new,

positive masculine hegemony centered around a variation of non-violent masculinities (Magaraggia and Connell 117). Yang explains of Connell's vision:

Despite the seemingly power-blind obsession with plurality in this claim, Connell implicitly constructs an alternative fantasy to persuade men and boys (and, I would add, masculine-presenting, gender-nonconforming women and nonbinary people) that they have much more dividend to gain in a feminist utopia: more accessible and diverse ways of being honorably and respectably masculine, and less pressure on performing sexual prowess, fighting for occupational prestige, presenting muscular body shape, and so on. An alliance, therefore, can be forged among a heterogeneous bloc of nonviolent masculinities and among a heterogeneous group of people who enact/embody these masculinities or are affected by them. (Yang 328)

Our approaches to masculinity should not shift simply because it is beneficial to us, but because it can potentially challenge the stranglehold compulsory heterosexuality, compulsory ablebodiedness, and hegemonic masculinity hold over all people. Whereas hybrid masculinities seek to uphold men's power, Yang's focus on diverse masculinities has coalitional potential for social change in moving past some of these ideals and expectations (329). Subscribing to a new ideal of masculinity that de-prioritizes compulsory heterosexuality and compulsory ablebodiedness would ease the pressure of sexual performance. Experiences of sexual dysfunction, then, would be less tied to gendered expectations. Connell and Messerschmidt express hope for change by stating, "A positive hegemony remains, nevertheless, a key strategy for contemporary efforts at reform" (853).

Hegemony and masculinity are not necessarily bad things, but our idealized version of masculinity must change to challenge the authority gender regimes hold over us.

As I grapple with my epiphanies of sexual dys/function, I can see myself as both the flexible body and the body that is bringing systems of hierarchy into focus. I am caught in the middle of my desires to hold onto what I have been told to believe is normal or expected and my hopes to be free

of these expectations. In recognizing my experiences, I have to ask whether I am simply elevating how I have adapted to maintain a position of power or if I am actually challenging the structures of compulsory heterosexuality and compulsory ablebodiedness. I think for men to reconceptualize their relationship to sexual dys/function, there needs to be challenge to how they view both ability and sexuality as a whole.

Shame on My Body

Crucial to this autoethnography is the role of shame in deciphering the relationship between masculinity and sexual dys/function. In this section, I want to describe what shame is, the relationship between shame and the body, and finally connect these ideas to what was expressed in Chapter 2. Shame can be characterized as an emotional response in which someone begins to feel anxiety at the thought of how they may be seen and judged by others (Dolezal 21). It is usually associated with some form of transgression of social norms. It can be created from a momentary situation, but have longstanding effects on the emotions and identity of a person. As Eve Sedgwick explains, “Shame floods into being as a moment, a disruptive moment, in a circuit of identity-constituting identificatory communication. Indeed, like a stigma, shame is itself a form of communication” (5). In other words, Sedgwick is suggesting that shame is causing a disruption in the identity of an individual through a social process. The disruption would not occur without the presence of another, but the effects are on the individual’s sense of self. Kaye Mitchell argues, “Shame is fundamental to the constitution and maintenance of the self as a distinct, discrete entity, while also (at least potentially) threatening that self (its stability, its boundaries, its autonomy)” (5). Shame is dual-sided as an emotional response in that it creates an identity for an individual, potentially in-line or against a social norm, but also challenges the very idea of who we are. Shame raises the question on how one could be an identity if they don’t meet the social requirements to be that identity.

Although shame is often seen as an emotional response, it is important to see the how the body factors into shame and selfhood. In *The Cultural Politics of Emotion*, Sara Ahmed explains “shame can be described as an intense and painful sensation that is bound up with how the self feels about itself, a self-feeling that is felt by and on the body” (103). What Ahmed is pointing to is that the intense feelings of shame is the individual recognizing a contradiction within themselves, or in other words, they are going against themselves. The negative feelings of shame are an attack on one’s self as opposed to an external object or person, or even an action that could be related to guilt (Ahmed 104). However, as described above, this is not simply an internal process. Shame is a social process that requires others to be involved. This social process makes the body even more relevant to feelings of shame because the body is bound with expectations and ideals. As Ahmed explains, idealization is dependent upon the values given through one’s experience with others (106). Social and cultural norms, then, dictate an individual’s relationship to shame through their own bodily self-perception as placed against a standard or ideal. The ability to move past shame may speak to how powerful or pervasive these norms have become.

Luna Dolezal’s work explores the necessary relationship between the body and shame. Dolezal explains, “[Body shame] is shame that is centered on the body, where the subject believes their body to be undesirable or unattractive, falling short of social depictions of the ‘normal’, the ideal of the social acceptable body” (26). Dolezal makes a distinction between two forms of body shame, namely acute body shame and chronic body shame. In a specific, isolated experience, sexual dys/function may be perceived as acute body shame, or shame that is tied to behavior, movement, and self-presentation; the emotions revolving around acute body shame are more often an embarrassment over the result of “transgressions in behavior, appearance or performance, or a temporary or unexpected loss of control of one’s body and bodily functions” (27). Embarrassment, as distinct from shame, is often tied to lighter affectual responses than responses such as contempt, disgust, anger, fear, or sadness. Embarrassment about not meeting social standards is extremely

normal, and not necessarily a bad thing. However, Dolezal makes the point that both embarrassment and shame can overlap, and continued embarrassment may even lead to heavier emotions related to shame (28). Steven Connor makes this case as he explains:

Embarrassment soon passes, as it must, for it is intolerable, but it is never resolved, only looked away from. Embarrassment, like the elephant, never forgets. Every embarrassment goes on for ever, and can jerk us into wakefulness a lifetime after the incident. Its lastingness gives us an insight into the ways in which shame can become more than a particular affect, a response to a stimulus, a pathology. Shame is a form of life: an entire underworld, a way of seeing and feeling and being. Because it endures, it can itself be a form of endurance. (“The Body of Shame”)

Embarrassment can form shame, and shame can become a permanent aspect of one’s identity. This idea of shame becoming a way of life is more associated with Dolezal’s idea of chronic body shame. Chronic body shame “arises because of more ongoing or permanent aspects of one’s appearance or body... [or] of some stigma or deformity” (29). I would argue the continued experiences of sexual dys/function form chronic body shame. This form of shame can dominate one’s thoughts about their self-worth and lead to more problematic expressions of disgust, anger, fear, and sadness. In other words, this form of shame will hold an immense power over us.

As Dolezal ties chronic body shame to things we often cannot change, such as disability, deformity, or permanent identity markers, idealized masculinity can form body image shame for men. Mitchell explains, “If we view shame as functioning, in Freudian terms, as a kind of ‘watchman’ or ‘guardian’, what it polices is not ‘morality’ (the Freudian view) so much as patriarchal gender norms” (202). Thus, chronic body shame as it relates to sexual dys/function is a product of a patriarchal vision of masculinity where men most maintain dominance by fitting idealized social standards. Holmqvist Gattario et al. found that both muscularity and the functionality of male’s bodies were central to an ideal masculinity in Western culture (344); Bogaert and McCreay

suggested that height and stature are related to masculine norms, and men will go as far as misleading people to appear taller in order to conform to masculine standards (550); and, Susan Bordo quite simply encapsulated the importance people place on penis size by stating “penis size = masculinity” (73). These examples show the myriad of ways men’s bodies are molded by masculine standards, and the inability to reach these masculine standards may serve as the precursor to shame.

Sexual dys/function in men lives at the intersection between body shame and masculinity. Oswald et al. claim that masculinity is centered around the penis, and one’s self worth is tied to penis (705). This means that along with size, the expected function of the penis is tied deeply to how one views their own self-worth. By function of the penis, I am relying on Leonore Tiefer’s explanation of maintained erection through penetration and orgasm (“Medicalization of Impotence” 372). A lower functional use, then, would be a major hit to one’s self-worth, potentially causing either an embarrassing moment or the beginnings of body shame. Mensah Adinkrah argued that “sexual impotency is equated with sexual inadequacy and, by extension, a threat to masculine identity” (479). As these scholars illustrate, the ability to perform sexually is the ultimate test of masculinity. Sexual dys/function, then, can cause shame by going against the expectations or ideals of masculinity.

The results of body shame related to sexual dys/function can be dire for men. Dolezal’s equation of chronic body shame with oppression speaks to how shame can create larger problems. Oswald et al. find that men are in a double-bind of the negative implications produced through masculine ideologies and genital dissatisfaction (711). Negative implications could include depression, anxiety, poor anger management, amongst other emotional responses. Those with sexual dys/function are at elevated risks for depression and suicidal ideation as a result of their perceived inability to “satisfy their partners” (Rajkumar and Kumaran 116). For example, when I look back at how I was feeling at the times I presented in Chapter 2, I feel a heavy weight on me. It is

really hard to turn back and look at those times I was in pain and didn't know how to process it. I describe the scene of my first sexual encounter as "embarrassing, defeating, soul crushing." Every time I saw Elle after things turned less embarrassing and more shameful. I realized it wasn't just a one-time thing, but something that was going to be a problem. I questioned what was wrong with me, why I couldn't penetrate, which was something people in my life suggested would be natural and easy. All I could do was blame my body. This was the first development of body shame related to sexual dys/function. I had felt things like this in the past with my body weight and height, but this felt way more personally attached to who I was. Both height and weight are part of my body, but the penis is my manhood. If I wasn't a man, who would I be? It is that exact feeling that Wayne Koestenbaum explains as a castration (10). The disconnect I felt related to penetration was concurrent with the disconnect I was feeling from masculinity. I began to hate myself because I knew I would never fit in; I would never be normal.

Over the years since my relationship with Elle, I had a number of partners with similar results. That became years of a repetitive cycle of feelings attached to someone, only to have things ruined by what I thought was an inability to please my partner through penetration. So, when I came to therapy, I had a strong wall of shame built up around myself. This was a shame I felt every day and in everything I did. It was a raincloud hanging over me in all my interactions, even as I tried to mask it the best I could. When I was met with questions from Dr. Ren like, "what is sex?", I felt myself being a little resentful. I expected my therapist to tell me things like, "oh well sex doesn't have to be penetration" like other doctors had told me in the past. I hated that answer because it felt like they were trying to make me feel better, but when I went back out into the "real world" sex was still only seen as penetration. I wanted to be open and honest with my therapist, and while writing this thesis, but there was a piece of me that couldn't hear anyone else anymore. I knew I was lost or I didn't have something others did, and that was all there was. I was in the "masculinity trap" as I refer to it in my poem because my pain came from my relationship to these masculine

expectations, but I still prided myself in masculine norms of strength and figuring things out on one's own. It led me to a life of silence; and when I finally had the chance to talk, I realized that I needed to work through some of these walls I had up from shame in order to get to a point where I moved past penetration.

As I began going to therapy, I started to address some of my shame and how it holds such power over me. This was the same time I started seeing Sienna. I approached this relationship with an emphasis on de-prioritizing penetrative sex because I knew it caused me shame. It started well, and I could envision what a relationship could look like if it were not so dependent on the things I could not do. However, her decision to end the relationship based on my inability to penetrate made me revert to my old ways of questioning what was wrong with me. It deeply hurt that the trust I placed in someone was taken away by the very thing I was most ashamed about. In reality, there was nothing wrong with me. And the next morning I could feel my shame start to lift, partly because I confided in people. I trusted my therapist and hung out with friends. Instead of isolating in my thoughts, I addressed what I was feeling shameful about. If shame is created through social interaction, it could also be chipped away at through social interaction. My sense of shame about my body began to alter, shifting from something wrong with my very being to something that didn't work in the situation. The situation that Sienna and I found ourselves in was no longer a good fit. This is not to say that my relationship with Sienna is some blueprint to overcome shame, but it is something to think about how we may respond to shame.

One of the most important strategies for men to address shame is through engaging vulnerably with others. This is a challenging and potentially painful step, though, in addressing the shame men may have about their bodies. It is complex because showing vulnerabilities to others is something men typically avoid as an ideal of hegemonic masculinity. Florencia Durón Delfin and Rebecca Leach argue, "men are socialized into a culture that denies fear. Thus, men are expected to avoid verbalizing fear—an emotion inherently linked to the experience of feeling vulnerable" (177).

If men are feeling inadequate and, essentially, broken through the prism of masculine ideals, then their ability to communicate feelings will already be stunted. Vulnerability is seen as all risk with little promise for change (Durón Delfin and Leach 181). However, the necessary vulnerable engagement is what bell hooks refers to as “relational recovery” (175). Although I felt ashamed of my sexual dys/function, and could have further isolated my feelings about my body after Sienna’s messages, I showed that it is possible to continue to be vulnerable with others. I was able to recover from my shame because I had outlets in therapists and friends to which I can confide these feelings. Creating support systems are essential to combatting the long-term negative effects of shame produced by gendered ideals. Rather than sitting in isolation to where shame over sexual dys/function and masculine ideals only grows over time, my ability to vulnerably engage in my feelings with others allowed me to reconcile with my shame in a way I had not been able to do so in the past. Revealing things about one’s self was risky, especially as a man; but I believe there is everything to gain for men by addressing shame through vulnerability with others.

Body shame is something extremely difficult to move past. It is nothing to be minimized or treated as just annoyance we have to accept. As Sedgwick puts it, “Shame... is a bad feeling that does not attach to what one does, but to what one is” (12). Over time, shame forms as an identity in itself and can become a threat to the identity of an individual. As it relates to sexual dys/function and masculinity, body shame can create emotional narratives in the mind that men are broken, undeserving of love, inadequate, and not a man. What is essential, though, is to not give up hope in ourselves as human beings in connection with other human beings. Just as shame is created through a social response, a sense of belonging is as well. Dolezal explains that we are wrapped up in social expectations of how others may perceive us (104). But to accept ourselves and feel acceptance from others may reduce the body shame we feel. This ability to access social acceptance can be formed with our continued attempts to find the right fit, to belong to others. In my experiences, I have felt a great amount of humiliation and shame while interacting with partners

because of sexual dys/function. I may be humiliated in the future, and I may still live outside the bounds of normalcy, but I will not make my shame chronic. The inability to turn inward towards our shame will only harm us and other people. What needs to be explored for a sense of belonging, then, is how and where we fit into the world.

It's All in the Fit

Through confronting masculinity and shame, I was still left puzzling where my sexual dys/function left me in terms of relationships and sexuality. I indicated several times throughout Chapter 2 that I had these feelings of not fitting as a result of my experiences with sexual dys/function, that I would not be able to fit with a partner and I was unsure of my place in the world. I think this idea of fitting, or not fitting, is really important for reframing our conceptions and experiences of sexual dys/function. In this section, I want to use feminist disability studies to think about ways in which men adapt their environments to their body. Specifically, I define a feminist disability theory of misfitting and explain ways in which experiences of sexual dys/function create a perpetual cycle of becoming misfit in sexuality. Finally, I conclude this chapter with some ideas on how a theory of misfitting can be used to approach our sexual lives differently and become more politically conscious of the ways in which disability is shaped by our social environment.

A feminist disability studies lens seeks to disrupt how we perceive disability as an inferiority or a flaw, and looks to critically examine the ways in which disability is constructed socially as opposed to medically. As Garland-Thomson puts it, one of the most critical tenets of feminist disability studies is “interpreting disability as human variation rather than essential inferiority” (“Feminist Disability Studies” 1567). Garland-Thomson does however find that disability is subject to power structures that deem which bodies have value. This scholarship “understands disability as a system of exclusions that stigmatizes human differences [and] frames disability as an effect of power relations” (Garland-Thomson “Feminist Disability Studies” 1557). This stigmatization and framing of disability seeks to maintain social control over disabled bodies.

Our representations of disability and dysfunction structures our realities, create relations of power, and have political implications (Gomes et al. 3). In other words, what we have been shown, or not shown about disability organized our minds to see it as “other” or not normal. When individuals experience disability, it can feel like they have stepped into the world in which they no longer fit.

Within feminist disability studies, Garland-Thomson introduced a critical materialist disability concept of misfitting. For Garland-Thomson, a misfit “describes an incongruent relationship between two things: a square peg in a round hole” (“Misfits” 592-593), which exposes the relationality of the concept. Neither the square peg nor the round hole is essentially a misfit. The relationship between the two is a misfit. This idea, then, is pointing out that being a misfit is more about the “awkward attempt” to fit into where one necessarily does not (593). The implication for misfitting, though, is that if disabled bodies are misfits in the world around them, then fit and belonging may be hard to achieve.

Those who have experiences of sexual dys/function may feel this lack of fit or belonging, but they may not want to be considered disabled, and some may argue that doesn’t apply to their experiences. Although disability can be thought of broadly, I think the best way to relate sexual dys/function to disability is through nonvisible disabilities (Samuels 240). Whereas more physical markers of disability (use of wheelchair, for instance) are associated with this form of difference, people with non-visible disabilities can easily “pass” in society and thus might not be perceived as “misfits” (Samuels 241). Similarly, people experiencing sexual dys/function may feel that they pass as “normal” in the public world; but once they reach the bedroom, they are now considered no longer fully able-bodied which can perpetuate the feelings of misfit. Therefore, disability studies and a theory of misfitting is a strong lens to use for those with sexual dys/function.

This theory has an important utility for reframing disability. In illuminating how the social environment has been structured to dictate what is normal and what bodies have value, misfitting allows us to critique these norms. Garland-Thomson explains, “Misfits can also be agents of

recognition who by the very act of misfitting engage in challenging and rearranging environments to accommodate their entrance to and participation in public life as equal citizens. Attending to the dynamics of misfitting and fitting urges us to cultivate the rich particularity that makes up embodied human diversity” (“Misfits” 603). In other words, our misfitting can be the source of our pain and shame, but it is also proof of diverse human experiences. Realizing the diversity of human experience can create a political path forward for social justice, recognizing the interdependence of people, and seeing the intrinsic value of all human experiences (Garland-Thomson “Misfits” 603-604). Sexual dys/function, then, becomes a place where we may be initially wounded by our experiences, but the body can become a site to see how we interact with others and expand our understanding of what it means to be a man, have sex, and embody our humanity.

Turning to my own experiences, I represent the misfit in both bodily and interpersonal ways. Firstly, my relationship with Elle was defined by the explicit inability to fit with her. As I went to have sex with Elle for the first time, I physically was unable to. I could not penetrate her, even though she wanted me to. I specifically said the feeling was like a square peg going into a round hole, just as Garland-Thomson defined a misfit. At this point, I had feelings that my body would never be able to fit with another person. Sexual dys/function was embodied in physical differences that changed that way I could experience touch, penetration, and sex. As I discussed above, this misfitting related to penetration then could be internalized as a misfitting in relation to masculine standards. So, although this depiction of misfitting was more rooted in the physical application of being misfit, it could easily extend outwards to my self-perception.

As I described my relationship with Sienna, I felt like my relationship to misfitting was beginning to change. Instead of simply pointing to the physical misfit between me and Sienna, the focus shifted to belonging. If I could not have penetrative sex, narratives ran through my head that I would never be able to access the kind of belonging I desired. Even as my partner affirmed to me that this was not that case, doubt shrouded over me. Social conditioning led me to internalize my

“misfit” and mistrust that there would ever be a fit in the world that is right for me. My body didn’t fit with potential partners or with masculinity, and I felt like I was losing my place in the world. And Sienna affirmed this by stating that no matter her interest, my sexual misfit was too much to bear. But this kind of misfitting also led me to question social values. A theory of misfitting, as opposed to a feeling of misfitting which I experienced, could be used here to point out the social structures of ablebodiedness that are embedded in us. Even as I expand my notions of ability, the world around us may still be hung up on the expectations of bodily performance which marks what bodies matter and which do not fit.

However, my conclusion to Chapter 2 was more situated in social and political promise than pessimism. I felt positive, like I could maybe revel in the body I have. I looked at the things I did in the relationship and found that nothing was wrong with me. I was practicing sex in ways that didn’t include penetration, and I was able to be a positive person outside of the bedroom. The misfit was not in our bodies, but in the perception of what we needed out of our bodies. I didn’t need penetration, but Sienna did. That is okay, and we separated. I think there were two takeaways I had from this experience. On one hand, expanding my gendered performances allowed me to change my relationship to with partners. I’m able to take a much different and feel as though I fit, even if this feeling can be temporary. In this sense, misfitting allows me to question the larger structures at play that create a misfit out of myself. On the other hand, because of messages like Sienna’s about what she wants from a sexual relationship, I question whether it will always be those with sexual dys/function that have to adapt to the needs and desires of those who are “normal.” Because I don’t fit the typical model of a man, of an able-bodied person, will the responsibility always be on me to try to find where I fit? If we extend this outside of the bedroom, is it always on the disabled individual to conform to society, or can we imagine a society that adapts to the individual?

In terms of everyday practices, misfitting can provide a space for men to develop new skills and attitudes in adapting to complex environments related to both masculinity and ability

(Garland-Thomson "Misfits" 604). When we think of the dating world, people who experience sexual dys/function may look towards alternative sexual practices to both give and receive pleasure. One avenue may be the exploration of BDSM. For instance, practitioners of BDSM regularly focus on dynamics of power and pleasure, as opposed to the prioritization of a man's erection (Hexe 235; Jeppson 151; Martinez 1318-1319). The uses of toys, chains, whips, headspaces, and role-play can all be exciting ways for men to give (and receive) pleasure that have little to do with penetration. Another strategy for men is simply altering the engagement with their partner and their ideas about relationships. If we take Russell P. Shuttleworth's study on sexuality for men with cerebral palsy, for example, things like masculine assertiveness and penetration were not at the forefront of their sexual experiences; rather, both the men and their female partners were much more focused on the passion the men show for their partners or, as one woman described it, "the look in their eyes" (174). Sexuality in this instance, then, has little to do with function or masculine performance, but is instead shifted towards the vulnerable access given to another partner. "The look in their eyes" can be thought of as a non-verbal marker of the men's hope and passion, emotional reactions that may not be prioritized in phallogentric sexuality.

A feminist disability studies lens allows us to reconcile with our bodies in ways that hegemonic masculine ideals do not. Rather than striving to reach goals that may be unobtainable, recognizing our bodies as something to appreciate is really important for both personal and political change. We have to be aware that our bodies feel both pleasure and pain, and others in the world do so as well. Carolin Ahlvik-Harju explains

To be a body is to be unstable. To be a body is to be in constant change. To change is to become. In order to start the journey of becoming, one has to invite vulnerability along. One way of inviting vulnerability along is to get in touch, physically or mentally, with bodies in distress; bodies that seemingly are more vulnerable to life;

bodies that have been forced to accept painful sensations; bodies that the normalcy narrative has taught us to ignore. (231)

Ahlvik-Harju is asking us not to reject or ignore our experiences, but see the potential in our experiences. Rather than feeling inferior or inadequate, sexual dys/function opens the door to question what narratives are being painted, to challenge the way our bodies are being mutilated by these narratives, and alter social narratives that prioritize what bodies matter. This makes our disabilities and dysfunctions a political matter. As explained by Alison Kafer, we should be aiming towards a political/relational model of disability which “makes room for more activist responses, seeing ‘disability’ as a site for collective reimagining” (“Introduction” 9). Kafer is speaking to the political potential bodies have to change structures of power. Sexual dys/function causes us harm through the social practices of masculinity, shame, and disability. However, challenging these practices and the power they have over us will only happen through connecting with others. Our ability to come together to speak of our experiences and resituate our bodies as sites of political battlegrounds over social ideologies will hopefully begin a process to spur change. Therefore, for the bodies of those with sexual dys/function to fit in the world, we must actively participate in the political activism that will make bodies matter.

CHAPTER IV

CONCLUSION

When I enrolled in graduate school, I had no intention of speaking about sexual dys/function. I never thought that the intersections of masculinity, the body, and shame would be a heavy interest of mine. In fact, I was fully prepared to never speak about my complications with sexual dys/function with anyone. Maybe it would surface with partners here and there, but I felt like these experiences were something I needed to hide. It wasn't until I took a course on autoethnography as method that the wheels in my head started to spin towards this project. In this course, we shared many vulnerable moments in our lives with our classmates and accepted critiques to improve the stories we told. My peers were complete strangers, so I had to quickly gauge what I wanted to reveal. I didn't write about sexual dys/function, but, to my surprise, a classmate of mine did bring up the subject. In the midst of their story, they briefly spoke of a man who gave a presentation to a large crowd of people about his inability to maintain an erection. My classmate's response was to applaud that man for his bravery, but at the same time they confessed that they would never have the courage to admit something so deeply personal about their body. I loved their story, but late at night I kept thinking of my classmate's words. I wondered why things like abuse, racism, love, and despair were all on the table to talk about, but sexual dys/function seemed to place people a bit too far outside of their comfort zone. I think sexual dys/function is not talked about enough. It is hidden from our view, and in the shadows it becomes erased. And so, I felt like I should become the man in the story. Even if it took becoming vulnerable and risking a sense of shame, I wanted to bring a perspective on sexual dys/function that I never got to hear.

In this exploration of my own experiences with sexual dys/function, I looked to address questions related to masculinity, shame, and ability. I aimed to get a better sense of how masculinity impacts men and creates shame, and how experiences of sexual dys/function can be a driver towards negative body perspective and a clash between masculine ideals and people's lived

experiences of masculinity. I wanted to focus in on my experience to address more specifically how an individual may grapple with hegemonic masculinity and shame, and drew on theoretical literature by the likes of Connell, McRuer, Dolezal, and Garland-Thomson to develop my interpretive frame. Through these theorists and my own introspection, I have come to understand that experiences of sexual dys/function are intertwined with our relationships to gender and ability: sexual dys/function does not meet masculine or ablebodied ideals. Although seen as a deficit or problem to be cured, sexual dys/function can also be a place to the social order of such ideals and address the oppression resulting from hegemonic masculinity and shame. Therefore, sexual dys/function does not mean a loss of one's identities, such as masculinity, but rather a way to reveal the multiplicity of life.

I don't think there was any way for me to assess my own personal experiences without talking about the pressures of masculinity. Because hegemonic masculinity holds a penis-centric value towards conceptions of sex, my experiences with sexual dys/function would always place me as "less than" an ideal man. This epiphany shook me to my core, and made me constantly re-evaluate whether life was worth living. Compulsory heterosexuality and compulsory ablebodiedness were wrapped up in the hegemonic masculinity ideal. If I wasn't penetrating, I was breaking the social rules for both by performing my manhood and body ways that didn't line up with expectations. These themes ran throughout the narrative I painted, but it was my inability to fulfill certain hegemonic (ablebodied) standards that allowed me to ask why these are compulsory. Rather than finding flexible ways to fit under the compulsory aspects of hegemonic masculinity, my experiences with sexual dys/function pushed me to challenge how my body has been shaped by such social structures and standards. I believe questioning and challenging the expectations of hegemonic masculinity was the first step in recognizing how deeply my body and emotions had been affected by the cultural practices of manhood.

Shame can often form as a response to hegemonic masculinity. Shame is an emotional response that attacks an individual's sense of self. Experiences of sexual dys/function, then, may not merely be an embarrassing moment. Instead, these experiences can develop in the body as a failure to live up to manhood. It creates a question that I've asked many times: if I am not a man, who am I? Chronic body shame, as defined by Dolezal, can become oppressive and shape our realities around what we are ashamed of. However, it is also through shame that we can become aware of our belonging or place within relationships. I realized that I may never be the man some may want me to be, but I am still the man I want to be. This realization may be the opening towards understanding diverse embodied experiences and connecting with those who also don't fit into the cultural landscape.

Just as shame creates an awareness, feminist disability studies and a theory of misfitting reshapes how we view our body and our relationship to the world outside of ourselves. Feminist disability studies prioritizes the diversity of human experience to foster a politic of interdependence and recognizing human value. Likewise, a theory of misfitting situates bodies in relation to social structures that dictate disability as an inferior human experience. The nonvisible nature of sexual dys/function allows me to pass every day, but also requires me to constantly identify myself to others with the potential for stigma associated with the disabled body. My experiences with sexual dys/function have caused me to feel like a misfit, but the pain of being out of place has allowed me to recognize the structures of masculinity, shame, and ablebodiedness that restrict me and other people. My experiences with sexual dys/function, then, have caused change. For the more immediate and interpersonal, I believe altering the approach of relationships towards what I can do and finding better "fits" is important for reclaiming my sexuality. For the larger political question, a lens of feminist disability studies and misfitting allow me to understand my experiences with sexual dys/function in relation to other diverse embodied experiences and challenge the structures that hold bodies in a hierarchy of value.

Autoethnography as a method was really important for the questions I was trying to answer and for my own personal growth. In my introduction, I started by discussing Gloria Anzaldúa as one of my inspirations for the project specifically because of her call for men to consider their shame. I felt like I could not ask for anyone else to consider their sexual dys/function before I considered my own shame about it. I wanted to become both the researcher and the research to grapple more heavily with masculinity and shame the way I found it to come into my life. I went through therapy for the first time in my life to try and better cope with what I was handling. This is why it became such a big part of my research. There were challenges, though, as writing about the self can be really hard when who you are in the world is in a state of flux. My embodiment changes every day, and so my perspectives on my research change every day. There may have been other methods that could have helped answer my questions, but autoethnography allowed me to combine self-knowledge with theory in a way that was more conducive for addressing my own shame. My experiences can't be used to generalize to all men or all people who experience sexual dys/function, but that was never the goal. It also wasn't the goal to simply understand myself and no one else. Instead, I wanted to create both a narrative and a theoretical reflection that could be connected to across differences.

This research has many implications for moving forward. I would like to address five ways I (or another person) could continue or expand upon this research on sexual dys/function. Firstly, I think swinging this conversation towards women's sexual dys/function and femininity would be worthwhile. I tried to use language, such as sexual dys/function as opposed to erectile dysfunction, because I wanted others to be able to more easily locate themselves in my experiences. Although (most) women don't experience erectile dysfunction, sexual dys/function can be a common experience. For women, this can be a result of shallow vaginas, vulvodynia, endometriosis, pregnancy complications, medical treatments, mental health, low sex drive, and so much more (Fritzer et al. 395; Ayling and Ussher 298-301; Albaugh 39). Body shame that results from sexual

dys/function caused by these varied experiences can make women feel like they are not able to engage in their femininity properly. Just as a man's sexual dys/function could be felt as a loss of masculinity, a woman's sexual dys/function could be a loss of femininity. As I have contributed towards a conversation about men, I believe more critical conversation of the effects sexual dys/function has on women is necessary.

Likewise, I often relied on the binary language in which masculinity refers to men. Trans and non-binary individuals can also have experiences of sexual dys/function, so I would be interested in examining further the relationship between sexual function and gender performance, both in gender transition and outside the scope of the binary. The research on the effects and emotional response of sexual dys/function on trans and non-binary individuals is limited. There is, however, research on medical research sexual satisfaction in trans and non-binary peoples (Giami 10-12; Lindley et al. 228-230; Holmberg et al. 126-133). Combining this research with my own could prompt a more nuanced exploration of how sexual dys/function does, or does not, serve as a place of body shame as a result of pressures to conform to sexual and gender expectations. Abby L. Wilkerson approaches the intersection of trans identity, disability, and sexuality, and questions how those born into "wrong bodies" are able to perform "normate sex" (193). The truth is they are multiply-bound in their oppressions, and the shame created can be significant. Trans and non-binary experiences also could significantly improve my research, with potential to think of sexuality in non-conforming ways.

Third, the racialized component of sexual dys/function in relation to masculinity is something to be explored further. I didn't really address race in this conversation because I wanted to focus in on the interplay between ability and masculinity. From a medical standpoint, men of color are just as susceptible to sexual dys/function issues, with some reports finding men of color as higher risk (Hebert et al. 2008; McNamara 2008). There are also differences in how masculinity may be idealized across cultures. For instance, Serie McDougal III finds that black masculinities

have differing notions of sexuality, which can result in competing norms and ideals. On the one hand, McDougal suggests that black masculinities can be extremely inclusive and supportive of both diverse sexual experiences and female liberation movements (102). On the other hand, McDougal explains, “high-profile Black men who act or speak in ways consistent with hypermasculine, hypersexual stereotypes are almost immediately elevated and designated representatives of Black manhood” (102). This could result in even more pressure to perform sexually. This also could lead to the sexual objectification of black men, where their blackness results in fetishization (McDougal 115). As fetishization often is based around an expectation or ideal, sexual dys/function can create further problems.

Fourth, a large piece that was left out of this thesis was the medicalization of sexual dys/function and masculinity. I have been asked by past partners and family members to get my problems “fixed.” This always indicated to me that I was essentially broken because I had experienced sexual dys/function. I went to many doctors, and was told some harsh things like “it’s not our problem, it’s yours.” Other doctors prescribed medications, offered treatments, and I even wavered on surgery. But, at the end of the day, I questioned if I was really making a change that I needed to make or that other people wanted me to so that I would fit their model of being normal. Leonore Tiefer, along with her work on female sexual dys/function, specifically worked to challenge the medicalization of masculinity. By medicalization, I am referring to the social practice where the medical field holds authority over aspects of life previously not deemed medical (Tiefer “Medicalization of Impotence” 365; Conrad 4). In other words, the medicalization of men holds that certain actions and behaviors can be pathologized and subject to treatment. In the medical field this idea manifests through a phallogentric approach to sexuality in which erections are correct and normal, anything else is deemed unhealthy (Tiefer “Medicalization of Impotence” 372). I believe the use of gendered ideals to create “objective” narratives of the body and what needs to be “fixed”

ought to be explored further. If medicine holds a penis-centric ideology, our hopes of getting proper care for sexual dys/function is drastically narrowed.

Finally, I will most likely continue my research by conducting interviews with men who experience sexual dys/function. Placing my voice in conversation with theirs will give more credibility to the emotional responses to shame, as well as indicate patterns and differences in the ways men negotiate and navigate their relationship with masculinity. Our stories would become intertwined and collective—no longer just an individual experience—to place a spotlight on an unexamined piece of culture. I can also lead to new ideas, approaches, and strategies for discussing masculinity, shame, and sexual dys/function. I think of Carolyn Ellis' explanation of co-constructed narratives, where both the researcher's and participant's stories are important for the progression of the research (106-107). This kind of research may look like Sophie Tamas' *Life After Leaving: The Remains of Spousal Abuse*, where Tamas is able to support the voices of other victims of abuse through highlighting their own poetry and words. Although the focus on my current research was about myself, I think to address shame we must place our voices together.

What I believe I accomplished in this thesis, though, was a unique representation of the struggles of sexual dys/function and shame. I found that there was little research that specifically examined sexual dys/function as it relates to shame and gendered ideals. There was also little discussion on ways to maneuver through these experiences, negotiate one's relationship to masculinity and their body, and forge new pathways forward. I hope that whoever reads this does not simply get an understanding of research or theories, but connects my story to their own life to better understand themselves. Sexual dys/function is created and maintained through a social process, and we are all participants, perpetrators, and creators in how we view (dis)ability. Therefore, we should be connecting our experiences to reshape how the world conceives gender, ability, and sexuality. Our pathway towards liberation from the shame we feel is deeply rooted the narratives we are told about our bodies.

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