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Subverted Heroes:
Narrative Experiences of Disabled Veterans in Post-War Sri Lanka

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"We are each of us angels with only one wing, and we can only fly by embracing one another."
~Luciano de Crescenzo

Abstract

This dissertation examines the experiences of disabled veterans in post-war Sri Lanka at the military, domestic and public levels. It is based on a narrative study conducted at Ranaviru Sevana, a residential military rehabilitation centre in Ragama, Sri Lanka.

This dissertation reveals how disabled veterans adopt and adapt military narratives to differentiate themselves from civilians and affirm their collective status. The morality of such differentiation is often reduced to a paycheque devoid of the glory of service in domestic spaces. Their income empowers, while simultaneously making them vulnerable to exploitation. Their assertion of a ranaviru (war hero) status is more about access to earned benefits and resources than moral superiority or disability consciousness. They attribute disability to a society that has failed to fulfil its duties and obligations towards its 'brave sons'. Their visibility and moral currency have been used, seduced and exploited in post-war society for veteran politics, party agendas, disability activism and propaganda.

As embodied memories, the end of war heralds the metaphorical death of the disabled veteran. Threatened by public amnesia, they attempt to find new narratives, new stories and new expectations. Diversification

into civil roles, reformulation of masculinities within and beyond the military, re-negotiation of domestic roles and participation in disability politics are slowly being adopted by veterans as strategies for re-narration.

Over a year since the close of a civil war that scarred the memory of a nation, this dissertation on the experiences of disabled veterans is both topical and relevant.

<u>Chapter 1: Wounded Soldiers</u>

"War ultimately exists solely to create injury to the minds and bodies of individuals, and hence, to create victims."

(Scarry, 1987:63)

Having being born into a country ravaged by war, Scarry's words capture much of my lived memories of Sri Lanka. This dissertation was partly inspired by a poem I wrote at the age of 12 called "Wounded Soldier" which reflected my sentiments while travelling past mortuaries lined with coffins of war heroes and a brief encounter I had with those who evaded such untimely deaths at Ranaviru Sevana, a military rehabilitation centre in Sri Lanka. While my understandings of war, injury, disability and death have changed considerably since then, the embodied memories of war and the need for healing narratives remain unspoken realities for my country.

Civil war

Sri Lanka, an island state in the Indian Ocean, was plagued by a protracted and violent civil conflict from 23 July, 1983 to 8 May, 2009. It was a war of separatism between the government of Sri Lanka (GOSL)

and the Liberation Tigers of Tamil Ealam (LTTE), which sought to create Ealam, an independent state for ethnic minority Tamils.

In a country with a population of 21 million, the conflict exacted a heavy humanitarian toll, killing over 100,000 and displacing nearly 190,000 civilians (UN, 2009). The nature of combat involved guerrilla and terrorist tactics including frequent suicide bombings and the use of heavy weapons which resulted in a high incidence of injury and impairment. "War is the most effective means of creating disabled people" (Gerber, 2000:12). Civilians constitute a majority of war casualties (Coleridge, 1998, 2002; Barnes, 2009) but are often dismissed as 'collateral damage' (Swiney, 2005). This is evidenced by the dearth of official figures for civilian impairment in the Sri Lankan conflict. Estimates of the number of soldiers impaired at war vary by source. According to GOSL, 10,000 soldiers were impaired in the course of the war (AFP, 2009). However, according to the Association of Disabled Ex-Service Personnel (2007) this figure stands at over 22,000.

> "War transforms the male body in to a site of collective memory of destructive military power" (Gerber, 2000:5).

Disabled veterans in Sri Lanka are the public embodiments of such memories. Except for important contributions by De Mel (2007) and Campbell (2009, 2010), no serious academic attention has been paid to

the experiences of disabled veterans in Sri Lanka. Hence, this study is timely and relevant.

This study aims to understand the military, domestic and public experiences of disabled veterans in post-war Sri Lanka within the constraints of a Masters dissertation. It is an exploratory study to identify thematic areas for a larger research initiative in the future.

Given this broad research question, Chapter two will locate the disabled veteran in the discursive landscape of masculinity, disability and military masculinity. Chapter three will highlight and reflect on the process of narrative inquiry. Chapter four will examine how disabled veterans adopt and replicate masculinity hierarchies to create new disability hierarchies and veterans' communities. Chapter five will examine how their military identity determines their experiences of domestic masculinities. Chapter six will demonstrate how disabled veterans command a subversive political status through their moral authority. Chapter seven will highlight the complexity and fragility of the narrative existence of disabled veterans in post-war Sri Lanka.

Chapter 2: Finding Heroes: Conceptual Framework

This chapter will locate disabled veterans in the discursive landscape of masculinity, military identity and disability.

Men

> *"True masculinity is almost always thought to proceed from men's bodies, to be inherent in a male body or express something about a male body."*

Connell (2005)

Masculinity is the set of roles, characteristics and attributes typically expected of a male in a given society (Connell, 1995). While gender is differentiated from the sexed body, Connell indicates that the body is a pre-requisite for gender fulfilment. Building on Butler's (1990) ideas on compulsory heterosexuality, McRuer (2006) says that fulfilment of gender roles and expectation necessitates an able-bodied performance. Gender expectations are culturally specific (Riessman, 2003; Connell and Messerschmidt, 2005; Hinojosa, 2000). Dasgupta (1998) cites duty as a central tenant in South Asian gender relations with family responsibility and respectability being key masculine values.

Hegemonic masculinity is the construction of dominant masculinities in relation to a gender hierarchy including subordinate masculinities and women for the perpetuation of patriarchy (Connell, 1987). It is an ideal,

embodied by few and unattainable to most (Connell and Messerschmidt, 2005).

Soldiers

War is the archetypical male experience, forming the borders of male and female" (Gerber, 2000:5). The military represents a 'male institution' which socialises masculinity (Arkin and Dobrofsky, 1978). Enlistment in the army is a 'pursuit of hegemony' (Barrett, 1996).It encourages men to engage in high risk activities like speeding and warfare to affirm their masculinity (Sparkes and Smith, 2002). Shakespeare (1999) says displays of masculinity that put the body at risk may ironically devalue one's masculinity through impairment and undermine one's ability to attain future valued masculinities.

The necessity of an able body for gender performativity *h*yper-masculinises the trained, military body to create *"masculinity warriors" (Arkin* and Dobrofsky, 1978*),* De Mel (2007) refers to the SLA (Sri Lank Army) as the 'cult of the military'. From the point of entry, membership is contingent upon physical fitness, 'masculine' physique and normative

bodily standards (Wilson, 2004) It replaces the normative civilian body with the super-normal military body (Kienitz, 2002).

Arkin and Dobrofsky (1978), Morgan (1994) and Barrett (1996) have challenged the notion of a singular, ideal military masculinity by highlighting the diversity of masculinities in the military along axes of job roles, unit and rank which create institutional hierarchies. The subordination of men within such hierarchies becomes a means for its members to assert their masculinity in an organisational context (ibid; Donaldson, 1993; Connell, 2005).

This section illustrates how military membership provides men with a unique, hyper-masculine, hegemonic master identity contingent upon an able body. The next will examine how disability influences masculinity.

Mutilated men

Gender has gained increasing prominence in disability studies. This is largely due to the work of disabled feminists who have actively examined the personal experiences of disabled women. Similar work regarding disabled men is limited and forthcoming (Shakespeare et al, 1996).

The intersection of abjected disability which denotes dependence, weakness and asexuality (Robertson, 2004) with ideal hegemonic masculinities which denote independence, strength and virility (Barrett, 1996) represents a contradiction of expectations (Robertson, 2004; Shakespeare, 1999). Robertson (2004) says many disabled men are denied traditional gender roles due to this clash of expectations.

Narrative accounts of disabled masculinity have focused on such loss (Sparkes and Smith, 2002). Murphy (1987) says, disability in general and paralysis in specific "constitutes emasculation of a...direct and total nature...the weakening and atrophy of the body threaten all the cultural values of masculinity" (in Wilson, 2004:122).
He says that the battle to reconcile contradicting expectations of masculinity and disability lead to "embattled identities" (ibid).

Such conceptualisation leaves the roles and expectations of masculinity uncontested, providing little space for alternative masculinity narratives (Robertson, 2004).

Masculine exclusion is especially true for disabled men's sexuality (Shakespeare, 1996, 1999; Shakespeare et al, 1996). These studies indicate how disabled men experience compulsory asexuality or hyper-sexuality, thus confirming their 'deviance'. Media representations of men

'coming to terms' with impairment, especially disabled veterans focus mainly on sexual impotency (Shakespeare, 2009). This was especially true in films like Born on the Fourth of July (Norden, 2000); Best Years of Our Lives (Gerber, 2000) and The Wings of Eagles (Meeuf, 2009). Other films like Murder Ball focus on re-masculinising the disabled male through hyper-sexuality. Hantover (1978) says that one's ascendance along the hierarchy of masculinity creates opportunities for status compensation in the case of devalued identities. According to Wolfensberg (1983), social role valorisation or the occupation of valued, normalising roles 'overcomes' the discrimination that one may face. Masculinity is a central basis for such valorisation, especially for disabled males (Robertson, 2004).

Gerschick and Miller (1995) say that disabled men adopt reformulation (redefinition of hegemonic masculinity), reliance (conforming to hegemonic masculinity) and rejection (dismissing the centrality of masculinity) when met with the demands of hegemonic masculinity. Further to this, Wilson (2006) and Connell (1995) say that reliance and the effort to live up to normative masculinity comes at a steep psycho-emotional cost which includes stigma and internalised oppression.

Wilson (2004) says hegemonic masculine ideals maybe used to 'survive' and adapt to disability. In 'heroic masculinities' (Hutchinson and Kleiber, 2002) disabled men attempt to 'overcome' their impairments through aggressive action, tenacity and stoic perseverance. Wilson (2004) highlights how 'aggressive rehabilitation' is adopted by disabled men to 'reclaim masculinity'

Shakespeare says that acquired impairment is especially distressing since able-bodied male identity is constructed on strength and vulnerability (1999). Ostrander's (2008a) and Sparks and Smith's (2002) study on male athletes with spinal cord injuries showed that the association of disability with dependence creates difficulties for men when incorporating disability into their sense of identity. Impairment becomes a life-changing, disruptive event especially if they were formally associated with 'hyper-masculinity' (ibid). Devlieger et al (2007) and Ostrander (2008b) noted similar experiences among young men with violently acquired spinal cord injuries (VASCI) like ex-gang members who also occupied hyper-masculine roles.

According to Robertson (2004), subordination of disabled men's masculinity is further complicated by factors like race, class and sexual

orientation which may take greater or lesser importance than disability masculinity (ibid). Participants in Ostrander's (2008) study on African-American men with VASCI (Violently Acquired Spinal Cord Injury) placed greater emphasis on disability and race. Similarly, those in O'Neil and Hird's (2001) study on disabled gay men prioritised gay masculinity over disability. Serlin (2006) says differential social importance and symbolisms attributed to the body may especially disrupt working class performances of masculinity. Shakespeare et al (1996) and Siebers (2008) claim this represents a dynamic relationship between marginalised masculinities that are mediated by wider power relations and context, providing fluidity and complexity to disabled masculinities (Robertson, 2004).

This section has shown how disability results in a stigmatised but dynamic masculinity. The next will examine the intersection of military hyper-masculinity with 'emasculating disability'.

Disabled veterans

Literature on disabled veterans is limited to a few but excellent studies by social historians that have informed this project. Carden-Coyne (2007) says "disabled bodies trigger fears about the return of soldiers and their ability to reintegrate into society that sent them to war"

(2007:543) requiring normalcy through rehabilitation. Bourke (1996) and Gerber (2000) claim that during war, women were often informally recruited through media to rehabilitate disabled veterans and help them regain their masculinity. For Kienitz, (2002) war is a means of dismembering the male body which could only be re-masculinised through prosthetics. Larsson (2004) says military rehabilitation is a project for restoring the spirit, while Carden-Coyne (2007) calls soldiers who don't conform to rehabilitation 'ungrateful bodies'.

While these and media analyses of war films provides important insights into the lives of disabled veterans, none of them examine contemporary/ recent wars and are based on western societies. This underscores the need for such enquiry in contemporary non-western settings like Sri Lanka.

This chapter has examined the concepts of masculinity, hegemonic masculinity, military identity and disabled masculinity and identified disabled veterans as those who occupy their intersections. The next chapter will examine how one may access such intersectional narratives of disabled veterans.

Chapter 3: Process and Reflections

Standpoint

This exploratory study represents a narrative inquiry, an investigation of the storied lives of disabled veterans in post-war Sri Lanka. It is premised on interactionism - the subjective, experiential nature of the world and how it is constructed and reconstructed through human interactions and associated meanings (Mason, 2002).

It assumes that knowledge is "generated through the interaction of storyteller and his or her audience" (Belser, 2004:5). It adopts focus groups and key informant interviews as narrative methods. It was conducted as an exploratory study to identify factors which influence disabled veterans' military, domestic and public narratives.

Data Collection

Focus groups

Focus groups derive data on topics identified by a researcher through "interactions of a group of people with particular characteristics" (Morgan, 1996:6). They are especially effective when researching marginalised populations (Kroll et al, 2007) or relatively unknown subjects, making it ideal for exploratory research (Kitzinger, 1994;

Morgan, 1996). They allow participants to "pursue their own priorities, on their own terms in their own vocabulary...as they operate within a social network" (Barbour and Kitzinger, 1999, p.5). Kitzinger (1994) says they offer "turning points" in discussions where participants may express a change of opinion, position or a "shift from personal, self blaming psychological explanations to...exploration of structural solutions" (Kitzinger, 1995:300). Focus groups are a highly effective medium of understanding collective meaning within pre-existing structures (Kamberelis and Dimitriadis, 2005) and narrative exchange in focus groups has significant emancipatory potential. Barnes and Mercer (2003) said:

> *"Personal consciousness maybe transformed in to collective awareness is by sharing experiences with other disabled people in similar situations through group meetings."* (p.103).

Focus groups are an opportunity for such interaction. Due to these reasons I used focus groups as my principle method.

<u>Setting</u>

The focus group was held at Ranaviru Sevana, the rehabilitation division of SLA. It is a transitional space between emergency care and social re-integration that provides residential rehabilitation for over 200 veterans with permanent impairments

The group consisted of 9 amputee veterans aged 18 - 30 years-old, who had sustained war injuries within the past two years. Details of participants are provided in annex 1. Occupation, age, impairment and ward were control characteristics (Knodel, 1993); while rank, education, class and marital status were heterogeneous factors.

Rank factored significantly in group interactions with high ranking officers dominating the discussion. I made rank a thematic factor for analysis and presentation later in my research. Ranks from Staff Sergeant and below are tagged LRO (Low Ranking Officer) while Warrant Officer and above are tagged HRO (High Ranking Officer) to give context to the data.

Given institutional protocol, the participants and venue were pre-determined by RVS (Rana Viru Sevana) administrators. I was assigned

a random group of veterans from a single (amputee) ward which presented both advantages and challenges. Institutional recruitment may have altered participation and disclosure (Kitzinger, 1994) and only amputees were represented. The pre-assigned group re-created roles and power relations causing a tendency towards conformity and 'bandwagoning' (Kitzinger, 1994; Hollander, 2004). This may have prevented participants from talking about subjects they felt were outside the group's purview (Agar and MacDonald, 1995). However, it also created conditions to "tap in to fragments of interactions which approximate 'naturally occurring' data" (Kitzinger, 1994:105). It enabled participants to co-develop narratives based on common experiences or references (Bloor et al, 2001) and to discuss difficult topics like relationships in an environment of empathy, mutual knowledge and trust (Hollander, 2004). They also used jokes and anecdotes to "share a collective memory and shape a unique social context" (Kroll et al, 2007, p.694). These factors were conducive to the emergence of collective narratives based on collective experiences.

I was aware of my moderator effect as narrative coaxer and consumer (Gilbert, 2008). All-male groups have a tendency to disclose experiences that boost one's masculinity and "mute experiences of victimisation and fear" (Hollander, 2004:624). My presence as a female moderator may

have increased this bravado. However, my presence as a disabled person may have negated it. "A moderator who shares similar characteristics with the group's participants will...promote rapport, trust or both" (Morgan, 1995:521). I was explicitly clear about my identity as a disabled person at the onset, which I feel created an environment conducive for veterans to share their experiences. I was also aware of the gender dynamics between myself and the group as participants often said "as you know" when they were making references to women.

Confidentiality and ethics

Gaining access to the focus groups and the key informants required absolute transparency. I've maintained strict confidentiality and have presented and analysed the focus group data using pseudonyms to ensure participant anonymity

As a moderator I intervened mainly for clarifications and explanations. The topics and direction of the discussion was organically determined by participants. I said I was open to discussion and willing to answer queries about my questions. This was taken up by the RVS participants who constantly questioned my stand point and motives. This induced me to be highly reflexive at all times.

Due to time constraints and regulatory restrictions I had no pre-discussion interactions or collaborations. Post- discussion correspondence had to be made through the RVS directorate which minimised immediacy of access. However, I did use time prior to the focus group to discuss group objectives and set a collective agenda. Thematic areas that were later developed were initially confirmed with participants at the end of the focus group. The discussion also inspired interest among a few veterans to participate in disability politics and I acted as a link between them and DPOs. It also opened up channels and networks for me which will make a well planned emancipator study feasible in the long term. It also underscored the need for an ethnographic approach in the future.

I would have ideally conducted at least two more focus groups and follow up interviews for data consistency, richness and to minimise intra-group bias (Morgan, 1997). This was not possible given time restraints and regulatory barriers.

Key informants

My second source of data comprised of key informant interviews. Key informant interviews are semi-structured interviews with individuals

bearing specific knowledge for a specific purpose (Marshall, 1996). I interviewed four key informants who were chosen strategically for their expertise in the field. They were approached both directly and through existing contacts. They hold authority knowledge and have worked extensively on issues of disabled veterans' welfare. They gave me leads and contacts for further research, verified information and provided institutional contexts to the focus group data (ibid). The key informants were:-

1. Brigadier Samaratunge, Director, Ranaviru Sevana, amputee veteran

2. Colonel Dr. Tamara Wickramasekara, Former Director, Ranaviru Sevana

3. Cyril Siriwardena, Disability rights activist, National Council for Persons with Disabilities, veteran (SCI)

4. Deputy Executive Officer (SEO), Ranaviru Sevana

The semi-structured format enabled me to inquire along issues and topics they brought up during the interaction and to build up on the information I had already obtained.

Analysis

The focus group and interviews were recorded and transcribed with due consideration to research notes. The focus group discussion was in Sinhalese and was translated/ transliterated in to English with utmost care to preserve data context and minimise linguistic ambiguity. The unavailability of linguistic distinctions between disability and impairment in the Sinhalese language was a challenge for research and analysis. I undertook several rounds of data analysis to develop a thematic framework based on initial findings. Once areas were identified, excerpts from the discussion were placed under each theme by sequence. Context was maintained by adding markers like rank to each excerpt and including field notes on group dynamics. Krueger's framework analysis (1994) was used as a general guideline for identifying narrative themes.

Both focus group and key informant interview data were subjected to the same analytical process.

Despite the challenges highlighted above, the focus group and key informant interviews produced extremely rich data on the narrative experiences of disabled veterans in Sri Lanka and have provided a stimulating thematic framework for future research.

The next chapter will look at the insights this data provided on the military masculinities of veterans.

Chapter 4: Sons of the Soil: military masculinities

This chapter will examine disabled veterans' experiences of military masculinity. It will first look at how military membership defines their narrative identity. It will examine the impact of impairment and disability disability on such narratives. Then it will investigate how they use military masculinity to create new personal narratives and hierarchies to differentiate themselves from disabled civilians. Finally it will demonstrate how such hierarchies enable them to form informal disabled veterans' communities.

Army of one: Disabled veterans' military identity

As explained in chapter 2, the military is an institution for the socialisation of masculinity which turns "men in to warriors" and "boys in to men" (Arkin and Dobrofsky, 1978:154). When asked what it's like to be in the army, LRO Ranil said:

> *"From the time you take your civil clothes off your whole life changes. Even the way you dress and conduct yourself changes a lot. You become very neat, well-groomed, from top to bottom, everything changes. A soldier is a very disciplined person".*

Performance of military masculinity confers hegemonic privilege. Status was seen as such a privilege.

> *"The army is a good place to be. Compared to others of the same educational level you get a good salary...a good standing"*
>
> *(Brigadier Samaratunge)*

Status is one's socially perceived worth based on lifestyle and exclusive social membership which grants access to resources (Gerth and Mills, 2003). Economic status was a principle motive for most soldiers to join the SLA (De Mel, 2007). This is especially important for military masculinity given that status, rather than honour determines Sri Lankan hegemonic masculinities (De Silva, 2005). Such status is shared through association by one's family and community (De Mel, 2009).

The idea that soldiers are 'higher' than normal people or 'super-normal' was also expressed.

> *"Maybe discipline, maybe the way of walking, the gait, the way of talking and the things they talk about and the way they think. The normal soldier in the village behaved with dignity even before the victory...they feel a little higher than the normal."*
>
> *(Tamara Wickramasekara, Former director, RVS)*

Their status was contingent upon a trained, hyper-able body which could walk, talk and think in ways superior to 'normal bodies'. They were the anti-thesis to the abnormal disabled body (Bourke, 1996).

Status is used as a narrative thread due to its premium in the military and Sri Lankan society and because the RVS group understood disability as a loss of corporeal status.

> *"You feel it a lot if you are from a high status. A status like able-bodied people"*
>
> *(Sujith, HRO)*

Veterans' disability narratives revealed the centrality of the military to life purpose, goals and social standing.

> *"Before we got injured we had goals. Now we feel we can't go towards them. I was rising up the ranks. I thought I would attain a certain status. Serving in the army is now...(pause). We are disabled so there's nothing left to do in the army."*
>
> *(Saman, HRO)*

> *"We can't fight again. We can't give that efficiency if we stay in the army. If we can't give to the army, the army is of no use to us. We can't be someone of use to the organisation."*
>
> *(Sampath, HRO)*

Military narratives were identified with combat, an able-bodied activity. War injury, which they had sustained through combat compromised their

ability for future combat thus disrupting their military narrative threatening them with a devalued, de-masculinised master status of disability (ibid, Coleman, 2006).

HRO Saman said that while opportunities were available to disabled soldiers in the army, they did not provide the same validation, status or internal recognition that combative service had promised.

> *"We can do secretarial work but we expect something more. We no longer have the capacity to get to that status. There's an obstacle to getting to that post."*

SLA does not have a policy of compulsory medical discharge. Following medical rehabilitation at RVS, veterans are sent to Regimental Head Quarters (RHQ) battalions and most are offered the choice of serving in administrative positions. According to Barrett (1996) soldiers in non-combative roles are seen as inferior in the hegemonic hierarchy of military masculinity. Siriwardena said that towards the end of the civil war many disabled veterans sought permission to return to the battlefield to 'get a piece of the action'. This may explain the reluctance of the former-combatant RVS veterans to take on administrative roles as it may further undermine their military masculinity.

HROs Anil and Saman said it would be more desirable to work in the private sector than to do feminised secretarial work. They planned to follow business courses and become managers. They adopted a strategy of reformulation (Gerschick and Miller, 1995) by shifting from a hegemonic military masculinity to a hegemonic civilian masculinity.

Better men

> *"The army really toughens you. You become disciplined. Some guys don't make it but those who do are really tough."*

> *(Rajiv, LRO)*

'Toughness' is proof of one's worth in the military and a measure of masculinity (Woodward, 2003; Barrett, 1996). The premium on discipline and the constant valuation of men - soldiers who 'failed', civilian men and disabled men were repeated themes in the RVS focus group. Barrett (1996) observed similar trends in the US Navy masculinities where those who failed trials or quit training, especially women, were ridiculed or disowned by the masculine order. In the group 'toughness' was the basis for the construction of relational masculine hierarchies, with civilian disabled men being the most subordinate. To do so, the meaning of toughness was interpreted as mental instead of physical strength indicating a reformulation of hegemonic masculinity (Gerschick and

Miller, 1995). Sri Lanka's culture is conducive to such reformulation due to the value of non-aggression and mental strength in Buddhist masculinities (Miles, 1995, 2002).

> *"Army soldiers are mentally very strong so they can handle it."*
>
> *(Brigadier Samaratunge)*

> *"We are not like other disabled people. We can deal with it better."*
>
> *(Darshana, HRO)*

Disability is understood as a purely individual phenomenon, an injury and attending struggle to be overcome by "super-crips" (Morris, 1996) through psychological tenacity and "heroic masculinity" (Hutchinson and Kleiber, 2000).

> *"I used to get up at 3 am in the morning and walk for 11km everyday. I wanted to be as capable as normal.*
>
> *"If you are disabled, you have very big challenges in getting an appointment. You must work very hard to gain recognition."*
>
> *(Brigadier Samaratunge)*

The Brigadier adopted a 'reliant masculinity' (Gerschick and Miller, 1995) as a means of regaining military status which required him to compensate for his devalued position by constantly proving his worth and capabilities.

Individualised understandings and responses to disability must be located in the larger framework of the total institutions. In the experience of the veterans, conformity was institutionally enforced through the deterrent of 'blame' and internalised through the disciplinary power of 'shame' (Foucault, 1977). According to HRO Saman, the approval of peers and superiors provided the social basis for one's 'worth' and motivation for action.

> *"We have to work according to a template. If we are asked to achieve it, I will do it even at the cost of death. If I don't do it, I will be blamed. No one likes that..no one..from a private to a general...you can't just do what you want. When the commander takes charge we just move forward...we don't say no...can't say no."*

Though compromising independence is generally a compromise of masculinity, the transference of the soldier's autonomy to the military upon enlistment endows him with institutionally sanctioned hegemonic hyper-masculinity (Hearn, 2003). It's not dependence but the source or dependence, whether it is disability or the military, which determines its effect on masculinity. Hence, the dependency of disabled veterans maybe less stigmatising and even perceived as 'earned' compared to the dependency of disabled civilian males (Gerber, 2000)(Norden, 2000).

Saman also showed how non-compliance among mass compliance leads to ostracism in the army (Arkin and Dobrofsky, 1978). This is in line with the larger framework of Sri Lankan hegemonic masculinity which is based on the fear of public shaming and deference to authority as opposed to confrontation (De Silva, 2005). This was also a strategy of enforcement in rehabilitation. Those who lacked toughness or were non-conforming were denounced and subverted.

> *"Some privates don't do anything. They don't try."*
>
> *(Brigadier Samaratunge)*

> *"Most of us succeed but others give up."*
>
> *(Ranil, LRO)*

Veterans said it was their duty to recover and that it was a shame to fail.

Patriotism and honour were also used by the disabled veterans to distinguish themselves from civilians.

> *"We are disabled, but those disabled in the army have*
> *'Abhimanaya', which other disabled people don't."*
>
> *(Sujith, HRO)*

Abhimanaya, a Sinhalese word denoting a mix of pride and dignity confirmed their moral narrative of heroic superiority.

Disabled veterans used such moral narratives based on their military identity to other/ subordinate disabled civilians. Such new narratives mitigated the stigma of disability and create hierarchies of disability and masculinity.

The next section will show how such disabled veterans' hierarchies enable the creation of community identities.

Band of brothers

The primary site for the creation of military disability communities was the rehabilitation centre.

Tilak a new inmate as RVS said:

> *"I really can't believe it...it's a slow process. You learn to get used to it. You can't just accept it."*

Those who had stayed at RVS for longer said:

> *"I could only come to terms with it after coming to Ranaviru Sevana. When I saw the others I thought 'what do I have to complain about? One guy in my batch is paralysed neck down. At least I can still get about."*

> *(Sujith, HRO)*

The military rehabilitation centre is a transitional space which enabled veterans to see and associate with peers who also acquired the "status of being disabled", to provide mutual support, to know they are 'not alone', to find a community based on shared experience and locate their relative position in the rehabilitation community.

> *"Men recalling their liminal rehabilitation period between hospital and civilian life, have testified to their dependence on mutual*

counsel to deal with...initial forays in to the civilian world...and

above all perhaps, avoiding roleless, self- pitying, anger-filled life."

<div align="right">(Gerber, 2000:33)</div>

Veterans in this study shared a common memory of Sri Lanka's civil war and were bound by similar experiences as cohorts, soldiers and those striving towards social integration (ibid). Rehabilitation institutions bring individuals experiencing common oppression together, thus creating a potential space for collectivisation (Hunt, 1966). One of the primary reasons for which I based this study on narratives and experiences was to create a forum for the identification, expression and sharing of such experiences.

The conditions in RVS were somewhat similar to those described by Devlieger et al (2007) in their study of rehabilitation centres for ex-gang members in Chicago. Both types of settings created a sense of isolation from society, a safe, supportive community space and recreation of familiar narratives and hierarchies (Devlieger et al, 2007).

A majority of staff at Ranaviru Sevana were disabled veterans.

"You understand what it's like so you want to help."

<div align="right">*(Brigadier Samaratunge)*</div>

They had developed a sense of duty based on empathy.

Military rehabilitation provided a social situation where disability is normalised thus reducing the relative sense of abnormality and stigma experienced by the veterans. The strength one gains through numbers and group membership is similar to the experience of warfare (Bourke, 1996). Military rehabilitation also recreates the peer group environment of combative units thus minimising the loss of group identity that removal from active service may entail (ibid).

"When you are here there's no problem...in here we are equal. If there's a crowd - even 3 or 4, then acceptance is no problem. Knowing that we are together gives this strength. You don't feel it."

(Vijith, LRO)

While rehabilitation provided the basis for common experiences and narratives, distinctions were made through impairment and speed of recovery which necessitated a level of internal 'othering'.

An informal 'amputee sub-community' (Bergh, 2007) was observable at RVS. 11 of the 12 disabled veterans who participated in this study were amputees. The 12th had a non-combat related spinal cord injury. "Amputees receive a disproportionate level of attention" and are often the most visible and advantaged of veterans (Gerber, 2000:5).

"Amputees have the best probability of social integration. Those who are paralysed find it very difficult...soldiers who are blind and have head injuries are also disadvantaged."

(SEO, RVS)

The RVS amputees expressed empathy for those with dissimilar impairments and acknowledged their added difficulties. They narratively contextualised their injuries by assigning impairments different values and severities.

"What do I have to complain about? Some guys are paralysed neck down, others are deaf, blind, mute."

(Darshana, HRO)

"You think of the people here, I'm the best, I'm the victor. You feel a sense of pride. The person lying in bed tries to learn to sit, the person sitting tries to stand, then you can come to terms with it, make up your mind."

(Tilak, LRO)

The use of combative terms like 'victory' indicates the militarised nature of rehabilitation as well as a transference of military values to his new

embodied 'status'. In this case 'success' of peers was a competitive motivation to perform similar to that in military training (Barrett, 1996).

As in the case of Wilson's study on the rehabilitation of boys with polio, blame and shame were primarily directed at inmates who didn't "fight (polio) like a man" or who were perceived as lacking resilience (Wilson, 2004). The 'weaker' disabled soldiers were referred to in a language that distanced them as far as possible from the group of participants. This 'othering' was especially applied to soldiers who 'couldn't cope' with disability such as those with Post Traumatic Stress Disorder (PTSD), mental health difficulties and substance abuse. When asked about such challenges LRO Ranil said:

> *"There are people who have trouble dealing with it. We don't have them here but they are there. They can't bear it...can't tell anyone or do anything."*

A high degree of stigma appeared to be attached to mental health difficulties, especially if they impeded 'recovery'. Such individuals were both symbolically and physically removed from their group. However, the key informants said that most RVS veterans have psychological challenges.

Whether the basis for relating was empathy or othering, RVS provided veterans with a sense of familiarity and belonging.

"You can see it (other disabled soldiers) and console yourself. You don't feel it here...You are not lonely. You feel it very badly when you go outside."

(Darshana, HRO)

RVS forestalled social struggles which these veterans will have to encounter inevitably. Given that the RVS group was in 'transition' their understandings of disability were influenced by the rehabilitation setting. However, occasional encounters with barriers were felt more acutely and shared more readily in such an insulated space, as was evident in the focus group. This made it a rich community based on military membership, narrative experiences, hierarchy and empathy. Its political implications will be explored in chapter 6.

Summary

The experiences of disabled veterans are neither homogeneous nor straightforward.

This chapter has shown how the adoption and replication of military hierarchies influence disabled veterans' narratives and creates new hierarchies and communities. The next two chapters will examine why

it's imperative for them to maintain such hierarchies with reference to their domestic and public masculinities.

Chapter 5: Home Warriors: Domestic Masculinities

Disabled people often experience 'rolelessness' (Barnes and Mercer, 2010) and disabled veterans are no exception. Chapter 4 explored their experiences of rolelessness in the military, their narrative responses to such rolelessness through masculinity hierarchies and veteran communities. This chapter will explore their experiences in the domestic front as sons, husbands, lovers and fathers.

Heroic providers

Compared to disabled civilian men, veterans had a distinct advantage. They are heroes with an earned right to a steady income and social privilege (Gerber, 2000).

The SLA provides opportunities for continued service to disabled veterans as discussed in chapter 4. They also receive a sizeable monthly salary of Rs.17,000- 20,000, disability compensation, full allowances, pension and pay rises concomitant with seniority granted to those in active service, priority school admission for children, subsidised housing and other benefits (Lankapuvath,2010; Siriwardena, 2010). This framework of benefits enables them to maintain their economic status in the family as providers and bread-winners.

Brigadier Samaratunge identified welfare as something that gave disabled veterans a domestic advantage over able- bodied soldiers.

> *"Disabled soldiers are at a very advantageous position. They get a salary, a pension and are well benefited. Able-bodied soldiers never get to stay home but when we you get injured you can stay with wife and family."*

Many participant narratives focused on how income enabled veterans to retain important aspects of domestic masculinity and cement their disassociation from disabled men. HRO Ranil said:

> *"The main thing that separates us from disabled men is that we have an income despite being disabled..."*

He pauses and added:

> *"..but it' a blessing and a curse."*

The next section will explore why this may be the case.

Uniforms - tools of reduction

As discussed in chapters 2 and 4, the uniform is a potent symbol of status, power, performative hyper-masculinity and virility. It's the mark of super-normal, ideal men.

De Mel (2007) says marriage to such military men is a ticket to economic security and status for many working class Sri Lankan women. During the war civilian Sri Lankan men often passed off as 'army boys' to seduce women (De Mel, 2009). Given such a hyper-sexualised status, post-impairment changes to one's desirability and sexuality are particularly disruptive to veterans' masculinity.

Although associated with military masculinity, disabled veterans are not free of the de-sexualisation attached to disabled masculinity. Even if they are physically potent, such assumed asexuality and incapacity leads to a "crisis of male impotency" (Gannon et al, 2004).

The RVS group spoke about a peer's impotency with great sympathy.

> *"This soldier got married after becoming disabled. His wife really wanted a child. She was forcing him. He had problems. He was really worried, really stressed..some women leave because of it."*

> *(Sujith, HRO)*

This situation indicates a reversal of traditional sex roles which is especially feminising in light of veterans' former hyper-sexuality. It also entailed the potential for present and future exclusion from marriage; the principle site for the institutional validation of gender and heteronormative sexuality (Butler, 1990; 1993). Similarly, the inability to father children is an abrogation of a principle masculine performative duty in South Asia (King and Stone, 2010). Gunawardena (2009) attributes the severe emasculation of disabled men to Sri Lanka's staunchly patriarchal, heterosexist culture that cannot conceive of sexuality beyond peno-vaginal, penetrative, reproductive sex; thus precluding alternative sexualities and masculinities.

Non-performance becomes a significant source of stigma and psycho-emotional distress which undermines their domestic masculinity (Connell, 1995). Such experiences led to constant suspicion of wives and lovers among disabled veterans. The potential for infidelity was a source of exploitation and vulnerability,

> *"There are lots of cases. Soldiers who are impaired get married to women who just want their money. They take their pensions and sleep with other men. They are very cunning."*
>
> *(Rajiv, HRO)*

Disabled veterans' hyper-masculinity and sexuality is reduced to a monthly pay-check devoid of the glory of service.

Wives and lovers were often spoken of in juxtaposition to mothers, indicative of an Oedipal crisis (Michel, 1992). In the face of emasculating infidelity, many veterans turn towards their mothers for protection and affection.

> *"Some mothers don't want us to get married...they're scared we'll get exploited."*
>
> *(Prasad, LRO)*

Veterans may comply with such wishes both out of dutifulness and respect for mothers' protective instincts. Such maternal control over adult male veterans reverts them to a pre-oedipal state of dependent passivity (Michel, 1992, Gerber, 2000).

Perceptions of wives and mothers were further complicated by societal practices of wife blaming.

> *"Some mothers blame wives for making him disabled. They say she cursed him and chase her away."*
>
> *(Vijith, LRO)*

A physical return to maternal dependence was also expressed:

"Even when you are grown up your mother still loves you. She still takes you to the toilet. You can't compare wives to mothers."

(Ajith, HRO)

Though necessitating boyish dependence, the guarantee of maternal love is preferred to the emasculating humiliation of infidelity and abandonment that wives and lovers present.

Most veterans expressed simultaneous gratitude towards and suspicion of the women in their lives. It was primarily a question of 'money'. RVS veterans expressed that mothers' discouragement of marriages is not always about love.

"Well the family depends on his income – the parents. If he gets married, the wife gets it so they don't want him to go with another woman."

(Tilak, LRO)

The disabled soldier's family status is based more on resource value than masculine autonomy. He is a provider by default due to his Ranaviru status, which differentiates him from disabled men. However,

such status devoid of the authority, desirability and pride that he once commanded as a soldier diminishes his domestic masculinity.

Heroic women

Despite fears and reservations about marriage and masculinity, it's interesting to note that three of the RVS participants got married after injury.

> *"The married ones just can't wait to get home to their wives and kids. They are keener to recover. You know you are not alone. The unmarried boys don't have that to look forward to."*
>
> *(Saman, HRO)*

This contradicts the sense of oppression associated with home and hearth discussed earlier. It confirms Morris' (1994) idea that marriage provides opportunities for disabled men to affirm their masculinity by gaining social roles like husband and father. It also establishes marital status as a key determinant of veterans' experiences of disability.

In Sri Lanka, gaining social roles and redefining masculinity are largely contingent upon the gendered duties of women (Rajasingham-Senanayaka, 2004). It is based on patriotic expectations to express appreciation for heroes of the country, even if such heroism is subverted

by disability (Bourke, 1996). This must be placed in a broader social context where veterans are not subjected to the same stigma as disabled men given their heroic source of impairment (Gerber, 2000), which is a significant factor for the permission or promotion of such marriages by parents of "normal" women.

> *"This son has gone to war and become disabled. It didn't happen by birth so it's o.k."*
>
> *(Wickramasekara)*

Koven (1994) highlights how the Eugenics Society used similar discourses in post-Great War Britain to encourage women to marry disabled veterans. They were to "give back to wounded heroes (and) have son's... whose fathers' courage may re-grow in uninjured bodies" (p.1189). This is in stark contrast to the society's sterilisation policies directed at disabled men. It reaffirms the sexuality and masculinity of veterans on the basis of subverted heroism and female duty, unavailable to civilian disabled men.

> *"Some girls like to marry disabled soldiers who are heroes and take care of them."*
>
> *(Brigadier Samaratunge)*

Brigadier Samaratunge said some veterans "marry for sympathy and because of sympathy". This is similar to Bourke's (1996) observation of Great War Britain where "women were particularly fond of falling in love with the wounded, who were not beneath bargaining pity for love" (p.56)

The Ranaviru embodies a new masculinity based on economic strength and a subverted heroism that invokes the sympathetic love and duty of women. However, this was not always sufficient to be worthy of marriage. All key informants said that relationship failures following impairment is one of the greatest challenges for veterans. Wickramasekara said some parents refuse to distinguish veterans from "normal" disabled men and may even disown their daughters for marrying them. As in chapter 4 veterans are unable to maintain their status if undifferentiated from civilian men.

Veterans also spoke of how they negotiate gender roles with their wives following impairment. Saman (HRO) said this is easier because wives 'run the show at home' when they are at war.

> "Even when I was fighting my wife took care of the kids and did everything..they live in uncertainty, not knowing if their husbands have died..it's a very demanding role...after you become disabled

she takes the entire family forward and is responsible for

everything. It's important to remember that."

Saman's constant removal from home as a soldier made his role as head of household more symbolic than physical. Non-participation in key decision making regarding domestic affairs and children was not foreign to him. Allowing their wives to "take the family forward" is less problematic for a veteran whose main source of masculinity is the military than for civilian men whose primary site of masculinity is his home. However, when military masculinity becomes increasingly unavailable to disabled soldiers, they may look towards home for asserting their masculinity. Such relocation and home-based care shifts his dominant space of occupation from the masculinised public to the feminised private (Valentine, 1999).

The hearth – wife beating

Disabled veterans' return to feminised domestic spaces necessitates a constant assertion of masculinity (Gerber, 2000). They engaged in such assertion through the alarming practice of 'wife beating'.

"When you are married you must keep things in order...have control (points to Tilak, a bilateral upper limb amputee) Look at him..you can't hit your wife and put her in place when you don't have arms. You feel really helpless when you are married and you can't..."

(Darshana, HRO)

"When you become disabled you get angry very fast...before you get married you know you can iron your shirt alone but when you get married you want her to do it properly. When she doesn't, you get very angry. She just has to learn to deal with it. When you are disabled you just keep getting angry about everything."

(Saman, HRO)

Although the group recognised the suffering this may cause their wives, they regarded it as an inevitability. Brigadier Samaratunge said this was especially true for amputee veterans:

"Amputees experience a lot of anger and frustration and take it out on their wives. This creates lots of problems and isolates them."

Acceptance of such practices by the RVS group could be attributed to the normalisation of domestic violence in South Asia (Abraham, 1999).

However, this case presents deeper issues of gender dynamics in the presence of disability. Experiences of impotency and bodily incapacity along with regrets over the inability to engage in aggressive combat may result in a displacement of frustration onto wives. Similarly, impairment may result in a veteran becoming physically weaker than his wife, which maybe highly emasculating given the hyper-ability attributed to the (now deformed) military physique. Aggression maybe adopted as an unhealthy means of constructing what Gerschick and Miller (1995) call 'reliant masculinities'. It may also represent the general aggression towards women that entails the normalisation of violence in militarised societies (De Mel, 2007). Saman's reference to "ironing shirts properly" indicates that violence is one of the few options left for maintaining control, performing masculinity and establishing gender roles. Tilak's perceived inability to beat his wife is frustrating because his compromised body denies that measure of last resort for domestic control.

The issues raised in this section are sensitive and complex and warrants further investigation. They are based on the interaction of multiple forms of oppression such as disableism, sexism and classism. It clearly demonstrates the need to explore the relational, embodied psycho-emotional dimensions of disability.

The next section will investigate parenting, an area where veterans displayed considerable emotionality.

Father figures

> *"I left for the war when my baby was three and a half months old. She now asks me why I don't carry her on my shoulders. I feel really sad. I can't do it..."*

> *(Ranil, LRO)*

> *"Not being able to play with my kids is one of the most painful parts of this., I don't know what to tell them... it hurts a lot...being a dad like that."*

> *(Rajiv, LRO)*

Ranil and Rajiv's helplessness and hurt arises from what they feel is their inability to physically perform paternity. Bonding and expressions of affection are physical rather than emotional. Hence, revealing their limitations to their children diminishes their worth as fathers and men. According to Duvdevany et al (2008) it's the internalisation of negative societal attitudes such as their incapacity to perform rigid paternal roles that distances disabled fathers from their children given such rigidity, alternative experiences of fatherhood are considered tragic

"There's a blind guy we know. His kid is 5 and she has to see her dad in such a helpless state...he's a dependent. He can't do the things he did before. She guides him to the TV, gets him to press the power button, takes him to the couch and watches TV with him. I guess she's seen her mom do it. It's really sad."

(Ranil, LRO)

In Ranil's view, the fact that a child must see her father as a dependent and not a provider is tragic. Such tragedy is located in the individual as opposed to societal expectations of fatherhood (Duvdevany et al, 2008). The veteran is infantilised alongside his infant and his wife becomes a mother to both (Gerber, 2000b). Invariably as in the case of the blind veteran, the father becomes the child's dependent in violation of social roles.

Participants did not question whether the blind veterans' experience could denote bonding and new ways of constructing father-daughter relationships. It would have been ideal to interview this veteran for his personal opinion had it not been for time constraints. This particular situation could be interpreted as a case of helplessness and ineptitude or an opportunity for empowerment through the reformulation or

rejection of dominant conceptions of masculinity and fatherhood (Gerschick and Miller, 1995).

Another failure of embodied fatherhood expressed during this study arose from veterans' stigmatised visual form.

> *"Our kids get very scared when they see us without our prosthetics so we have to keep them on when they're around. They get frightened and cry."*
>
> *(Ranil, LRO)*

> *"I guess it takes a while for them to get used to it. We can't explain it to them."*
>
> *(Saman, HRO)*

'Passing' becomes essential in the face of stigmatised fatherhood (Duvdevany et al, 2008). While the passing discussed in chapter 4 was required to maintain social status and military masculinity, passing at the domestic level is required for paternal credibility. Although explaining one's disabilities to their children enables fathers to mitigate the courtesy stigma their families may experience and strengthen relationships (Duvdevany et al, 2008), the RVS veterans found this difficult given the vulnerability it entails.

Leading Man

Given the salience of duty, veterans identified meeting gender roles as the means to reclaiming masculinity. They located barriers to fulfilling their domestic roles in society. A workshop for disabled veterans on obtaining licenses, conducted at RVS before the focus group had initiated such inquiry.

> *"They (government) are giving away free three wheelers but we were told that only we could drive it with the invalid carriage license. Even my wife and kids can't travel with me with that license. They won't give insurance. What's the point if I can't take my family?"*
>
> *(Saman, HRO)*

The regulatory framework of Sri Lanka is perceived by veterans as obstructing their domestic roles and duties. Saman's primary concern was the government scheme's immediate benefits to his family and he was willing to take political action if it was not forthcoming.

Socio-economic rehabilitation to meet domestic duties was a primary theme at RVS. Wickramasekara said:

"We give them houses and the family thinks 'just because of him we got this', he is the breadwinner... he can maintain his status, he doesn't lose anything. If we teach him a vocation, although he still gets the army pay, he can feel he still makes a contribution... a useful citizen."

This indicates the importance of perceived ability to meet one's gendered duties and roles to maintaining disabled veterans' status and masculinity. While, it reaffirms domestic masculinity as a function of material contribution to one's family, it also indicates how one's personal duties can be a motivation for political action as will be explicated in chapter 6. It also highlights the need to consider veterans' domestic masculinities in the process of rehabilitation, training and welfare schemes.

Summary

This chapter has highlighted how disabled veterans' status in their families maybe contingent upon a paycheque, devoid of the prestige of service. It has highlighted how their experiences are most similar to those of disabled civilians in the home front due to assumed asexuality, dependency and rolelessness. Responses to such conditions in the form of oedipal dependence, suspicion, wife beating and non-disclosure to

children reflect their vulnerability and the need to find new domestic masculinity roles and narratives. The next chapter will look at their public masculinities.

Chapter 6: Subverted Heroes: public masculinities

This chapter will look at the political implications of disabled veteran-civilian hierarchies, the public measures needed to maintain such hierarchies and the subverted and subversive potential of the disabled hero.

In the immediate aftermath of war, disabled soldiers are seen as war heroes ('Ranaviruvos') who sacrificed their able bodies for their country (Gerber, 2000; Carden-Coyne, 2007). Disability is the veteran's permanent uniform (Gerber, 2000) and injuries are his signs of masculinity (Michel, 1992), which distinguishes him from civilians who either lost or were denied an able body (Bourke, 1996).

"The absent parts of men's bodies exert a special patriotic power. In the struggle for status and resources, absence could be more powerful than presence."

(Bourke, 1996:59).

They are subverted heroes – simultaneously deprived of the able bodies that made them 'masculinity warriors' and endowed with masculinity due to the heroism demonstrated by their sacrifice.

Such status precludes veterans from being associated with the sinfulness and Karmic tragedy attributed to civilian disability in Sri Lanka (de Mel, 2007). Heroism is a means of de-stigmatisation (Carden-Coyne, 2007). It's the constant hierarchisation and differentiation from disabled civilians presented throughout this dissertation that ensures access to such subverted heroism or Ranaviru status. Their moral force endows veterans with a 'disabled-ableness' unavailable to civilians (Campbell, 2010).

Like the institutional and domestic moral narratives in chapters 4 and 5, othering also creates the need to visibly distinguish disabled veterans from civilians. In the immediate aftermath of the Sri Lankan war, most amputees were perceived as disabled veterans by default (Siriwardena, interview). This may be because amputation is generally associated with war and violent conflict in public imagery (Gerber, 2000; Bergh, 2007). However, veterans dislike their status being usurped by civilians who did not attain it through military sacrifice as they did (Koven, 1994). This induces them to contextualise their injury through uniform:

> "*Our boys are allowed not to wear uniforms but they don't want to.*"
>
> *(Wickramasekara)*

Despite their heroic status, disabled veterans are not free of stigma (Goffman, 1963). Their personal tragedy lies in impairments that are

perceived as inconsistent with one's natural life course (Bergh, 2007). "Sacrificing youth and limb" is constantly associated with disabled veterans in nationalist discourse including President Rajapakse's victory speech in 2009. Lost youth also implies loss of productive life and masculinity generating simultaneous admiration and pity for the young subverted hero (Gerber, 2000). Such pity was expressed as the most undesirable manifestation of stigma by participants.

> *"They are young and don't want people telling 'Ah son you can't do this because you are disabled. This happened to you because you went to the army.'"*
>
> *(Wickramasekara)*

Disabled veterans' heroism is subverted in that status and masculinity in the present are located in reference to the active service and hyper-masculinity in the past (Campbell, 2010). The dis-juncture between heroic masculinity and one's present corporeal embodiment is experienced most intensely in the domestic sphere as was discussed in chapter 4. How the subverted hero plays out in Sri Lanka's post- war political landscape is the focus of this chapter. This requires an investigation of the politics of subverted heroism.

Consciousness

This section will explore the politics of disabled veterans in terms of disability consciousness.

> *"We never thought of disability before we got injured. There was no need to think about it...didn't notice disabled people. Now it's very important. You notice things about buses which you didn't before."*
>
> *(Vijith, LRO)*

For disabled veterans, the personal experience of impairment marked an awakening to the existence and reality of disability. This consciousness of disability was enabled by the personal experience of disabling barriers like "buses".

According to the Derbyshire Coalition of Disabled people, transportation and access are among the seven needs for "overcoming disability" (in Davis, 1990).

> *"When we go home there's very limited transportation. We have to stand and end up with blisters and wounds on our stumps because no one offers a seat. Why haven't they assigned seats for us?"*
>
> *(Ranil, LRO)*

Several soldiers expressed empathy for peers who underwent such experiences. As in chapters 4 and 5, it was one of the many instances

when they conveyed an understanding of the common experiences of disability due to their interactions and residence at RVS.

Ranil places his physical pain in the broader context of transportation barriers. It's embodied pain in the face of societal neglect and inadequate provisions that raises the need for special seats. Similarly, access, another of the seven needs was a key concern:

> *"I was taking the bus...and feeling very ill but couldn't use any of those toilets. It was very difficult. Now I don't eat and drink when I travel."*
>
> *(Ajith, HRO)*

However, HRO Saman pointed out that it's social stereotypes as opposed to inherent incapacity that caused such physical limitations.

> *"I'm not blaming the government but...you can see that we can drive a three wheeler or a scooter with our (prosthetic) legs...we don't need this special (invalid carriage) license".*
>
> *(Saman, HRO)*

He added:

> *"They should know we can drive because we are veterans. So they must give us licenses if not for other disabled people."*

As in chapters 4 and 5, his narrative mitigated the stigma of disabled masculinity through references to heroism and maintained the subordination of disabled civilians by leaving their presumed incapacity uncontested. Military masculinity which entailed new normativities of disability made social understandings of disability conditional on 'disabled-ableness' (Campbell, 2010).

Such understandings elicit responses of militancy, humility and situational passing from disabled veterans. These responses were also used to confirm civilian-veteran distinctions.

Militancy

"They (society) are always attacking us."

(Vijith, LRO)

Daily encounters with social barriers were framed in a language of militarism which required militant responses. Solutions to social barriers were found in immediate confrontation as opposed to long term structural change.

"Even if I'm disabled I will confront the conductor. I will never get a ticket. I will always come seated. We have that drive from the

army. Other disabled people will just go standing if they aren't

given a seat...we get it by force."

<div align="right">

(Saman, HRO)

</div>

Like in chapter 4, their responses to the lack of services or discrimination were narrated in reference to military attributes and in comparison to passive, effeminate disabled civilians. It was an expression of subverted heroism.

Such vocal assertive affirmed their hegemonic "heroic masculinity" in public. It was a 'reliant' reclamation of masculine spaces by veterans otherwise limited to feminised spaces of care (Gerschick and Miller, 1995). Public performative distinctions were also important when accessing their earned rights as Ranavirus.

However, as in chapter 4, such masculinity was expressed in terms of mind and character. Any reference to physicality entailed vulnerability.

"If someone comes to hit me I become helpless. I'm not going to

fight back without my legs."

<div align="right">

(Darshana, HRO)

</div>

Nevertheless, they said military membership gives them a network of support that mitigates their vulnerability unlike disabled civilians.

"If someone is being beaten and they find out he's from the army then 100 other army guys will come to his defence even if they don't know him. That's what it's like in the army. We are a team."

(Rajiv, LRO)

The principles and social networks of combat are applied to civilian life which provides disabled veterans with a ring of protection. Despite their physical vulnerability, collective military strength helps them retain military masculinity. Given such circumstances, subordinate disabled civilians had to 'prove their worth' to attain the status of disabled veterans. Masculinised acts of physical resistance to discrimination contradicted their assumptions of civilian disability and indicated their worthiness.

"The driver pulled off while this disabled guy was getting on the bus and he fell over. He went to the back of the bus and beat up the driver. He was furious! Civil or not he's disabled and they didn't wait for him to get in so he really deserved to be beaten."

(Ranil, LRO)

The disabled civilians' reaction created awe among RVS veterans. Social oppression was transformed to battle narratives of good (disabled

people) versus evil (society). It enabled them to identify disability as a struggle common to both veterans and civilians.

Situational passing

These situations required a public acknowledgement of impairment. As per chapter 4, concealing one's stigma (Goffman, 1963) through prosthetics is fundamental to military rehabilitation.

> *"Prosthetics help us walk. A young man can go to office wearing them and you can't say he's disabled."*
>
> *(Sujith, HRO)*

> *"I don't have both legs but you can't really see that can you?"*
>
> *(Ajith, HRO)*

> *"People are less shocked when you wear them."*
>
> *(Ranil, LRO)*

However prosthetics invisiblise impairment which is the basis for claiming disability benefits and preferential treatment (Shildrik, 1997). It required the visiblisation or even exaggeration of their disabilities (Siebers, 2004, 2008) through signifiers like crutches.

"If I go to the bank to get something done, I always take my crutches. They will know that you are disabled. Otherwise when you wear prosthetics they won't because they can't see. There is a little limp but even when someone falls there's a limp...no one looks at us as disabled or helps us because we are disabled."

(Saman, HRO)

The crutch was a means of establishing one's disability status.

"You don't always need it but it's a way of showing who you are."

(ibid)

When I asked if the crutch is a symbol, several veterans simultaneously said:

"Yes, that's it!"

The crutch was a means of establishing their disability status.

They do not wish to create able-bodied projections because disability grants them privileges of subverted heroism enabled through differential stigmatisation from civilians (see chapters 1 and 2). They are perceived as holders of rights than beggars for sympathy (Kienitz, 1994). Subverted hero performances do not end with crutches, they also require a military connection.

Many wanted to carry veteran cards, which in the absence of uniforms, entitled them to priority queuing, seating, free transport and preferential access to services. This was also beneficial for veterans with invisible impairments where crutches and other visible aids were not effective signifiers. Some had successfully combined the two strategies when interacting with 'dutiful citizens'.

> *"There are drivers who don't ask for money. They ask if you're from the army and sometimes even if you don't have the ID they see the crutch and give a seat for free."*
>
> *(Ajith, HRO)*

Such earned entitlements and privileged were narrated in terms of patriotic duty.

> *"80% of people are good but the rest don't bother. They have forgotten. There's some kind of regression."*
>
> *(Darshana, HRO)*

In such narratives disability results from a failure of public duty and erasure of the memories which sustained their subverted heroism.

Creating awareness about and retaining memories of disabled heroes through media was proposed by participants as a key solution to what they called "social disability".

Collectivism

Chapter 1 detailed how military rehabilitation settings contribute to the creation of disabled veterans' communities. Many of the narratives presented in this dissertation were in reference to the understanding of and empathy for peers' experiences and subordination of and sympathy for civilians. The resulting subverted hero, "appeals to patriotism and plays on civilian guilt...to awaken the state to the obligation it incurs when it transforms ordinary citizens in to vulnerable soldiers...and educate the public to understand that people with disabilities need assistance." (Gerber, 2003:912)

The following section will explore how they redefine post-war politics through subverted heroism.

Since the closure of the war, disabled veterans have gained significant legal and regulatory victories and heightened political visibility through collective activism. As depicted in films like 'Born on the 4th of July' political activism becomes an effective means of reclaiming veterans' public masculinities (Michel, 1992; Gerber, 2000b).

The Association of Disabled Ex-Service Personnel, the only organisation for privates and non-commissioned disabled officers has consistently lobbied for their rights (de Silva and Udawatta, 2002). DPOs like Navajeewana, led by disabled veterans have played a significant role in accessibility campaigns (The Nation, 07/2009). Although accessibility is a larger disability issue, the heroism of disabled veterans has been adopted for public persuasion. In an interview with The Nation (July, 2009) Major Anil Seneviratne, CEO of Navajeewana said:

> *"Many of them toughed it out in the jungles...now it seems, many...still young and fit, are prevented from entering the public buildings of this country due to thoughtless design. A soldier is a person who places his self esteem before life..."death before dishonour". It's an insult the environment we live in does not include the disabled, it's a dishonour to those proud citizens."*

Major Seneviratne affirms most themes addressed in this chapter- attributing social barriers to public attitudes, asserting that such conditions are an affront to veterans' dignity and military masculinities and claiming that society owes them accessible environments. Such rhetoric has been an effective political force.

In July 2009, immediately following the closure of war, disabled veterans and their organisations were able to secure long term demands for full

pension benefits (GOSL Press Release, 2009). The state declared the largest military budget to date in 2010 which was partly attributed to increasing veterans' welfare (Major General Jagath Jayasuriya in Saudi Gazette, 2010). They key informants said several private companies have also made special commitments to hiring ranaviru veterans following the war.

Similarly, disabled veterans are increasingly engaging in post-war party politics. The elections of March 2010 saw disabled war heroes actively rallying for both presidential candidates. Campbell (2010:10) says disabled veterans are 'authoritative knowers' or 'oracles' who have a claim to truth due to their sacrifices. Hence, their actions including politics are unquestioned. Tremblay (2000) and Gerber (2000) say this enables them to form powerful lobby groups and evade public criticism fired at 'normal' dissenters as has been the case in Sri Lanka. Gerber (2000) also says "disabled veterans are often poster boys for political agendas" (p.5) which has also been evident in post-war Sri Lanka.

Given their political weight, welfare entitlements and moral capital, disabled veterans command considerable power and influence in Sri Lanka. None of these opportunities are available to disabled civilians (Gerber, 2000) thus confirming their devalued, 'othered' status. While

moral and socio-economic distinctions between disabled civilians and veterans indicate a hierarchy of disability, it does not preclude overlaps and affiliations.

Others

The source for collective action among veterans was the sharing and understanding of common experiences .They were the same experience that enabled them to identify with disabled civilians.

> *"There's a guy who runs a shack near my house. He doesn't have legs and struggles a lot. He worshipped me and asked if I could give him crutches. I gave him an extra pair I have at home. There must be so many people going past him but no one cares."*
>
> *(Ajith, LRO)*

Several RVS veterans had given their crutches to disabled civilians who have little access to such basic mobility aids. These civilians face far greater oppression due to the lack of resources and 'Karmic stigma' in the absence of military status, which is clearly understood by the veterans.

"You understand what it's like to be disabled so you definitely give. If there were 10 disabled and homeless people I would give at least Rs. 1 each. They are more helpless than us."

(Saman, HRO)

Although Ajith and Saman understood the resource restrictions of civilians, they placed it within the context of personal tragedy/charity, the principle framework of disability in Sri Lanka (Campbell, 2007; 2009; 1994).

"I think it's because we are in the army. We don't need or expect any sympathy from people. We do feel sympathy. We feel bad for disabled people - this is how they are. We don't think or feel disabled. It's people who become disabled cause of accidents and stuff. Not in the army. We don't have an issue with living. We are here. They don't have anyone and can't live, can't do anything. We understand."

(Saman, HRO)

Throughout this dissertation the narrative othering of civilians was used by veterans to show that they were not "disabled" in the pitiful, karmic, tragic sense of the word. If at all, they were Ranaviruvos.

As in chapter 1, the moral deficiency traditionally associated with disability makes it a 'matter of the mind' a weakness to be overcome. 'Corporeal-ising' disability would bring attention to the mutilated body of the veteran which he shares with the deformed civilian, his source of emasculation, especially in the domestic sphere. Hence, it's narrated as a test of character and heroism. The disabled veteran embodies a supreme form of disability, a disabled-ableness (Campbell, 2010) that makes him superior to both disabled civilians and able-bodied civilians who stayed at home (Bourke, 1996). It's ultimately such distinctions that are a question of resources, with the ranaviru ideal being a necessary pre-requisite for welfare and privileges (Gerber, 2000).

Saman recognises that it's being 'here' (RVS) under the aegis of the army with access to resources that enables him to reject charity and pity - lifelines for many disabled civilians in South Asia (Mitra, 2005). Without such protection, the distinction between veteran and civilian blurs.

> *"We are very lucky that this happened to us in the army. If we were injured as civilians it wouldn't be so good."*
>
> *(Rajiv, LRO)*

It simultaneously allows for empathy based on common experience and pity based on a realisation of the ramifications of segregation. It creates empathetic sympathy which can be a basis for collective action.

Saviours

Becoming champions for the marginalised provides a new heroic purpose to veterans.

They reformulate masculinities through public service, deemed the forte of men (Connell, 2008) and find new purpose through civic leadership.

"Because of us, people are likely to treat all disabled people well."

(Saman, HRO)

"Because of war veterans...disability came in to the limelight...it created a lot of awareness among society about disability."

(Siriwardena)

"Accessible buildings will benefit all disabled people."

(Saman, HRO)

Ranaviru rhetoric has led to significant post-war legal victories. On October 14 2009, a landmark Supreme Court order (SC (FR) 221/ 2009) was secured by activists to enforce Sri Lanka's accessibility laws under the 'Protection of the Rights of Persons with Disabilities' Act No. 28 (1996) and Accessibility Regulations No. 1 (2006). It decreed that "all new public buildings as stipulated in accessibility regulations in force should provide reasonable access" (Idiriya, 2009) and set out strict punitive measures for non-compliance. The "insult to soldier's pride at

the indignity of being helped or denied access to public buildings" and their "fear of being charity cases" (The Nation, 28/06/2009) were among the many effective allusions made to disabled veterans during this case. It was also one of the first effective partnerships between disabled veterans and civilians at least at the leadership level.

As such, disabled veterans are not merely subverted but also subversive heroes. Their image and symbolism in a society constructed on duty has the subversive power to visiblise disability issues, dismantle disabling barriers and challenge stigmatised conceptions of disability. Strategic alliances between military and civilian led DPOs enabled the co-option of veterans' moral force in to a rights-based approach that benefits all disabled people. While it created significant material benefits, whether such strategies will alienate non-heroic disabled people from public imagery remains to be seen.

Summary

Disabled veterans recognise socio-structural sources of disability through personal experiences, which when understood as shared experiences leads to collectivisation. Societal attitudes non reflective of duties are identified as reasons for such barriers, which veterans respond to with militancy or demands for preferential treatment.

Privileges based on 'ranaviru status' necessitate 'situational passing' and differentiation from disabled civilians. Sympathy, charity and chivalry are adopted to assert public masculinity and 'other' disabled civilians. They also represent empathetic identification due to shared oppression. This affords possibilities for the emergence of veteran-civilian alliances. While in the short run disabled veterans are subversive heroes who dismantle disabling barriers, the onset of post-war amnesia which erases the hero makes such alliances ever more important. They are left with the need to find new roles, new masculinities and new spaces.

Chapter 7: Seers and Prophets: Conclusions

This study illustrated how disabled veterans use military narratives to understand their experiences of disability in the institutional, domestic and public spheres. A focus group and four key informant interviews were used to create narrative data for this purpose,

In chapter four, the sense of ineptitude experienced by disabled veterans due to the performative nature of military masculinity was explored. It was shown how they continue to use military principles like toughness, discipline and 'abhimanaya' to create 'disable-ableness' (Campbell, 2010). It was also shown how the sharing of common experiences in a rehabilitative space enabled them to create both internal hierarchies and mutually supportive communities. In chapter five, the 'subverted superiority' of the disabled veteran gave way to domestic dependence. It was shown how despite moral narratives, disabled veterans' experience desexualisation, rolelessness and dependency similar to disabled civilians. Their former hyper-masculine, hyper-sexual embodiments make such experiences especially disruptive. Their responses to such emasculation including oedipal dependence, crisis of impotency, suspicion, wife beating and gender role valorisation directly influence their intimate relations. In both institutional and domestic

spheres, veterans attempted to reclaim masculinity by reformulating it as corporate managers, domestic providers or perpetrators of domestic violence. All chapters showed how disabled veterans practiced 'situational passing', invisiblising their impairments to access military and domestic masculinities while visiblising their impairments to access their earned social benefits. The moral distinctions for hierarchisation identified in chapter 4 focus on individual strength of character to 'overcome' disability while those in chapter 6 focus on the 'toughness' of responses to external discrimination. This represents a subtle but important realisation of the socio-structural nature of disability. In fact it was this understanding that enabled them to empathise with both civilians and military peers. Chapter 6 focused on the subverted heroism of disabled veterans. They are subverted because they are deprived of the able bodies that made them masculinity warriors and yet endowed with masculinity due to the heroism demonstrated by their embodied sacrifice. Their claim to status in the present is a memory of the past. While veterans located disability in a disabling society, they saw it primarily as a failure of duty by society and the state. Public masculinity revealed that hierarchical distinctions between civilians and veterans presented in this dissertation were more about access to resources than morality. Disabled veterans' status was contingent upon the memory and

appreciation of their heroism. Hence the constant creation and enactment of hierarchies of disabled military masculinities and the subordination of civilians was necessary for their existence and credibility.

> *"In the desire to return to a normal peacetime existence, the warrior is reduced to a beleaguered disabled man whose needs maybe perceived as inconvenient."*

> (Gerber, 2000:6)

Veterans in this study acknowledged the inevitability of temporal redundancy and as highlighted in all chapters, responded to such prospects by diversifying to the public sector, building alliances with civilians, re-defining domestic roles and finding an existence within and beyond military masculinities. This realisation was best expressed by HRO Darshana:

> *"I told him 'Uncle, I see you sit here every day. Has no one seen or spoken to you? I also don't have legs. I have one child. I'm just like you....'"*

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APPENDIX 1

RVS Focus Group Profiles

Date: 30/04/10

Location: Ranavirusevana Military Rehabilitation Centre, Ragama, Sri Lanka

Duration: 2 hours

Participant profiles

Name (pseudonym)	Rank	Age	Hometown	Injury	Marital status	Children
Saman	Second Lieutenant	29	Hasalaka	Mulatiw, 2008	Married	Yes
Sujith	Warrant Officer 1st Class	27	Matara	Mulatiw, 2009	Married	No
Ajith	Warrant Officer 2nd Class	29	Anuradapura	Anuradapura	Married	Yes
Darshana	Warrant Officer 1st Class	28	Monaragala	Mulatiw, 2009	Married	No
Tilak	Staff Sergeant	24	Ambilipitiya	Mankam 2009	Single	No
Rajiv	Lance Corporal	25	Mathale	Kilinochchi 2008	Single	No
Ranil	Private	28	Anuradhapura	Kilinochchi 2008	Married	Yes
Prasad	Private	18	Kegalle	Kurimangam 2009	Single	No
Vijith	Private	23	Halawatha	Waikkal 2008	Single	No

(Participants are listed in the order in which they were seated)

APPENDIX 2

Socio-demographic characteristics of disabled servicemen in Sri Lanka

Characteristic (n=408)	Number of Servicemen (%)
Age (Years)	
16-20	1.7
21-25	35.3
26-30	40.2
31-35	21.1
36-40	1.2
41-45	0.5
Ethnicity	
Sinhala	99.8
Tamil	0.3
Educational Level	
Grade 8	49.3
O/Level	43.6
A/Level	7.1
Marital Status	
Married	46.0
Unmarried	52.5
Separated	1.5
Monthly income (rupees)	
<2999	3.2
3000-5999	59.6
6000- 8999	26.2
>9000	11.0
Rank During Injury	
Soldier	60.8
Lance Corporal	21.3
Corporal	10.8
Sergeant	1.7
2nd Lieutenant	3.7
Lieutenant	1.4
Captain	0.3