University of Miami
Scholarly Repository

Open Access Theses Electronic Theses and Dissertations

2015-04-25

The Pain of Combat for Mexican-American Veterans: A Cohort Analysis of Vietnam and Iraq/Afghanistan Veterans

Roberto Cancio Jr
University of Miami, r.cancio29@gmail.com

Follow this and additional works at: https://scholarlyrepository.miami.edu/oa_theses

Recommended Citation
Cancio, Roberto Jr, "The Pain of Combat for Mexican-American Veterans: A Cohort Analysis of Vietnam and Iraq/Afghanistan Veterans" (2015). *Open Access Theses*. 555.
https://scholarlyrepository.miami.edu/oa_theses/555

This Embargoed is brought to you for free and open access by the Electronic Theses and Dissertations at Scholarly Repository. It has been accepted for inclusion in Open Access Theses by an authorized administrator of Scholarly Repository. For more information, please contact repository.library@miami.edu.

UNIVERSITY OF MIAMI

THE PAIN OF COMBAT FOR MEXICAN-AMERICAN VETERANS: A COHORT ANALYSIS OF VIETNAM AND IRAQ/AFGHANISTAN VETERANS

By

Roberto Cancio, Jr.

A THESIS

Submitted to the Faculty
of the University of Miami
in partial fulfillment of the requirements for
the degree of Master of Arts

Coral Gables, Florida

May 2015

©2015
Roberto Cancio, Jr.
All Rights Reserved

UNIVERSITY OF MIAMI

A thesis submitted in partial fulfillment of
the requirements for the degree of
Master of Arts

THE PAIN OF COMBAT FOR MEXICAN-AMERICAN VETERANS: A COHORT ANALYSIS OF VIETNAM AND IRAQ/AFGHANISTAN VETERANS

Roberto Cancio, Jr.

Approved:

__________________ Linda Liska Belgrave, Ph.D. Associate Professor of Sociology	__________________ Monica Webb Hooper, Ph.D. Associate Professor of Psychology
__________________ Crystal Adams, Ph.D. Assistant Professor of Sociology	__________________ M. Brian Blake, Ph.D. Dean of the Graduate School

CANCIO, ROBERTO, JR. (M.A., Sociology)
The Pain of Combat for Mexican-American Veterans: (May 2015)
A Cohort Analysis of Vietnam and Iraq/Afghanistan Veterans

Abstract of a thesis at the University of Miami.

Thesis supervised by Professor Linda Liska Belgrave.
No. of pages in text. (95)

The pain from combat as associated with post-traumatic stress disorder (PTSD) is a rising epidemic amongst Mexican-Americans. According to a study conducted by the United States (U.S.) Department of Veteran Affairs (VA) in 1990, Hispanics have higher rates of PTSD than whites, 28% to 14% respectively (Loo 2014). This study uses grounded theory as methodology to examine the meanings given to pain, the meanings given to labels associated with pain, and the overall experience of male Mexican-American veterans. This study bridges existing gaps in the literature and serves as an important step in unraveling the influence of ethnicity on social meanings.

Through twenty-six interviews, this study compares and contrasts the notions of both physical and emotional pain of PTSD among Vietnam, Iraq, and Afghanistan veterans. In search of the definition of physical and emotional pain for Mexican-American veterans, this study explicitly assesses the meanings of pain of two cohorts; Vietnam and Iraq/Afghanistan veterans. Research questions addressed in this study are as follows: what are the meanings of pain, what does it mean to live with pain or in pain, are the meanings of pain stable or fluid, and what are the implications for having stationary or fluid meanings of pain for Mexican-American veterans. These research questions address whether the findings are generalized across second-generation

Mexican-American veterans and the impact acculturation. Furthermore, this study evaluates whether differences in conflict or time of military experience, across the same racial and ethnic group, create different health beliefs.

Findings suggest that pain is a physical and emotional phenomenon. Pain influences how a person sees himself and how others see him. The sensations of pain are intertwined with the processes of coping, disconnection, guilt, and masculinity. Pain is the overarching experience which serves as a lens of analysis for the themes explored in this study. Pain leads to, and is a key component of, the transforming self.

Dedication

With respect, honor, and gratitude, this thesis is dedicated to all the service men and women of this country: past, present, and future.

Acknowledgements

First, I would like to thank all the veterans who participated, giving their time and stories. Their efforts made this project possible.

Professor Linda L. Belgrave, you have made an enormous contribution to this collection. I hope to continue working with you and learning from you, even if it means completing cross-tabulations by hand with sticky notes. It means so much to me knowing you are on my side and I want you to know how much I appreciate you. Professor Crystal Adams, thank you for guiding my work and always being as, if not more excited than me, for this study. Your expertise will not only be reflected this project, but in my future work. Finally, Professor Monica Webb Hooper, thanks not only for being part of this whole project, but also thank you for listening to me and being part of something outside your department.

Apart from being a phenomenal friend, travel buddy, and silent karaoke teammate, to name a few of the many things you have contributed to my life, Jennifer Safstrom you have made editing this thesis a pleasure. Your criticism helped to refine this thesis and I am truly grateful you took on the task with diligence and appreciation.

Special thanks are reserved for my family, who provided me a much needed support network throughout this project. Nana, gracias por todas sus oraciones. No voy a dejar de luchar para cumplir con lo que le prometí.

Con Safos,

R.C.

Table of Contents

Page

List of Figures……………………………………………………………..………vii

List of Tables……………………………………………………………………viii

Chapters

1 INTRODUCTION……………….……………………………………….....1

2 THEORY ……..……………………………………………..………………14
Symbolic Interactionism ……..…………………………………………………14
Ethnicity ……………………….………………………………………………16
Self and Ethnicity ………..……..…………………………………………….17

3 LITERATURE REVIEW………………...………………………………..21
Ethnic Identity ……………………………...………………………………...21
Ethnicity and Pain ...……………………..……..……………………………23
Mexican-Americans ………………………...………………………………..24

4 METHODS AND PROCEDURES …….……..……………………………...30
Research Approach ……..……………………………………………………30
Grounded Theory ……………………………………………………..…...31
Research Design ………..……………………………………….………33
Study Population …..…………………………………………………….……...35
Recruitment of Sample …..…………………………………………..……….37
Data Collection Procedures …...43
Study Limitations …..……………………………………….…………......46

5 FINDINGS…………..………………………………….…………………49
Meanings of Pain …………..……………………………………………...52
Machismo and Pain …….……..………………………………………….. 56
Hiding Self ………………….………………………………………………59
Feeling Guilty ……………………….…………….……….…..………………62
The Transforming Self …………..……………………………………………...64
Feeling Disconnected and Dealing with Pain …...…………………………...68
Connection between themes ……………………..…………………………72
Cohort Cross Tabulation ……………………..……………………………74

6 CONCLUSION ………………...………………………………………………78
Future Research ………………….……………………………………………79

References ………………………………………………..………………………80

Appendix I ……………………...……………………………………………………….92

List of Figures

Page

5.1 The Transforming Self & the Continuous Process of Feeling Disconnected …....68

5.2 Interactions & Intersections of Themes ……………………..………………...73

List of Tables

Page

4.1 Participant Biographies ……………………………….……………………….39

5.1 Example of Cross Tabulated Codes …………….…………………..……………...50

5.2 Themes and Descriptions ………………………….…………………...…………...50

5.3 Cross Tabulation of themes to Cohorts ………….………………………………….76

Chapter 1: Introduction

The pain from combat as associated with post-traumatic stress disorder (PTSD) is a rising epidemic amongst Mexican-Americans. Approximately 1.1 million Latinos[1] aged 18 and older are veterans of the United States (U.S.) Armed Forces (United States Census Bureau 2009). According to statistics from the Research and Development (RAND) Corporation, collected for the study by the Congressional Research Service, Veterans Administration and the U.S. Surgeon General, approximately 460,000 U.S. military personnel who participated in the Iraq and Afghanistan war were diagnosed with PTSD (Tanielian and Jaycox 2008). Since then, the Congressional Research Service reported at least 90,000 more diagnosed cases (Fischer 2014). Veterans have a ten times higher prevalence rate of PTSD than that of the general population (Gradus 2014). According to a study conducted by the U.S. Department of Veteran Affairs (VA) in 1990, Hispanics have much higher rates of PTSD than whites, 28% to 14% respectively (Loo 2014). Previous studies of the relationship between ethnicity and pain (behaviors, attitudes, and meanings) have quantified ethnicity; however, none have conducted qualitative research using a symbolic interactionist lens to shed light on the dynamics of ethnicity. This study uses grounded theory as a methodological framework to examine the meanings given to pain, the meanings given to labels associated with pain, and the overall experience of Mexican-American veterans. This study bridges existing gaps in academic literature and will serve as an important step in unraveling the influence of ethnicity on social

[1] For the purpose of this paper Latino will be used interchangeably with the terms Hispanic, Chicano, etc.

meanings. This study explores emotional and physical pain from the subjective point of view of Mexican-American veterans exposed to combat experiences in the military who were diagnosed or self-identified as having PTSD resulting from their military experience.

Exposure to physical and emotional trauma, specifically combat experience, has long been associated with psychiatric injury (Coleman 2006; Dedert et al. 2009; Mayeux et al. 2008), particularly PTSD (Wilk et al. 2010). PTSD has been linked to both physical and emotional pain; specifically, pain is the most reported identifier of PTSD (Asmundson et al 2002; Roth et al. 2008). PTSD and pain co-occur because traumatic events lead to the experience of pain (Sharp and Harvey 2001; Smith 2008).

As per the U.S. Department of Veteran Affairs, PTSD is a disorder that can occur after a person goes through, sees, or learns about a traumatic event. According to the National Center for PTSD, this condition has four stages: reliving the event, avoiding situations that remind a person of the event, negative changes in beliefs and feelings associated with the trauma, and hyper-arousal. The Diagnostic and Statistical Manual of Mental Disorders (5th ed.) lists criteria for PTSD as: exposure to a stressor (Criteria A), recurrent, involuntary and intrusive memories (Criteria B), effortful avoidance of trauma-related stimuli (Criteria C), negative alterations in cognitions and mood (Criteria D), trauma-related alterations in arousal that begin or worsen after the trauma (Criteria E), persistence of symptoms (Criteria F), functional significance (Criteria G) and attribution of symptoms to trauma (Criteria H) (American Psychiatric Association 2013). Additionally, the three symptom clusters identified in the DSM-5 are; (1) re-experiencing the event through images, unwanted memories, nightmares or

flashbacks; (2) people will avoid reminders of the event including people, places or things, (3) the person experiences physical symptoms reflecting a state of anxiety or hyper arousal, e.g. insomnia (American Psychiatric Association 2013, pg. 737-769). Diagnostic criteria for PTSD includes a history of exposure to a traumatic event(s), meeting two of the listed criteria and/or meeting two of the listed symptom clusters. PTSD symptoms can be triggered by loud noises, particular smells, and places associated with the trauma, to name a few.

In 2010, there were 1.3 million Latino veterans in the United States, and a 23% increase is expected by 2030 (Office of the Under Secretary of Defense 2011; U.S. Department of Veterans Affairs 2014). Latinos are proportionally represented in the U.S. Armed Forces, representing approximately 17% of the general population and 12.3% of active duty service members, respectively (U.S. Department of Defense 2011). However, Latinos are overrepresented in combat positions by as much as 85%, which present a higher risk of developing PTSD (Araminio et al 2014).

The high prevalence of PTSD among Latinos has generated many studies in an attempt to assess the factors that place Latinos at higher risk for developing PTSD (Becerra and Greenblatt 1980, 1981; Becerra et al. 1982; Escobar et al. 1983). The findings of such research have been limited by a number of methodological shortcomings. Samples have been poorly defined and there has been a substantial lack of systematically applied diagnosis criteria. Studies have been more anecdotal in nature, relying on minimal observations or few case studies. None of these studies have asked or aimed to define what these experiences mean to veterans. Currently, there is no data to support the cause(s) of higher rates of PTSD among Mexican-

American veterans. However, with growing enlistment rates (Tanielian and Jaycox 2008), it can be concluded that the number of Mexican-Americans diagnosed with PTSD has increased and will continue to climb above other ethnic groups. The research gap lies not only in why Mexican-Americans experience higher levels of PTSD than any other group, but also in identifying what the physical and emotional pain of combat from PTSD means to Mexican-American veterans.

Military indoctrination conditions recruits to believe that pain is only a transitionary sensation that leads to strength; through persistent and consistent training, military dogma teaches there is no room for emotional or physical pain because "pain is weakness leaving the body", as captured by a common phrase used by the U.S. Armed Forces. For the Mexican-American male, pain is counterintuitive or inconsistent with machismo (Messner and Sabo 1990).

Mexican-American veterans' responses to pain not only contribute to existing literature on PTSD, pain, ethnic relations and cultural studies, but also to the acculturation of Mexican-Americans in society. Inspired by previous academic work, and in the tradition through which pain was explored, e.g. Mark Zborowski's "Cultural components in response to pain" (1952), this study conducts a cohort analysis comparing Mexican-American Vietnam and contemporary veterans from Iraq and Afghanistan; the aim is to explore the definitions and interpretations of both emotional and physical pain. Through in-depth interviews, this study contributes to existing literature by defining and examining the role of pain for Mexican-American veterans.

Mark Zborowski's article explores the relationship between ethnicity and pain. The article is based on material collected as part of the study, "Cultural Components in Attitudes towards Pain" (Zborowski 1952), which was funded by the U.S. Public Health Service. The study was set at the Kingsbridge Veterans Hospital, in Bronx, New York where four ethno-cultural groups were selected for interviews. The sample consisted of Jews, Italians, Irish and "Old American" stock. The three "non-old American" groups were selected because they were described by medical staff as manifesting striking differences in their reaction to physical pain. The subjects were 146 male patients of low and lower middle class, who were between the ages of 20 and 64. His quantitative investigation employed neither a questionnaire nor specific items that can be looked at statistically; moreover, the only criteria for selection of patients to be interviewed were ethnic origin and the presence of some sort of pain (Zborowski 1952). Zborowski demonstrated that pain was processed by behaviors and attitudes learned by the person in pain; he concluded these responses unique to the cultures in which the person is socialized.

Due to the time in which the article was published, there is a high probability that many of the participants were decedents of notable mass migrations from Europe, around the late 19th and early 20th centuries. The respondents could have been children of immigrants, or second generation. From 1890 to 1930, more than 950,000 Irish immigrants migrated into the United States (Daniels 2002). The Italian immigrants between the 1890's to 1930 numbered 3,800,000, or 90% of the total Italian immigrants to the U.S. (Daniels 2002). As per Daniels, it has been difficult to count the total mass of Jewish migrants; however, the mass and intensity of Jewish

migrants from Russia peaked in 1906 at 150,000 persons, making it 14% of the total immigrant population that year (Daniels 2002). These migrations could have included the parents of the participants of the study. Although correlation does not signify causation, it is likely that many of the subjects may have been second-generation Americans. It is important to conduct research on the children of immigrants because the data collected reflects the ethnic and cultural fingerprint of their parents, thus providing highly correlated impressions of the identities of individuals from particular cultures and ethnic backgrounds.

Zborowski treats ethnic groups as possessing norms and values, which are fixed. His research fits the agenda of hegemonic and assimilationist objectives in the context of the U.S. and falls into Gunnar Myrdal's (1944) notion of cultural differences: "Cultural influences have set up the assumption about the mind, the body, and the universe from which we begin; to pose the questions we ask; influence the facts we seek; determine the interpretation we give these facts; and direct our reaction to these interpretations and conclusions" (pg 1483).

Zborowski's article presupposes two fallacious assumptions. First, he converted subjective responses of pain into designators for ethnic groups. This perpetuates the propensity for ordering complex variations as a gradual ascending scale. It is important to recognize the impact of culture and ethnicity in our lives; however, articles such as his undermine the value and beauty assigned to culture. Instead, by providing a framework for assigning cultural value, his work offers the ability to rank responses that reinforce hegemonic notions of superiority and inferiority. Too often, academic work that compares cultures and ethnicities

perpetuates inequality. This occurs both intentionally and unintentionally when researchers show differences between ethnic norms and values that are aligned with or perpendicular to notions of ethnic relations in a society; as a result, academic research and literature can perpetuate racism. Secondly, Zborowski did not provide substantial evidence that demonstrates the function of the values and norms being assessed. In his case, definitions pertaining to pain are standard, or fit in to each respective ethnic group. His research outcomes treat each ethnic group's interpretation of pain as stagnant, consequently promoting a fabrication of ethnic realities and spawning lines along which to differentiate ethnic identities that are superior and those that are inferior without assessing their origin or purpose.

Although not all academic comparisons encounter this barrier, assessing ethnicities and their corresponding cultural characteristics can be problematic. Even early American heroes embraced racial attitudes that upheld cultural differences as the indicators of superiority and inferiority. For example, Benjamin Franklin viewed the inferiority of Blacks as purely cultural and completely remediable (Gould 1996). While perhaps not as extreme as biological "explanations," the assumption of inferiority based on race and its resulting cultural norms cannot be overlooked. It is inaccurate to think that the social measure of man is derived by comparing him to others in different groups, but not in reference to others in his own group; Zborowski exemplifies the mismeasurement of man.

Multi-ethnic comparative studies like Zborowski's face a common set of methodological problems when conducting cross-cultural research. Both emic (within culture) and etic (across cultures) validity must be considered for the overall

construction of validity. Research is flawed when these validities are in conflict with each other, which binds cross-cultural research into a sensitive challenge (Berry 1969). In other words, there needs to be a reconceptualization of what ethnicities are and how they interact as social points that contribute to self-reflexivity. Zborowski undoubtedly writes off ethnicities as social-geographical locks. His ethnocentric prejudices, political and ethical concerns, and limited gereralizability (even within the groups he studied), are not only problems in his work on ethnicity and pain, but for cross cultural research (Miller-Loessi 1995).

In the tradition of Zborowski's work, this study compares and contrasts the notions of both physical and emotional pain acquired from PTSD from the same migrant generation group. This is because the study of a group of the same migration generation addresses differences in acculturation within that group. This study assesses the differential effect of ethno-cultural factors on symptom presentation and community functioning. The failure to attend to these challenges can result in contradictory findings across the group. Examining whether ethnicity is solid, concrete and foundational as Zborowski's work assumes, or fluid and constantly changing as Mead's theory of self suggests, can provide a vivid depiction of the nature of particular ethnic and cultural identities. Furthermore, rethinking how ethnicity plays a role in society, rather than following Parson's typology on roles (Parsons 1951), leads to a rethinking how society should view ethnic values and norms, while providing research that does not rank them, but allows for a nonpartisan view of ethnic identities. Zborowski reminds us that ethnicity and culture are performative, but nonetheless materialized through the lived experience of others.

Several studies of the relationship between ethnicity and pain behaviors, attitudes, and meanings have all quantified ethnicity. Few have conducted qualitative research using a symbolic interactionist lens to shed light on the dynamics of ethnicity and its essence as a social activity. One problem with previous studies is the lack of consistency of ethnic markers or categories; for example, combining Whites with Caucasians in a study and comparing them to Blacks and Hispanics is problematic because of the immense differences between ethnic groups. Caucasian is a concept that has historically been used to describe the physical or biological type of some or all of the populations of Europe, North Africa, the Horn of Africa, Western Asia, Central Asia, and South Asia (Coon 1939). Besides its use in anthropology and related fields, the term "Caucasian" has often been used in the United States in a different social context to describe a group commonly called "White people" (Painter 2003).

Between 1917 and 1965, immigration to the United States was restricted by a national origins quota. The Supreme Court, in *United States vs. Bhagat Singh Thind* (1923), decided that Asian Indians were ineligible for citizenship because, though deemed "Caucasian" anthropologically, they were not “White” like European descendants since most laypeople did not consider them white people (Lopez 1997). This represented a change from the court's earlier decision *Ozawa vs. United States* (1922), wherein it had declared skin color irrelevant in determining whether or not a person could be classified as "white" and instead emphasized ancestry (Lopez 1997). This is where the confusion of whether American Hispanics are included as "White" comes from, as some American Hispanics are European in descent, while others are of

mixed racial origins. In other countries, the term Hispanic is not nearly as associated with race, but with the Spanish language and cultural affiliation.

Taking a symbolic interactionist (S.I.) approach, as is done in this study, is appropriate to address issues related to ethnicity because S.I. offers a distinctive lens to capture the fluidity of ethnicity. Specifically, Herbert Blumer's (1969) methodological writings shape important conceptions of science and provide an appropriate means by which ethnographic and qualitative research may yield insight on intimate meanings. S.I. sheds light on behavior and human action, yielding a lens through which to view human reality (Charmaz 1999). This study uses grounded theory as a methodology to examine the meanings given to pain, the meanings given to labels associated with pain, and the overall experience of Mexican-American veterans. Grounded theory was developed by Glasner and Strauss (1967) and is built directly from the "naturalistic method" Blumer outlined in his position statement in 1969. For the interest of this study, Blumer's methodological project offers a foundation of qualitative research, which is better understood when he expressed his appreciation for the single cultural analysis in Thomas and Znaniecki's "The Polish Peasant in Europe and America," stating that their cultural work demonstrated objectivity and held great importance to scientific analysis of culture (Blumer 1939). In a contemporary revision of their book, Thomas and colleagues (1996) separated the social world into two typologies, objective and subjective. The authors made two arguments concerning these phenomena: first, that social psychology must be able to scientifically deal with both the objective and subjective and, second, that the objective of social psychology is to identify the causal relationships invariably linking

objective and subjective phenomena. Blumer (1928) defines objective experience in three concepts: first, the experience must be durable and repetitive, rather than transitory and ephemeral; second, the experience must be accessible to others; third, the experience must be transmissible by discourse. Pain satisfies Blumer's three previous conditions, thereby giving credence for an S.I. and grounded theory approach in social psychological investigations, what Charmaz refers to as a "theory methods package" (Charmaz 2006).

Blumer delves deeper as he defines the notion of interpretation, arguing that there has to be an ontological premise. As a student of Mead, Blumer gleaned that social interaction is symbolic. This position views the social world as a place where individual and group actions are mediated by the process of interpretation. Blumer proposes that social beings are always interpreting the social world and the interpretive process between external stimuli and individual responses is not neutral. Therefore, social research must not only recognize the importance of this interpretive process, but also examine the content of this process (Blumer 1969).

Following in the tradition of Zborowski's work, and using a symbolic interactionist theoretical lens, allows for a rethinking of ethnicity and of the impact of ethnic norms and values on identity. Intraethnic analysis (Harwood 1981), or intragroup variability (Chrisman 1982), is the degree to which members of ethnic groups actually share social norms and values. In order to examine the degree to which norms are consistent and being shared, the ethnic group needs to be as homogeneous and close-knit as possible. In the context of the U.S., first and second generation individuals from the same national origin constitute relatively close-knit groups. The

intraethnic analysis proposed here will be conducted using a cohort comparison. By subscribing to the notion that children of immigrants are close representations of the ethnic fingerprints of their parents' origins, it is appropriate to select this group for the case study. The goal of this study is to capture the definitions of physical and emotional pain as perceived by each cohort. This study explores physical and emotional pain from the subjective point of view of Mexican-American veterans exposed to combat experiences in the military that were diagnosed or identified as having PTSD as a result of their service.

In search of the definition of physical and emotional pain, this study explicitly determines what the meanings of pain are and if the meanings of pain between generations are stable or fluid for Mexican-Americans. Research questions addressed in this study are as follows: (1) What are the meanings of pain? (2) What does it mean to live with pain or in pain? (3) Are the meanings of pain stable or fluid? Finally, (4) what are the implications for having stationary or fluid meanings of pain for Mexican-American veterans? These research questions address whether the findings are generalized across second-generation Mexican-American veterans. It also assesses the impact of acculturation and the time of military service. In this way, conclusions can be drawn regarding the same racial and ethnic group, to determine if different health beliefs among the same group exist. Based on previous literature, the study expects to find differences in the interpretation of symptoms of pain because of history or because of cohort/reference group.

The organization of the remaining chapters is as follows: chapter two addresses the theories involved in the study and the relevant literature. Specifically, it draws

from symbolic interactionism in an attempt to understand the influence of the generalized other, in terms of ethnicity, on the self (Mead 1967) and its relation to the reflective state (Cooley 1902). Furthermore, the chapter introduces the use of grounded theory in the study. Chapter three is composed of a literature review of issues such as, but not limited to, the following: ethnic influences on health beliefs and behaviors, the role of ethnicity on self-identity as a reaction to labels, the association between ethnicity and behavior towards pain, ethnicity influences on pain, and a critical review of Zborowski's article on the culture of pain. Chapter four discusses methods and procedures; in particular, a snapshot of the population of study, research approach, and research design is discussed. Grounded theory is discussed as the methodological framework. Chapter five outlines the findings and chapter six addresses future research questions.

Chapter 2: Theory

Individuals are social beings immersed in social relations. The interaction with others constitutes a lifelong process in the maintenance and construction of one's social self. As individuals navigate through the social world, they are penetrated with narratives as a result of their social interactions. Narratives, as they become composed, provide the fundamental framework of a specific cultural identity, which incorporates not only their perspectives, and reactions in the social world, but also their ethnic identity. Ethnic identity, the social position into which one's born, social contacts, societal constructs, beliefs, and values all place a sizable imprint on the development of the self (Burkett 2008).

Symbolic Interactionism

Symbolic Interactionism offers a view of ethnicity and the self where the individual and the group can be examined through their shared meanings. The essence of the self is cognitive. Social beings are composed by the social self, subjective consciousness, and self-consciousness (Mead 1967). As the self interacts within society, it uses its "I" and "me" to interact and interpret. The interaction between the "I" and the "me" only happens if the individual is able to socialize in society (Mead 1967). The self appears as a result of experiences with others and does not develop independently as an entity unto itself. In terms of the social situation, the self requires the allocation of the gestures (Mead 1967). The self is constituted by the social process and individual reflections, or the individual's ability to involve his or her self in a

continuous social interchange. The self is not a precondition of biology and logic, but a byproduct of the social process.

According to Mead, the self is achieved by participating in social interaction. The self is a structural process in the conduct of the form. It is not consciousness or reflective intelligence or a single social interaction, but rather an atmosphere developed as a result of these individual processes. The “I” is constantly present in experience, as the active state of response of the individual to the attitudes of others and it acts creatively within the context of the “me.” Meanwhile, the “me” is the learned organized attitudes of others, a definite organization of the community in our own attitudes. The “I” and the “me” are separate in terms of process; however, they are still part of a whole, the self. The conversation between the “I” and the “me,” or a conversation between gestures, only happens when the attitude of the individual is compared to the attitude of society.

The existence of the “I” is demonstrated through the immense diversity amongst ethnicities. Mead’s theory postulates that the self is a buildup of imitative practices, gestures and conversations over time. The individual forms a reflexive conception of his or her self that derives from example and engagement with actors in their social space. The “me” is what is learned in interaction, the attitude of the other. By contrast, the “I” is both the impulsive part of the self and the response of the individual to the attitude(s) of the other. The “I” acts creatively within the context of the “me.” No academic studies have considered the importance of the “me,” specifically related to the interpretation of pain. Academic research has not compared the same group to examine the “me” of ethnic norms and values of physical and

emotional pain. This research acknowledges the correlation between ethnicity and interpretations of pain.

Ethnicity

Understanding the power of ethnicity on the self is important because cultural factors make us react differently to certain situations. For example, prior research has shown the influence of ethnicity on health beliefs and behaviors (Chrisman and Kleinman 1980; Harwood 1981; McGoldrich and Giordano1982), and self-identity as one reacts to labels and personifies labels (Kleinman et al. 1978; Mechanic 1978; Good et al. 1994). Academics from various schools of thought have also found strong, positive association between ethnicity and behavior, specifically toward notions of pain (Weisenburg et al. 1975; Zborowski 1952, 1969; Zola 1966). Furthermore, how individuals express pain is similar to others in their ethnic group or subgroup (Sternbach 1968, 1974, 1977, 1978, 1982).

For healthcare providers, understanding ethnic background is important, as it is helpful in terms of treatment, so as not to discriminate amongst ethnic groups, and to understand what the patient is able and willing to think about pain (Zola 1966). However, awareness of ethnic variations all too often leads to stigmatization and stereotyping. As defined by Allport, this understanding "acts as both a justificatory device for categorical acceptance or rejection of a group" (1958:192). Zola follows by noting that, "everyone has a cultural heritage which is part and parcel of an individual's health practice. The particular answer is not to learn in detail the infinite

varieties of culture but to be aware of these varieties and how they might affect one's health" (1983:227).

Self and Ethnicity

Since this study seeks to explore the intimate relationship between the self in terms of ethnicity and created meanings, a theoretical approach that seeks to be concerned with the flexible and ever-changing dynamic of interactions amongst people in everyday life is necessary. This study draws upon the S.I. perspective. In keeping with that perspective of the self, it is assumed, that the self is fundamentally social in nature. That is, the self is developed and maintained through social relations (Mead 1967). Due to the social nature of the self, socialization is a lifelong process. Due to its fundamental assumptions about the nature of the self, the S.I. perspective permits examining the ways in which changes in self-concept occur throughout the life cycle (Charmaz 1983).

Consistent with this approach, this study examines how pain, both physical and emotional, as an experience, shapes situations in which the person learns new definitions of self and often relinquishes old ones. Experiencing illness is a social and psychological process in which the inner dialogue between the "I" and the "me" changes and definitions of experience change (Blumer 1969). The individual in pain draws upon past social experiences, cultural meanings, and knowledge to engage in a mental dialogue about the meanings, of present physical and social existence. Specifically, the emergent indications of identity elicited by their emotional and physical pain are assessed. S.I. is dedicated to the study of human life and behavior in

terms of intimate interaction, as an appropriate lens to observe the experience of both physical and emotional pain (Blumer 1969).

Mead's theory of the self assumes that social beings are active agents participating and interacting with other members in the social world (Mead 1967). This assumption opposes the idea of the self as being merely a reaction to external social forces. In this sense, individual actions are considered joint acts between the "actor" and others; in the case of this study, that interaction is between actors, others composing the ethnic group, and other members of the military. Here, ethnicity is a social construction, a designator that is attributed to a specific social world. Based on this premise, ethnicity becomes a state in motion and not a stagnant state or condition. According to S.I., social beings communicate with one another through the creation, use, and interpretation of symbols and gestures. These symbols are seen as being in a state of constant flux (Blumer 1969).

According to Blumer, symbolic interactionism rests on three simple premises. The first is that humans act toward things on the basis of meanings. The second is that meanings of things arise through social interaction. Finally, the third is that these meanings are in a constant state of interpretation and, though this interpretation, the individual deals with the situations and people which they encounter. In terms of this study, S.I. offers the understanding that meanings are not only embedded in interaction, but more importantly, that interaction is the social fabric that allows for members of ethnic groups to develop and project behavioral norms (Blumer 1969). Other theoretical lenses bypass meanings in favor of other factors. For example, using a Parsonian approach only views individuals in terms of roles (Parsons 1951). To

ignore meanings is to deny the process and importance of interpretation and self-reflexivity. Meanings form behaviors. The capacity of social beings to make indications of themselves gives a distinctive character to human action. Self-reflexivity means that the individual confronts a social world that he/she must interpret in order to act, instead of an environment to which the individual responds (Blumer 1969). Using symbolic interactionism for this study is appropriate because the present goal is to explore the definitions of pain. Furthermore, examining the self in a reflective state (Cooley 1902) will shed light on to the resiliency of ethnic identity.

Symbolic interactionism proposes that the self is created through social interaction, and that the self is constantly adjusting through further social interactions (Mead 1967). Self-emergence is composed not only from within the individual, but more so as a combination of the generalized norms and values of others (Blumer 1969). In this sense, symbolic interaction understands that the development of the self is forever in motion and that concepts, such as ethnicity, play a role in shaping one's self; these fluctuations can arise within cohorts of the same ethnicity. Employing an S.I. perspective allows for ethnicity and pain perception to be conceptualized in a number of ways. First, ethnicity is considered to be more than chance, circumstance, or a biological imperative. Ethnicity and race are constructed through complex social interactions between two or more people (Omi and Winant 1986). It is the dynamic interaction of one's "I" and "me." Furthermore, ethnic behaviors can be interpreted not simply as means to an end, but rather as acts invested with meanings that people interpret differently, even among those of the same ethnicity.

Symbolic interactionism allows for a lived understanding of social influence on the construction of meanings; furthermore, intentionality allows the study to understand how people respond. Symbolic interactionism works well with intentionality, the epistemology that allows individuals to study the lived experience of others, in this case pain. Intentionality means that everything known and understood by an individual originates from the individual's intimate connection to the social or life world. In this sense, consciousness of ethnic norms or values, seen in concepts like machismo or hyper-masculinity, can never be turned off or separated from what is happening to an individual's conceptualizations of pain. This is because consciousness is intimately connected to the social psychological self.

Chapter 3: Literature Review

American society is increasingly multicultural and multiethnic. According to the U.S. Census Bureau (2000), minority populations will comprise one-third of the total U.S. population by the year 2030. The U.S. government has shown interest in public health and health care policies (e.g. Medicare, Medicaid, and the Affordable Care Act). In terms of cost, on behalf of the National Commission on Prevention Priorities (NCPP), the Partnership for Prevention group confirms that preventative care is cheaper in the long-run than reactive care (Woolf et al. 2009). Since a sizable portion of the population has ethnic ties that motivate health and health beliefs, it is important to address issues for providing health care to these communities. Health administrators must come to understand that ethnic groups in the U.S. are not homogenous, regardless of groupings (i.e. Hispanic group consists of people from various nationalities and different continents). Ethnic identities are composed from the integration of patterns of human behavior that include, but are not limited to, language, actions, beliefs, and attitudes (California Endowment 2003).

Ethnic Identity

Ethnic identity refers to shared cultural distinctions, practices, and perspectives that set apart one social group of people from another (People and Garrick 2010). Specifically, ethnicity is a shared cultural heritage. It is important to note that ethnic differences are not inherited; rather, they are learned. Ethnic identity development is self-categorization based on a social attachment toward a specific ethnic group(s) (People and Garrick 2010). Ethnic identity is characterized as being part of an

individual's overarching self-concept. Ethnic identity is an important factor in determining a person's behavioral response (Chrisman and Kleinman 1980). An individual's health behavior is moderated and linked to ethnic norms and values (Leininger 1979). A symbolic interaction approach acknowledges how individuals learn what is socially expected, inclusive of attitudes and norms linked to pain. Ethnicity influences health beliefs and behaviors in several ways (Harwood 1981; McGoldrich Giordano 1982). For example, many Hispanics believe that life difficulties, such as pain, should be accepted without complaints (Calatrello 1980; Callvio and Flaskerud 1991). In terms of identity, ethnicity socially conditions and constructs a self-identity from reactions to labels (Kleinman et. al 1978; Mechanic 1978). Association with a specific ethnicity prompts a specific behavior towards pain (Weisenburg et al. 1975; Zborowski 1952, 1969; Zola 1966). Expressions of pain rooted in ethnicity vary and have other social determinants that prompt ethnically appropriate behaviors (Sternbach 1968, 1974, 1977, 1978, 1982).

Historically, physiological research understands pain solely through the field of medicine (Morris 1991). Contemporary research highlights the shortcomings of physiological research, as it bypasses pain as a social phenomenon (Kleinman 1988). For example, Arthur Kleinman (1988) sheds light on the meanings of illness and how they are shared and negotiated. Drew Leder's work explains how pain cannot simply be reduced to merely sensory qualities, but is more a "matter of being in the world" (Leder 1990:73). These works depict the way in which pain is not strictly a corporeal phenomenon (Morris 1991).

Ethnicity and Pain

Zborowski's (1952) seminal study has been a pertinent reference to the relationship between culture and pain. The study described the pain response patterns in Italians, Jews, Irish, and "Old Americans" (those of Anglo-Saxon decent). Zborowski found differences in the pain responses among the four groups and concluded that the social conditioning of ethnicity plays an important role in pain behavior. For instance, Italian patients seemed to be mainly concerned with the immediacy of the pain experience and were disturbed by the actual pain sensation(s) which they experienced. The concerns of patients of Jewish origin were focused mainly upon the symptomatic meaning of pain and upon the significance of pain in relation to their health, welfare, and the long-term welfare of their families (Zborowski 1952). As per his study, Italian patients expressed in their behavior and complaints the discomfort caused by pain and they manifested emotions with regard to the effects of this pain experience. Meanwhile, Jewish patients primarily expressed their worries and anxieties as to the extent to which the pain indicated a threat to their health (Zborowski 1952).

Zborowski suggested that health beliefs toward pain exist in every culture, thereby contending that ethnic norms and values dictate the expectation of and reaction to pain (Ludwig-Beymer 1989). Zborowski reached two conclusions: first, that the behaviors related to pain demonstrated by members of different ethnic groups did not necessarily reflect similar attitudes towards pain, and secondly, that reactive patterns or manifestations of pain (e.g. moaning or crying) may have different functions amongst various ethnic groups (Zborowski 1952).

Different ethnic groups have diverse sets of values, norms and attitudes about health and the experience of health. Since the self is always in motion during the life course, these values and attitudes change; as a result, in ethnic groups, there is variety. For example, there are different expectations and understandings of health beliefs and behaviors based on age, gender, sex, occupation, etc. (Meinhart and McCaffery 1983).

Mexican-Americans

Mexican-Americans, as a group, are not completely homogenous. Diversity arises from intergroup differences that could affect health beliefs and responses to pain. Differences include, but are not limited to, socioeconomic factors, gender, age, skin color, parent's state of origin, level of knowledge of the Spanish language, and religion. Specifically for Mexican-Americans, adherence to ethnic health beliefs is related to the degree of acculturation (Hardwood 1981). Although contemporary Mexican-Americans, to some extent, do not believe or practice folk medicine on a wide scale, there is still a large proportion of Mexican-Americans who abide by ethnic beliefs (Gonzalez-Swafford and Gutierrez 1983).

Since this study is focused on second generation Mexican-American veterans, it is appropriate to explore the impact of acculturation on the ethnic norms and values of this group. Acculturation is a cultural adaptation initiated by the conjunction of two or more autonomous cultural systems (Social Science Research Council Summer Seminar 1954). For this group, the stressful effects of acculturation entail various shifts involving language use, cognitive style, personality, and identity (Malzberg and Lee 1956; Odegaard 1932).

The Children of Immigrants Longitudinal Study (CILS) from 1991 to 2006, formulated that out of all of the ethnic groups in their research sample, 92% of second generation Mexican-Americans were not ashamed of, or embarrassed by, their parents (Portes and Rumbaut 2006). This finding is a clear indication that there is fluid interaction and acceptance of ethnic norms and values amongst this group. Additionally, this finding supports both Harwood (1981) and Castro and colleagues' (1984) notion that Mexican-Americans have an intense adherence to Mexican culture and a more traditional Mexican outlook on health beliefs.

The foundational norms and values of Mexican-Americans provide a conceptual framework for understanding the relationship between ethnicity and health. For example, first-generation Mexican-Americans believe a healthy person is one who is fulfilling his or her functional role and is free of any pain (Harwood 1981; Meinhart and McCaffery 1983). In this sense, if a person is functioning adequately, that person is considered healthy regardless of other symptoms (Calvillo and Flaskerud 1991).

Research has suggested that a key behavior among Mexican-Americans who are experiencing pain is self-control (Harwood 1981). Kalish and Reynolds (1976) conducted a study that observed the expression of emotions. One question in the study asked, "Would you try very hard to control the way you showed your emotions in public?" Data showed that 64% of Mexican-Americans responded "yes" as compared to 54% of Anglo-Americans, thereby supporting the notion that the importance self-control is heightened for those in the Mexican-American community. This is further highlighted in Castro and colleagues' (1984) study on Mexican health beliefs, which found that the concept of self-control is important in Mexican culture. Definitions of

self-control include: (1) the ability to withstand stress in difficult times, (2) a passive resignation in which the person accepts his or her fate, and (3) coping and working through the issue (Castro et al. 1984). Self-control is a guiding behavior exercised in conjunction with cultural norms (Calvillo and Flaskerud 1991).

The conclusions in Kalish and Reynolds (1976) reaffirm Zborowski's (1952, 1969) deductions about health patterns not having the same function. For example, nurses operating from the dominant culture mode of response, in the case of the U.S. Anglo American, might interpret crying and moaning as an inability to tolerate pain and as a call for intervention (Calvillo and Flaskerud 1991). However, because of conceptions of self-control in the Mexican-American group, crying and moaning might function as a relief of pain rather than a request for intervention. Lipton and Marbach (1980, 1984) demonstrated that Hispanics were less likely to admit to loss of control and less likely to describe their pain as unbearable.

Pain is an individual, subjective experience shaped by various biological and social factors. Sex and gender play a significant role in ethnic health behaviors. In the case of Mexican-Americans, concepts of masculinity have a fundamental role in the health behavior and definitions of pain for men (Kay 1977; Martinez 1993). Mexican-American masculinity is an important area to study because traditional gender roles have been linked to health disparities (Houle et al. 2008; Fragoso and Kashubeck 2000; Kay 1977). For example, findings from Houle and colleagues' (2008) study of traditional male gender roles suggest that men who ascribe to traditional masculine gender roles and behavior are more likely to engage in suicidal behavior. In the Mexican-American community, close adherence to ethnic norms and values are

motivators for gendered behavior; moreover, this phenomena calls for an inquiry into this community, specifically how its members interpret norms and values and how they are performed.

Mexican-American masculinity is identified as machismo, and has been linked to depression and stress (Fragoso and Kashubeck 2000). Machismo involves hyper-masculinity, domination over the other sex, physical and emotional aggression, alcoholism, and restriction of emotional expressions (Arciniega et al. 2008). Emotional restrictions, as seen in Castro and colleagues' (1984) study of Mexican-American health beliefs, are identified as vindications of self-control and as pillars to health behaviors. Machismo can be salient when operational demands of high-risk, high-stress occupations, such as when military combat service, are combined with machismo (Herrera et al. 2013). For example, restricting emotional expression may complement military training during a deployment; however, this may become problematic at home, after a deployment, due to the long period of separation and adjustment. This all becomes complicated by both physical and emotional trauma caused by participating in combat.

Mexican-American men are socialized to disregard their own emotions and feelings during combat situations. Furthermore, machismo prompts restriction of emotional expressions. Emotional pain, such as that associated with PTSD, is able to arise initially virtually undetected by healthcare professionals both in and out of the military, friends, family, and by the individual. Military combat decorum and machismo prompt an unwillingness to recognize one's own suffering associated with health and mental health. The culmination of both machismo and military traditions

stimulate and link issues like PTSD, aggression, problems in interpersonal relationships, and alcoholism for veterans (Jakupcak et al. 2010; Taft et al. 2009; Thomas et al. 2010; Burn and Ward 2005; Wade and Donis 2007). Machismo and military culture contribute to individual restraint from acknowledging the existence of physical and emotional pain and seeking treatment associated with PTSD, as evidenced by the military's current large-scale advertising efforts praising the bravery and masculinity of soldiers. Such examples can be seen in slogans used in both commercials and ads. For instance: "There's strong. Then there's Army strong. Are you Army strong?"; "Gee, I wish I were a man. I'd join the Navy"; "The Marines are looking for a few good men"; "first-class fighting man"; campaigns that connect Hispanic family values with those of military culture; "Hispanic families instill important values. Our Marines embody them every day." In addition, the high cultural value placed on stoicism, downplaying distress, and the family as the vehicle for addressing personal problems, may result in Hispanic veterans being reluctant to acknowledge symptoms of PTSD, let alone seek care (Cañive et al. 2001; Dohrenwend et al. 2008; Pole et al. 2005)

Hispanic veterans, like other ethnic minority veterans, historically have faced more hazardous duty than whites (Dohrenwend et al. 2008). Furthermore, the experiences of prejudice that Hispanic veterans are more likely to encounter during deployment is likely to exacerbate PTSD (Dohrenwend et al. 2008). Recent evidence also suggests that PTSD symptoms among diagnosed Hispanics differ, not only in severity, but in typology; Hispanics are more likely to report exaggerated or

intensified cognitive and sensory perceptions (e.g. flashbacks) than non-Hispanic Caucasians (Marshall et al. 2009).

Chapter 4: Methods and Procedures

Research Approach

Through in-depth interviews, this study contributes to existing literature by defining and examining PTSD associated pain in Mexican-American veterans. Pain is an experience that is ubiquitous and, at the same time, quintessentially subjective (Osborn and Rodman 2010; Kotarba 1983). It is influenced by several factors. The private nature of pain makes drawing inferences based solely on ethnicity problematic. As pain is subjective, dynamic and multidimensional, it is extremely difficult to quantify (Osborn and Rodman 2010). Therefore, a qualitative approach is appropriate, as it provokes an explanation that cannot be answered simply by biomedical evidence (Cahana 2007). A qualitative approach attempts to explore the personal experience of a phenomena and access to the insider's experience as it adopts a different ontological position (Conrad 1987). Qualitative analysis acknowledges the real world as a shared one. This is important for the study because, from a theoretical perspective, the work is positioned to seek underlying meanings and non-quantifiable answers.

Health research frequently uses qualitative methodology to study social practices and processes; more specifically, this is applied to examining barriers or facilitators to health and assessing individual meanings (Starks and Trinidad 2007). The current study uses a symbolic interactionist theoretical approach complemented with a grounded theoretical methodology. The approach in symbolic interactionism is to study how individuals in a group reveal meanings and to understand that those meanings are always being interpreted (Blumer 1969)

Additionally, grounded theory studies a group of people who have experienced a similar process and allows for a personalized theoretical understanding created by the participants (Charmaz 2006). There is no previous influence of other theoretical frameworks onto the researcher in understanding the results. This is important because the data can be actively used in creating a theoretical frame, free from functionalist frameworks. Furthermore, grounded theorists move beyond descriptive analysis. Grounded theory focuses on the development of a theory grounded in "real-life" experiences that illustrate how a particular process or life event fits into the lives of individuals (Charmaz and Belgrave 2012). This methodology works well with the symbolic interactionist perspective, which understands processes and meanings as being socially constructed and interpreted through social interaction (Charmaz 2006; Charmaz and Belgrave 2012; Starks and Trinidad 2007). In addition, grounded theory is based on the experiences of others and shaped by the perspectives of the study participants (Creswell 1998, 2013). The goal of using symbolic interaction in this study is to describe how meanings of pain are transmitted through the processes of negotiation and interpretation. However, the simultaneous use of grounded theory requires openness to the theoretical directions that may be taken at later stages of analysis (Charmaz 2006).

Grounded Theory

Since the study has no anchoring hypothesis, grounded theory offers an appropriate methodological approach to the study (Allan 2003; Strauss and Corbin 1998). Grounded theory makes available a detailed, meticulous, and systematic method of analysis, which has the advantage of reserving the need for the researcher to

conceive a preliminary hypothesis. Therefore, it provides the researcher with greater freedom to explore the research area and allow issues to emerge organically (Bryant 2002; Glaser 2001). As a consequence, grounded theory is useful in providing insight into areas that are relatively unknown by the researcher and/or the literature, as well as limiting bias in observation since the aim is not to exclusively prove or disprove a given hypothesis.

Grounded theory offers an inductive method through which to conduct a qualitative research project, such as the study in this thesis, because it denotes several referents: it offers guidelines for conducting research, suggests specific strategies for the management of inquiry and legitimizes the study as scientific inquiry (Charmaz 1995, 2006). The researcher uses grounded theory to get to what is important in data, without focusing on the superfluous. Grounded theory methods foster viewing data in innovative ways and exploring ideas about the data through early analytic writing. By adopting a grounded theory method, this study will direct, manage, and streamline data collection; moreover, it will construct an original analysis of data (Charmaz 2002).

Grounded theory values individual experience and reflexivity (Rennie 1992). It consists of systematic, yet flexible, guidelines for collecting and analyzing qualitative data to allow for the construction of theories "grounded" in the data itself. The guidelines in grounded theory offer a set of general principles and heuristic devices rather than formulaic rules (Atkinson et al. 2003). Therefore, data form the foundation of theory and analysis. Grounded theorists collect data to develop theoretical analyses from the beginning of a project. In this study, I aim to learn what occurs in the

research settings by joining research participants' insights. With this methodological approach, the researcher attends to what is heard, seen, and sensed during interviews. This collection can then be examined as empirical events and experiences that allow for the pursuit of a vivid depiction of ethnicity and pain. This study is positioned on the epistemological assumption that ethnicity is socially constructed and always interpreted, that the ethnic self is intimately connected to respond to pain as a resonance of its intimate social world, and that it allows for the observation of ethnic interpretations of pain; furthermore, this accounts for how interpretations of pain are sustained and/or changed over generations.

Research Design

The data used in this study consists of twenty-six in-depth interviews using a symbolic interactionist approach complemented with a grounded theory methodology. In this study, I conduct a cohort analysis that compares meanings and experiences of pain. Grounded theory is an appropriate methodology because meanings are constructed by participants and their lived experiences with pain. Symbolic Interactionism understands that reactions to pain are socially constructed; furthermore, pain is constantly being interpreted. Diving into the world of the participant is the goal of grounded theory and is beneficial because the constant synthesis and coding of data create sound categories which become more theoretical with each level of analysis (Charmaz 2006).

In-depth interviews allow for the exploration of multiple meanings of pain. Johnson and Rowlands (2012) explain that in-depth interviews are capable of

providing a complimentary method alongside other techniques of collecting data. More specifically, conducting in-depth interviews, as the primary method, addresses issues that require deeper understandings (Johnson and Rowlands 2012). The interviewing process, particularly in constructivist grounded theory, is a negotiated development that has to be placed in the context of the experience by the participants (Charmaz 2006). Due to the fact that the interpretations of pain are so subjective, in-depth interviews, "go beneath the surface of an ordinary conversation" and allow for a focused search of particular themes (Charmaz 2006:27). Furthermore, studies show that the description of pain varies depending on language (Fabreaga and Tyma 1976). Therefore, interviews were conducted in English to minimize inconsistent representation of pain.

Through the entirety of the study, I understood that there are potential issues that might arise before or during the interviews in terms of influence. As a Mexican-American veteran with PTSD, I am an insider of the studied population and I understand that my experience with pain may differ from that of others. Therefore, using a symbolic interactionist lens along with grounded theory is fitting since every interpretation of pain is different (Johnson and Rowlands 2012). Researchers who are members of the studied community use in-depth interviews as they allow for a further understanding on how personal experiences are similar and different than that of others (Johnson and Rowlands 2012). Regardless of the issue of self-reflectivity, in-depth interviews "involve an interactive process in which the interviewer and the informant draw on and use their commonsense knowledge to create some intelligent

sense of the questions posed and the ensuing discussions about them" (Johnson and Rowlands 2012: 99).

Study Population

By 1997, one in five children in the U.S. were born from immigrant parents; three million of these individuals will be part of generation 1.5 and 10.8 million individuals will be second generation (Portes and Rumbaut 2001). Children born from immigrant parents are the fastest growing segment of the country's population. The experiences and imaginaries (Camacho 2008) of the children born of immigrant parents are important to examine because, unlike their parents who have their home country as a point of reference and, this generation of children born elsewhere, but who grow up in the U.S. with minimal or no ties to their nation of birth is unique. These individuals only have the U.S. as a point of reference. Their experiences add color to the American migrant experience, which serves as an integral part of the canvas of American history. Regardless of whether they are second generation or as part of generation 1.5, these children's socioeconomic achievement sets the course for their respective ethnic groups. Therefore, addressing their differences in health beliefs allows for not only an understanding of the group to be developed, but also for the reassessment of medical staff in terms of providing better service. This is important in terms of the study because all veterans interviewed were born of immigrant parents.

Through this study, I examine the perceptions of pain of second generation veterans from one ethnic group. Additionally, the ethnic group is divided in two distinctive groups because I sought to compare ethnic norms and behaviors over two

cohorts. The first cohort consists of male participants who served in combat during the Vietnam War and the second cohort consists of male veterans who were in the military serving in combat during the wars in Iraq and Afghanistan. The reason for limiting the sample to veterans and selecting participants in two wars is because experience is so varied. It is important to focus on a group who has had or is experiencing similar social situations (Fraga 2010). Social location has moderating effects on interpretations of pain and the wars were selected, in part, because of their lack of popularity. The rationale for selecting these specific conflicts was because of the similar trends in public opinion regarding these two wars, which enables this study to limit the differences between the cohorts, especially in terms of social location. As per the Pew Research Center, the Vietnam and Iraq/Afghanistan wars are currently the most unpopular armed conflicts based on surveys of American public opinion, from which there are living veterans (Pew Research Center 2006, 2009). Comparing other armed conflicts to the two selected would be an issue because public reception and support of veterans would influence behaviors. Conflicts that were perceived as more positive or popular would jeopardize the study's desire to keep the groups as similar as possible.

There are several motives for limiting the sample to males. First, the original study conducted by Zborowski limited the sample to males. However, a more important motive lies in the fact that men are traditionally allowed to serve in combat scenarios more frequently and directly than women. From indoctrination throughout their military careers, men are socialized into a specific culture with values, norms, experiences and expectations to which they have to adhere to more often than women

in the U.S. military. For instance, the masculine-warrior paradigm exemplifies these gendered notions to affirm the perception that combat is primarily a male-dominated field. Therefore, working specifically with men provides an awareness of masculine cultural values. Men have both privilege and constraints that women do not, so that bundling both would decentralize the goal of having the closest possible social location. However, there is no singular masculinity, rather a variation, such as the concept of the rhizome (Deleuze and Guattari 1987). As a result of this, pain inferences may differ. A comparison between men and women only perpetuates research in conjunction to the binary. Furthermore, negative mental health effects of rigid masculinity have been identified as important concerns for mental health specialists (O'Neil 2008).

Since, the CILS formulated that nine out of ten Mexican-American children were not ashamed or embarrassed by their parents (Portes and Rumbaut 2006), it can be presupposed that fluid interaction and acceptance of ethnic norms and values amongst this group is easily exchanged. This strong interaction can be examined through the lens of symbolic interaction and grounded theory. Therefore, this case study focuses exclusively on Mexican-Americans.

Recruitment of Sample

The state of California has the highest percentage of second generation Mexican-American veterans (United States Census Bureau 2009); therefore, data for the study were collected in the state's two largest metropolitan locations: San Francisco and Los Angeles from 2014 to 2015. The primary investigator recruited 26

participants; brief biographies can be found in Table 4.1 (See below, pg 39). The process of recruitment involved contacting personal references and networks, e.g. snowball sampling. Personal references are those who have shared personal experiences associated with combat stress and PTSD prior to the creation of this project. Networks are individuals who have been referred by personal references as potential participants. Recipients were initially acquaintances from organizations I belong to, including the East Los Angeles Veteran Club and from the University of California Berkeley Cal Veterans Association. From then on, recipients were selected using a snowball sampling process of collection, enabling a broader selection technique. Participants selected met the following inclusion criteria: (1) male, (2) self-identified as Mexican-American, (3) served in the U.S. Armed Forces during the Vietnam War or the Afghanistan and Iraq wars, (4) diagnosed or self-identity as experiencing post-traumatic stress from combat military service and (5) have not committed a crime prior to military service, to avoid recruiting individuals who were given the option to join the military instead of serving jail sentences from the Vietnam cohort, leaving mainly draftees.

The Vietnam War Veteran Cohort (VV) differs from the Iraq/Afghanistan War Veteran Cohort (IAV) in terms of their military experience. The Vietnam Veteran cohort was mainly composed of drafted personnel, versus the Iraq/Afghanistan Veteran cohort, which consisted primarily of volunteers.

Once I made contact with a potential participant, I explained the project in more detail, answered any initial questions about the research and confirmed eligibility utilizing the project criteria. The process of scheduling the interview was

mutually agreed upon: location, time, and date by both the participant and me. I suggested locations that were open to the public, moderately quiet, and easily accessible to disabled participants.

Table 4.1 Participant Biographies

Participant Pseudonyms	Mini-Biography
BALDOMERO	Baldomero is a married 69-year old father with two children and a native of the Los Angeles area. He served four years in the U.S. Army, where he was an infantryman. Baldomero served one tour in Vietnam. Both his parents were born in Michoacán, Mexico. Upon completion of his military obligations, he received a B.A. and worked in education. Currently, he is retired.
EMMANUEL	Emmanuel is a married 68-year old father with three children and a native of the Los Angeles area. He served 4 years in the U.S. Army, where he was a rifleman. Emmanuel served one tour in Vietnam. Both his parents were born in Michoacán, Mexico. Upon completion of his military obligations, he received a B.A. and worked in education. Currently, he is a manager.
FRANCISCO	Francisco is a married 66-year old father with two children and a native of the Los Angeles area. He served three years in the U.S. Army, where he worked in communications. Francisco served two tours in Vietnam. His mother was born in Michoacán, Mexico and his father was born in Jalisco, Mexico. Currently, he is retired.
GUILLERMO	Guillermo is a married 67-year old father with three children and a native of the Los Angeles area. He served three years in the U.S. Army, where he was an infantryman. Guillermo served one tour in Vietnam. His mother was born in Jalisco, Mexico and his father in Guerrero, Mexico. Currently, he spends his time volunteering for the Boy Scouts of America. He is also physically disabled.
JOAQUIN	Joaquin is a married 70-year old father with four children and a native of the Los Angeles area. He served four years in the U.S. Marine Corps, where he was a medic. Joaquin served two tours in Vietnam. His mother is originally from Sonora, Mexico and his father is from Michoacán, Mexico. Upon completion of his military obligations, he received an A.A. and worked for the city.

	Currently, he is retired.
NICHOLAS	Nicholas is a married 65-year old father with three children and a native of the Oxnard area. He served four years in the U.S. Marine Corps, where he was an infantryman. Nicholas served one tour in Vietnam. Both his parents were born in Sonora, Mexico. Currently, he is a janitor.
QUERETARO	Queretaro is a married 68-year old father with two children and a native of the Bay Area. He served four years in the U.S. Marine Corps, where he worked in communications. Queretaro served one tour in Vietnam. Both his parents were born in Baja California del Norte, Mexico. Upon completion of his military obligations, he received an A.A. Currently, he is retired and living with his daughter.
ROBERTO	Roberto is a married 67-year old father with four children and a native of the Long Beach area. He served four years in the U.S. Army, where he was an infantryman. Roberto served one tour in Vietnam. Both his parents were born in Michoacán, Mexico. Currently, he is a comedian and "beertender," as he only knows how to serve beer.
SANTIAGO	Santiago is a married 69-year old father with two children and a native of the San Fernando area. He served four years in the U.S. Army, where he was an infantryman. Santiago served one tour in Vietnam. His mother is originally from Sinaloa, Mexico and his father is from Sonora, Mexico. Currently, he is retired and lives with his daughter.
VALENTINO	Valentino is a married 67-year old father with one child and a native of the San Francisco area. He served four years in the U.S. Marine Corps, where he was an infantryman. Valentino served one tour in Vietnam. Both his parents were born in Mexico City, Mexico. Currently, he is retired.
ZAPATA	Zapata is a married 71-year old father with two children and a native of the San Fernando area. He served four years in the U.S. Army, where he was an infantryman. Zapata served two tours in Vietnam. His mother is from Michoacán, Mexico and his father is from Jalisco, Mexico. Currently, he is retired.
ALFREDO	Alfredo is 32-year old father to one child and a native of the Los Angeles area. He served six years in the U.S. Marine Corps, where he was an infantryman. He served three tours in Iraq. Both his parents were born in Michoacán, Mexico. Upon completion of his military

	obligations, he received an A.A. Currently, he is unemployed.
CARLOS	Carlos is a divorced 35-year old father with one child and a native of the Los Angeles area. He served ten years in the U.S. Marine Corps, where he was an infantryman. Carlos served three tours in Iraq. Both his parents were born in Jalisco, Mexico. Currently, he is a municipal employee.
DIEGO	Diego is a 30-year old native of the San Diego area. He served four years in the U.S. Army, where he was a mechanic. Diego served one tour in Afghanistan. Both his parents were born in Colima, Mexico. Upon completion of his military obligations, he received a B.A. Currently, he is a graduate student pursuing his M.A.
HECTOR	Hector is a married 33-year old father of one child and a native of the Los Angeles area. He served four years in the U.S. Navy, where he was a corpsman. Hector served one tour in Iraq. His mother is from Jalisco, Mexico and his father is from Baja California del Sur, Mexico. Upon completion of his military obligations, he received a B.A. Currently, he is an office manager.
IVAN	Ivan is a 29-year old and a native of the Bakersfield area. He served four years in the U.S. Army, where he served as military police officer. He served one tour in Afghanistan. Both his parents were born in Nayarit, Mexico. Upon completion of his military obligations, he received a B.A. Currently, he is managing his own business.
KIKO	Kiko is a 29-year old father of one child and a native of the San Fernando Valley area. He is entering his ninth year in the U.S. Marine Corps, where he is a motor-t crewman. He served two tours in Afghanistan. His mother is from Mexico City, Mexico and his father is from Colima, Mexico.
LUCAS	Lucas is 28-years old and a native of the San Diego area. He is currently serving his eighth year of service in the U.S. Navy, where he is serving as a master-at-arms. He served three tours in Iraq. Both his parents were born in Sinaloa, Mexico.
MANUEL	Manuel is a married 28-year old father with two children and a native of the Calexico area. He served four years in the U.S. Marine Corps, where he was a diesel mechanic. Manuel served one tour in Iraq. Both his parents were born in Sinaloa, Mexico. Upon completion of his military obligations, he received a B.A. Currently, he is a bank branch manager.

OCOTILLO	Ocotillo is a married 24-year old father with two children and a native of the Orange County area. He served four years in the U.S. Army, where he was a Calvary scout. He served one tour in Afghanistan. Both his parents were born in Durango, Mexico. Currently, he is a construction worker.
PABLO	Pablo is a married 30-year old a native of the Los Angeles area. He served four years in the U.S. Marine Corps, where he was a motor t-mechanic. He served one tour in Afghanistan. Both his parents were born in Michoacán, Mexico. Upon completion of his military obligations, he received a B.A then an M.B.A. He is currently a financial analyst.
TOMAS	Tomas is a 26-year old native of the Bay Area. He served five years in the U.S. Army, where he was a combat engineer. He served one tour in Iraq. Both his parents were born in Sinaloa, Mexico. Currently, he is a hospital assistant.
URIEL	Uriel is a married 28-year old father to one child and a native of the Los Angeles area. He is currently in his ninth year in the Marine Corps, where he is a motor transport. He served three tours in Iraq. Both his parents were born in Michoacán, Mexico.
WILFRED	Wilfred is a married 28-year native of Long Beach area. He served five years in the U.S. Army, where he served as a military police. He served one tour in Afghanistan. His mother is from Sonora, Mexico and his father is from Nayarit, Mexico. Upon completion of his military obligations, he received a B.A. and then a M.A. Currently, he is a teacher.
XAVIER	Xavier 35-year old father of one child and a native of the Los Angeles area. He served eight years in the U.S. Army, where he was an infantryman. He served three tours in Afghanistan. Both his parents were born in Guerrero, Mexico. Upon completion of his military obligations, he received a B.A. Currently, he is a police officer.
YAGO	Yago is a 32-year old father with two children and is a native of the Central Valley area. He served four years in the U.S. Army, where he was a radio operator. He served one tour in Iraq. Both his parents were born in Guerrero, Mexico. Upon completion of his military obligations, he received a B.A. Currently, he is a software engineer

Data Collection Procedures

Based on previous literature, ethnicity and culture shape the meaning and interpretation of pain (Bendelow and Williams1995). Morris (1991:1) states that symptoms are never just the sole creation of our anatomy and physiology; they emerge at "the intersection of bodies, minds and cultures." Zborowski (1952) suggests that cultural beliefs and values serve to create an understanding that normalizes experiences of pain. Meanings can be identified as the nature of perceived relationships between individuals and the social world (Mead 1967; Fife1994). Although there are several factors that may account for differences in meanings, they are still shaped by culture (Collie and Long 2005; Luker et al. 1996). Mexican-Americans have strong socially constructed meanings associated with phenomena, such as pain (Herrera et. al 2013). For example, Arciniega et al. (2008) found that traditional machismo was related to the restriction of emotional expressions or alexithymia, wishful thinking as a coping strategy, aggression, and antisocial behavior towards pain. Consistent with gender role conflict theory, these traditional machismo characteristics become problematic when the situational context demands different ways of behaving (Wester 2008). For example, withholding emotional expressions may be an adaptive behavior while deployed in combat, but may become problematic after returning from a deployment, especially if adjustment is complicated by trauma (Herrera et al. 2013). In search of meanings, interviews were grounded through the use of in-depth interviewing.

Upon approval from the Institutional Review Board (IRB), I conducted one interview. A topic guide, presented in Appendix 1, was composed based on previous

literature (Charmaz 2006; Bolger 1999; Webber et al. 2011; Beaton et al. 2012; Frank 1995) and was used for the initial interview. The questions were only a guide, followed with flexibility and in-sequence to ensure the exploration and inclusion of all topics. The interview questions are deliberately open-ended to explore all aspects of physical and emotional pain, the impact of pain on the lives of participants, the meaning of pain, and how participants manage pain. All interviews began with a brief introduction, an oral consent explaining the objectives of the study, and a brief overview of what to expect during the interview. The participants were given contact information for me, my advising faculty member, and the Human Subjects Research Office of the affiliated institution. I explained that agreeing to participate in the interview served as consent and that the interview would be audio taped. I also explained that pseudonyms would be given to protect the privacy of the individual, and that all recordings, once transcribed, would be destroyed. All transcriptions would be analyzed using my password-protected personal computer.

Once the first interview was transcribed, I began line-by-line coding, giving initial codes to the data. Initial, open-ended questions were used to make sure all the topics would initially be covered and open discussion and potential cues from these discussions helped formulate other questions (Charmaz 2006).

Upon completion of the first interview, I began the coding process. Codes are not simply seen as emerging in the data (Charmaz 2006). Codes reflect the researcher's interest, as well as the information that the participant has shared (Charmaz and Belgrave 2012). Following guidance from Charmaz (2006), I defined initial codes in an attempt to make preliminary sense of the data and to begin thinking

about what the data meant. This process was done with careful reading and an open mind, in terms of theoretical direction (Charmaz 2006). Additionally, I documented my thoughts, ideas, and questions that arised while I coded the data. This process helped reject any preconceived categories while coding (Charmaz 2006). Additionally, documenting my thoughts facilitated the analysis process when raising codes to "tentative conceptual categories" (Charmaz and Belgrave 2012).

As I collected the empirical data, I simultaneously coded them and compared between interviews to reflect the various issues represented. Grounded theory uses three levels of coding: open coding, selective coding, and theoretical coding (Glaser and Strauss 1967). The coding stages are consecutive and sequential and not iterative. The product of each stage guides the following phase.

Initially, open coding was employed. At this stage, I critically examined and coded the raw data through a process which fractures the interview into discrete threads of datum (Charmaz 2006). These data were collated and accrued forming categories of similar phenomena. Using open coding, I examined the data without limitations in their scope and without the application of any filters. Thus, all data were accepted and none were excluded. This allowed me to look for patterns that led to social processes that were of eventual interest. As the categories began to fill, those that were most dense were identified as core categories (Glaser 2001). Through this process of densification, core categories build to become the core focus of theoretical articulation through to the development of a basic social process (Glaser and Strauss 1967).

Upon analyses of the first interview, I noticed key markers associated with the meanings given to pain. Through the use of grounded theory, I found relationships between the meanings associated with pain. Additionally, upon completion of the first analysis of the first interview, I revised my interview questions and altered them to best fit the objectives of the study. From then on, I continued and began the simultaneously parallel task of collection, coding, and comparison, using cross-tabulations of themes, in a timely and synchronous manner to ensure the structured discovery of data which more easily illuminated emerging themes and areas of enquiry (Backman and Kyngäs 1999). In the further development of a theory, I began theoretical sampling, seeking possible categories and reformulation of the interview questions (Charmaz 2006; Charmaz and Belgrave 2012; Glaser and Strause 1967). After this process of constructing initial codes and documentation of my thoughts while I coded, I was ready to move on to the next interview.

Simultaneous collection and data analysis allowed me to pay close attention to each interview and the categories that I developed from the data. This process allowed data collection and analysis to go in new directions and allow for new research questions (Charmaz 2006). By utilizing a grounded theory approach, simultaneous collection and data analysis allow the researcher to develop a theory grounded in data (Charmaz 2006).

Study Limitations

There were a few limitations in the current study. First, the relatively small sample size limits the generalizability of the results. Since participation in the study

was voluntary, it is impossible to know how participants may have differed from non-participants. Additionally, the inclusion of veterans from three armed conflicts, and for that matter various service eras with diverse deployment experiences, may have had unknown influences on the experiences associated with pain. Since the participants are admitting to having some sort of pain, they automatically contradict traditional fundamentals of machismos discussed in the literature review, e.g. verbal expression of emotions (Herrera et al. 2013). This could be a violation of the context of interest because of the role of machismo in ethnic norms and the interpretation of pain. Furthermore, meanings and expressions given by respondents were observed largely depended on the word usage and context; Mexican-Americans are known to use a fusion of English and Spanish to explain the nature of the context and/or to use multiple contradictions to explain the context, leaving some words ambiguous. Additionally, some words and definitions in "Spanglish" did not directly translate into English or Spanish.

Although it is the goal of the researcher, as seen through specific criteria, to keep both cohorts as similar as possible, it is virtually impossible. Temporal issues between the cohorts are a fundamental difference that potentially impacts every facet of respondent's perceptions of emotional and physical pain. Due to influences over the life span, older recipients, having been in pain for a longer period of time, interpret and negotiate ethno-cultural notions of pain differently. Temporality becomes a factor in the general effect of culture on social interactions and socially constructed meaning. Since, I did not explicitly ask participants about their ethnicity it is difficult to discuss ethnic identity. Other limitations might derive from the lack of quantitative measures.

While clear themes emerged, it is beyond the scope of this study to survey the magnitude to which these themes contributed to the meanings of pain.

Although this study is limited by the factors listed above, the consistency of themes among the participants found within this sample should encourage other investigators to look more closely at the role these thematic gestures may play for veterans.

Chapter 5: Findings

Findings address the following: (1) descriptions of both physical and emotional pain as inseparable in the overall concept of pain, being in pain and living with pain, (2) machismo, (3) pain and its effects on the self, (4) feelings of guilt (5) the transforming self and (6) dealing with pain. Table 5.2 (see below, page 50), was created first by inserting the names of participants in the cells, and then interpreted the meanings of the cells based in the participant accounts. Table 5.1 (page 50) gives some examples of how codes were cross tabulated, and ultimately used to construct overall themes; for example, upon cross tabulation of all initial codes, certain initial codes were selected (Table 5.2, page 50), based on the large numbers of participants having similar codes emerge from their interviews. I created initial codes like, "never getting better," "giving up," and "feeling broken," directly from interviews. As seen here, Valentino explains the way he felt when he was first diagnosed with PTSD:

"The doc tells me, sabes que vato {guess what dude}[2], you're nuts, you have PTSD. I mean, fuck. Cut me a break. I'm never going to get better. You can get better from cancer but not from PTSD. I knew something was wrong with me, but when he told me, made it for real, I wanted to give up on life. I wanted to walk out…I felt broken, I didn't work anymore" (Valentino, VV).

Valentino was not the only participant to share these feelings. For example, Diego shares his experience on feeling broken. Diego shared his feelings about frequently waking up from nightmares:

"I was like a scratched CD, estoy quebrado {I am broken}, I kept skipping. My girl would wake up 'cause I would scream, she looked at me all scared and shit. She would cry…I couldn't control myself. I was crying, too, but I wouldn't show her…I

---

[2] Words and or phrases within braces/curly brackets "{}" are translations. I used participants' words as spoken and did not standardize their English.

couldn't… It happened every night; I didn't think I was going to get out of this one" (Diego, IAV).

Table 5.1 Example of Cross-Tabulated Codes[3]

<table>
<tr><td></td><td></td><td colspan="5">Feeling Broken</td></tr>
<tr><td></td><td></td><td>Feeling Damaged</td><td>Felt Damage</td><td>Being in Pieces</td><td>Being Hurt</td><td>Felt Hurt</td></tr>
<tr><td rowspan="4">Never Getting Better</td><td>Feeling Healing</td><td>POLGJESOCMVS</td><td>QAZWSXE</td><td>PLMOKJIUHB</td><td>ZXCVBM</td><td>ASDFGHJ</td></tr>
<tr><td>Feeling Not Healing</td><td>ASDFGHJKLBN</td><td>KJHGFDYT</td><td>EDCRFVTGB</td><td>EDCWRT</td><td>GFUYMN</td></tr>
<tr><td>Feeling Getting over it</td><td>QPALZMXNSJIE</td><td>TYGHFQP</td><td>POIFRESAZN</td><td>LGSWEC</td><td>YXWLGP</td></tr>
<tr><td>Feeling Recovered</td><td>TYRUFKDLBMW</td><td>MWIXTVK</td><td>PLWSUFTSH</td><td>YUIOKH</td><td>ZAQFKS</td></tr>
</table>

After initial codes were cross-tabulated, to explore connections between them, in the analytic process, I used more focused coding to define seven major analytic themes. I defined the seven themes as follows: meanings of pain, hiding self, the transforming self, feeling disconnected, dealing with pain, machismo, and feeling guilty. I provide brief descriptions for each of the seven themes in Table 5.2., then discuss each below.

Table 5.2 Themes and Descriptions

Theme Name	Description
Meanings of pain	Expressing and emphasizing the degree to which physical and emotional pain from combat affects their life and emphasizing the degree to which both physical and emotional pain affect their self-image. Includes constantly struggling with pain, being unable to untangle physical from emotional pain and vice versa. Finding pain to be a problem, issue, inconvenience, frustration, physical and emotional rollercoaster. Viewing pain from PTSD as both a physical and emotional health ailment. Feeling distressed and/or embarrassed by showing reactions from feeling any physical or emotional sensation of pain, describing pain as unpleasant,

[3] Letters were substituted for participant pseudonyms, A=Alfredo.

	undesirable, seeing current issues attributed to physical and emotional pain as a derivative from combat experience. *Machismo and Pain* A form of hyper-masculinity. Exhibiting masculine social traits. A form of “being” macho. The cultural effects of masculinity affect health beliefs. A standard, when exhibited, becomes an identifier of a healthy man.
Hiding self	Respondents identified that being in physical, emotional and/or both forms of pain was a shameful experience both internally (self) and externally (society). Involves hiding painful experiences, feelings, and beliefs about themselves and the trauma; thoughts and feelings are/were hidden under an external facade. Some experiences and/or sensations towards pain were deliberately hidden by the participant; meanwhile, others were not identified as being painful because social stigmas associated with them, from family values and norms to military values, never acknowledge them as validated phenomenon.
Feeling Guilty	Form of coping or "dealing with it" where guilt is (1) an indicator that something is wrong within the individual in terms of connecters with society and with the self prior to the traumatic event and (2) feeling responsible for the event or remorse for surviving it.
Transforming self	Feeling disconnected arises post-deployment, after the development of a traumatic event; feeling disconnected arises in the mind of the person as he encounters pre-deployment social relationships. This feeling is maintained as the individual sees explicit developments that draw him further from connections that were previously held. Consequences of loss of belonging or feeling disconnected vary across individuals; however, at an extreme, these tend to be clustered in the severing of social ties and the loss of relationships. Loss of belonging is affected by temporality and severity. An individual may feel initially disconnected and choose not to participate in family events. *Feeling Disconnected* Returning from deployment and losing the sense of family in terms of strong social ties and connections. Loss of the personal involvement in the family. Consequently, this could result in the

	possible loss of social support. This does not mean that the individual has lost family in the literal sense. Loss can be in the belief that one's foundational core, la familia {the family}, is socially tied with the individual. The individual fears loss of connectedness, security, and wellbeing. Feeling that no one understands them and that the individual does not understand others. *Dealing with Pain* Dealing effectively with pain through the use of familial support and/or social/institutional structures, veteran support, other forms of social support, and/or other societal structures. Negatively dealing with pain by isolating one's self from others to participate in self-destructive coping or coping, where the individual understands the processes are not productive and deteriorating, possibly causing bodily harm to self and others (e.g. bottling feelings, drinking excessively, excessively smoking, and/or using any form of drugs).

Study findings are presented around each one of these seven themes. Within each of the themes are subheadings. I reflect on previous literature to compare study findings with past findings on physical and emotional pain from combat for Mexican-Americans and highlight many of the differences. The first findings presented are those that reflect the participants' descriptions of pain, being in pain and the lived experience of pain to expose the meanings of pain between the two cohorts.

Meanings of Pain

The stigma of being in pain, both physical and emotional, interchangeably and for many inseparable, as mentioned in the literature review, can affect the self-esteem, social positioning, and the overall health of an individual. Furthermore, feeling ashamed or feeling inept when expressing, identifying, or admitting to having or experiencing pain in public, to doctors, researchers, and/or family and friends, may be

a facade or an inaccurate depiction of an individual's distress. Zapata shared his understanding of pain as:

"Dolor esta en todo- cuando me siento, en mi espalda, en mi brazo, en mi alma y esta en mi corazon {pain is in everything- when I sit, in my back, in my arm, in my soul and in my heart}. It's not like you can pop a few pills and it all goes away. The shit is still there…but I've learned that every scar is a reminder of who I am and who I must never be again…you have to learn to accept yourself…and that didn't happen one day, I learn to accept myself every fucking day…every God damn fucking day…[tears rolling down his cheek]…" (Zapata, VV).

Kiko also expressed a similar response:

"You could be in pain inside and outside. It's not just one place. I mean some people have one or the other or both, but everyone have it differently" (Kiko, IAV).

Participants saw pain as an overarching concept, affecting every aspect of their lives, and essentially changing them. Zapata, like other participants, expressed that pain and the definitions tied to it are negotiable, flexible and constantly changing. Pain was not a singular concept: first, it was tangled as a physical and emotional experience and, second, in order to express the meanings of pain, participants had to convey the endless connections of pain in order to define it.

Some participants expressed what pain means to them in terms of how people see Mexican men, individuals in the military, or those with prior military experience. Many participants explained how, what and who they share their feelings associated with pain differs depending on context, setting, and person. Guillermo shared:

"It's something that you can feel in you, in your heart…all over, in and out. It's not just in my dreams it's in my mind and on my scars. I'm strong you know, I grew up strong, pero {but}, it doesn't matter how strong you think you are, it still gets you, it still hurts you. And that's what the guys at the VA don't understand; I don't want to talk about it to you, just give me my meds and that's it vato {dude}. You weren't

there, you don't know what it feels to give a part of yourself up forever, you don't know what it feels to lose something and take something. And at home, they [my family], knows that they [the prescribed medicine] make me feel better. I can't tell them why I feel like this; because they count on me being strong…I'm their hero you know…I never took a vacation day…paychecks every two weeks" (Guillermo, VV).

Other participants shared similar experiences in terms of how they express their feelings and to whom. When I asked Pablo what he meant when he called himself "like Zorua," a Pokémon, he explained:

"Listen, it's simple. Zorua changes form whenever it wants, and I do the same thing. When I'm with a girl, I pretend like everything is cool, I'm a Marine, and I'm strong. When I'm with my pops, you know I just tell him it was tough pero no me rajo {but I don't let it bother me}. When I'm with the guys, I tell them I'm okay, I got this. But when I'm shaving, sometimes I stop and I look at myself in the mirror, I'm not okay, I need help. I control how it comes out, but not how it's beating me up inside" (Pablo, IAV).

Both participants are from different cohorts, Guillermo is a Vietnam veteran and Pablo is an Afghanistan veteran. Across the interviews, one thing was similar with all participants: pain, and the experience of pain, is intertwined both physically and mentally. Conversely, Vietnam veterans, when talking about their pain, expressed and acknowledged more frequently and openly their emotional pain than Iraq/Afghanistan veterans. Vietnam veterans tended to report having both physical and emotional pain associated with their combat experience. They spoke more freely of having both types of pain; they attributed physical pain as a consequence of war, versus emotional pain as a continuing development they are able to identify and know to navigate. Iraq/ Afghanistan veterans tended to respond ignoring or acknowledging to a minimal extent the existence of emotional pain and only discus physical pain as the primary source of their pain. This can possibly be attributed to a temporal issue. Vietnam

veterans have had more time "dealing with it," throughout their life course. Santiago sheds some light on temporality and dealing with his pain currently, as compared to previously in his past:

"I've come a long way. I remember at first I would drink all the time. I would smoke a pack a day. Just felt clogged inside. Sometimes my head would be going a million miles per hour, then other times I would just be numb. Some guys never get out of it, but thanks to my family, to my wife, I'm still here. Now and then I get a little moody, se me bota la canica {expression meaning: I lose my mind}, but I am able to calm myself down, take a breath…cry…yeah, that too, but I'll do that in the garage. I've come a long way. Does it hurt, yes; will I be okay, yeah I think so" (Santiago, VV).

Santiago's response captures a specific difference between cohorts: the ability to express ones emotions more freely than previously. Santiago, as other members of the Vietnam veteran cohort, has had a longer time dealing with pain; because of exposure over the life course, they feel and view differently their pain as opposed to veterans who are recently coming out of combat with pain from PTSD.

Pain for Mexican-American veterans is a process of negotiation between who can I show my pain to, when can I do so, and how do I do so. All of this is being done at the same time as negotiating notions of masculinity. Previously, as seen in the literature and other academic sources, the term machismo is all too often referenced as a negative characteristic of sexism, chauvinism and hyper-masculinity (Anders 1993; Ingoldsby 1991; Mosher and Tompkins 1988). Scholars like Imhof (1979) describe Mexican masculinity as violent, rude, womanizing and prone to alcoholism. Anders (1993) cited authors from various disciplines which typified machismo as the culmination of draconian characteristics within men who are incompetent, domineering through intimidation, and exercising control over women. This study is

not discounting the negative aspects of masculinity. Rather, it is shedding light on the positive functional byproducts of a hyper-masculine culture. As per the responses of the participants, machismo is a coping mechanism, used to overcome trauma and pain manifested in PTSD.

Machismo and Pain

Researchers who have looked at machismo as a psychological construct almost uniformly characterize machismo as hyper-masculinity and associate it with negative characteristics and behaviors. However, this notion is too restrictive and gives an incomplete picture of Mexican-American male behavior (Casas et al. 1994; Felix-Ortiz et al. 2001; Mirandé 1988, 1997; Ramos 1979; Rodriguez 1996). Here, in the context of this study, machismo is used as a tool, a standard, and an objective of being healthy. The results of this study point to the positive aspects of male behavior which are frequently used to achieve ideal health outcomes. Queretaro explained how being masculine works for him:

"You have to be strong, tough, be a man…take the bull by its horns, because you are the only person that can. Being macho is not just about being, but doing like a man, not like that cochino [dirty person]. You have to be a man to control all the pain and hate you have inside, you have to be a man to address those issues only you know you got. That's how I see it, that's how I do it…like the Army says, 'Army Strong,' [laughter], no one has to see you like that- it's all you, by yourself, take care of yourself" (Queretaro, VV).

Other participants connected their roles and responsibilities to masculine behaviors and norms. Uriel shared how it was important to be a man when it came to his pain because his family depended on his role as the primary income generator:

"I keep things to myself. I have to man up because they [my family] depend on me. I bring the checks in. I have a wife and a kid and I just don't have time for it. I don't want my girl to get sad, especially 'cause she thinks so highly of me. She fell in love with me wearing uniform, I'm not going to tell her those things, and I don't want her to think I'm crazy. I just don't want to think about it right now, I have bigger things to worry about" (Uriel, IAV).

Across the cohorts, being healthy was important; however, being in pain, with emotional and or physical pain, meant not being healthy. Participants across the board noted the importance of being healthy, even if it meant admitting to being in pain. Manuel highlighted the importance of identifying being unhealthy and seeking help, with the aim of returning to a state of normalcy.

"When I came back from Iraq, I had two toddlers depending on me. I lost my sanity in Iraq, but not my responsibilities. When I left the Corps I didn't want to be that shit bag that picked up drinking and losing his family. I had to man up and talk to someone. So yeah, I did some counseling when I was still in Camp Pendleton. I didn't tell anyone I would go see the chaplain, but you know what, it was worth it because I felt better after" (Manuel, IAV).

Xavier also shared why it was important to him to "man up."

"I didn't want to visit a chaplain because I didn't want them sending me anything at home or me walking out of the office and there's someone I know. But I knew that I had a problem that could only get worse. I didn't want to lose my job or my family. So I started going to a counselor at my community college. It wasn't formal, but he was a veteran, too, and he would let me unwind. We would work out. I would call him my workout buddy" (Xavier, IAV).

Different understandings of the meaning of manhood can be seen in the previous responses. Being a man, in the Mexican-American culture is critical because a man's health, beliefs and behaviors are a clear reflection of how he perceives himself and others in society. In the context of the interviews, machismo exists and is responsible, to some extent, for sustaining the health beliefs of Mexican-Americans, as

noted by Sobralske (2004). Furthermore, machismo exists as a regulatory standard of norms and values that provides men a context of being fully healthy and functional to exercise his masculinity and fulfill masculine responsibilities. For the participants, machismo enhances men's awareness of their health because they have to be healthy to be good fathers, husbands, brothers, sons, and workers (Sobralske 2006).

Being in pain, at least to those participants that expressed it, impaired their ability to work and perform activities of daily living; being in pain will eventually force them to find ways to regain their ideal health so they can return to work and return to their families. This is done through the processes of negotiation between and within masculine norms and values. For example, Ocotillo expressed that being a man is about work and providing for one's family, and acknowledging pain is not necessarily a contradiction of manliness. He shares:

"You need to be tough and have the balls to take care of business. I just pretend that everything is okay. I have a daughter and I have to think about her. She depends on daddy to feed and clothe her. If I hurt, okay, I hurt. Let's get this shit fixed up because I have things to do and responsibilities. Yeah, sometimes I wait until the end when I can't take it, to get help. But I get it, and I get back to what I need to do" (Ocotillo, IAV).

Zoucha and Purnell (2003) suggest that men may not seek health care until they are incapacitated and unable to go about their activities of daily living. Participants believe that being incapacitated occurs when they can no longer take care of their families and daily responsibilities. Pain and being disabled, or being limited by pain, are motivating factors in seeking health care aid and finding ways to regain optimal health (Sobralske 2004). Zoucha and Purnell (2003) claim that good health for many Mexican-Americans is being free of pain and being able to work; however, as

participants suggested, it is not being free of pain that Mexican-American veterans view as good health. Rather, health is viewed as treating being in pain as not being so critical that it impedes functionality of responsibilities, e.g. work is critical. Being able or functional can coexist with feeling pain, and being able is about being able regardless (or in spite of) emotional and physical barriers or restraints created from pain.

This process of negotiation between masculinity and pain is strictly an internal process. Although participants knowingly have a history of PTSD, they do not necessarily publicize it. Masculine values and norms inhibit free expression; therefore, participants create a facade or a mask behind which they can hide. Individuals are not willing to show the world what is going on inside until their pain experiences make them unable to function; at that point, then they may seek help. However, until then, participants participate in a processes of hiding their pain and/or self.

Hiding Self

All of the participants grew up in urban towns or large urban communities, vested in family, friends, and social institutions. Most of the participants were not raised to be soldiers. They were taught that later on, through military training. War can destroy and/or contradict many fundamental beliefs like caring, kindness, respect, and a sense of goodness in others. War can destroy or contradict these beliefs and replace them with a painful, lifelong struggle between what one was taught growing up, what one was expected to do in combat, and the residue of trauma to the psyche of the individual. What the participants saw in battle was not about goodness or kindness. Battle replaces these beliefs with fear, destruction, and hate. All the participants were

exposed to combat in their late teens and early twenties. As per the participant responses, they were exposed to situations that compromised the development of their functional selves for the rest of their lives.

PTSD, as identified by the participants, was both physically and emotionally painful. Furthermore, the feelings and traumatic experiences that caused or were believed to cause pain to the participants were deliberately hidden by participants. As both researcher and participants navigated through the interview processes, responses about hiding painful experiences impacted participants in such a way that they had organized their way of being and their relationships in reaction to those experiences. Norms, values and traditions associated with masculinity and the military had and/or continue to have a silencing impact on the participants. Baldomero shares:

"Sharing is caring, until you tell your family you kicked around Charlie brains around like a soccer ball, you pissed on dead bodies, killed people, and burned people's homes and villages. How am I supposed to say that? How am I gonna share those things? No! No se puede {it can't be done}. You shut your mouth, keep it in, and pray you don't blow up, holding all that stuff in" (Baldomero, VV).

This process of keeping things in affected and or affects the participants' capacity to express feelings about such traumatic events, and led or can lead to the ultimate denial of feelings because of the adherences to defining conditions placed by masculinity and military decorum. Silence is designed to protect themselves against the views of others. This is done with the hope of reconstructing bonds previously held with these individuals. For example, Tomas explained how he came back from deployment, initially feeling disconnected, and how he opted not to talk about his traumatic events in Iraq, in order to protect his family from the person he thought he had become:

"Yeah I just didn't click with anyone. Sometimes I wanted to be around them; sometimes I wanted to go back to MRE's [meal ready to eat] and being deployed with my unit. My primos {cousins} would come around a lot so I would kick it with them, you know. So they would ask me, 'Hey killer, did you blow any Iraqis up?' I would just laugh and shake my head, no. But I fucking wanted to ball out. I didn't want them to leave me, I didn't want them to stop kicking it with me or think I'm some crazy killer. I grew up with my primos {cousins}, so I would just suck it up" (Tomas, IAV).

Participants, at times, had been unaware of how deeply the experiences of hiding away had impacted them. The emergence of adaptive underlying beliefs, or feelings about themselves, were used to maintain or build bonds with family and or friends in post-deployment, which evolved as a consequence of such interactions. Implied messages, like being called "killer" as Tomas was, mediates why and how participants hide themselves. Ultimately, the new beliefs form the foundation of how the participants come to view themselves, and how they organize their lives and their relationships. These both these findings are consistent with Bolger (1999).

For example, Francisco, a draftee, shares how hometown protesters would call him "baby killer" when returning home from deployment:

"I remember a sergeant tell me, 'Son, you're going to get shit out there, don't let those hippies tell you shit' as I was getting off the Greyhound going home. When I was passing downtown to get home, I saw a group of protesters. At first I smiled because I knew them! I grew up with some of them, dated a few, played with growing up. My prom date was there too! So I ran up to them with a big smile. But they didn't smile back…they yelled at me…even threw shit at me…I was so confused. In that crowd was my first kiss, my friends, my family too…that's when I really felt alone…I came home to nobody…I cut ties with all of them" (Francisco, VV).

Francisco, along with other participants, developed new perceptions of them selves as being alone and disconnected, while also losing the expectation that others would care about them. He later described himself, from this experience as, "I was a

loner." Use of the past tense is indicative of a change in his perception of himself since that time. However, Carlos, a younger veteran described himself as "a loser," describing himself from a similar experience:

> "After deployment, I went to career day with some recruiters' friends to my old high school. I remember speaking to a few guys about the military and about joining, and I remember one of the teachers tell the students, 'It's either college or the military, if you're smart you don't have to use your brains to figure out which one is better.' I fucking blew up. I told the teacher 'You're welcome for freedom' and I called him a pussy under breath. We decided to leave before security told us to go. I was furious. Later that day I kept thinking about what he said…I lost friends out there… good guys. We weren't stupid 'cause we didn't go to college…but honestly I felt like a loser because I didn't…instead of a college degree, I had PTSD" (Carlos, IAV).

The difference between subscribing to new perceptions about themselves, between Carlos and Francisco, was time. Temporality seems to play a major role in the solidification and or transformation of forming new beliefs about themselves. Vietnam veterans have had longer periods of time to form new beliefs, to negotiate masculinity, and to learn how to cope with the pain of combat. There seems to be a temporal process which veterans experience. These processes can also be seen in the feeling of being disconnected. The next section presents examples and discuses how the processes of feeling disconnected are generally inherent to all participants living with the trauma and pain of combat.

Feeling Guilt

Among the participants, guilt or feeling personally responsible for a traumatic event was a common reaction. For some, the sheer joy of returning home and being home may cause a sense of guilt; participants felt that they were not properly

mourning those that died in their deployment. Zapata shared how his guilt affected his everyday functioning after deployment:

"When I came back I felt like I didn't deserve to be here. I knew some great guys out there, fucking amazing boys. They were my brothers. I remember I feeling like I didn't want to be responsible for anyone because the last time I was, people died. I didn't even like holding my kids when they were born because I was scared I would drop them…I just didn't want that responsibility again…but I had to deal with it because my kids depended on their pops to be there for them…I had to grab my balls and be macho" (Zapata, VV).

Like other participants, Zapata, although he initially felt guilt and it affected his daily routine, had to get over some feelings of guilt, to some extent. This is an exemplar of how masculinity is used positively as a tool for healing. This is not, however, to say that Zapata has ever stopped feeling guilty; rather his guilt does affect him to the extent that it impairs his daily functions, such as being a father to his children. Other participants felt that their life was spared when others around them died. Some participants highlighted the feeling of not "feeling worth it." Yago shares his experience feeling guilty:

"We were at a check point when I lost Jorge. He was my boy since I joined my unit. He was a devil dog. He would always talk about going to school and getting a job where he would ditch the cammies and wear a tie, look all 'pro,' he would say. I never intended on going to college, thought I'd always be a lifer. But I felt like I had to follow Jorge's goals because he never got a chance to…thanks to him I am where I'm at now" (Yago, IAV).

Some participants felt guilty because they believe they are personally responsible for things that occurred during the loss of life. Kiko shared his feelings of guilt derived from personal responsibility:

"We were on a convoy through the city and we got ambushed. I was on the passenger side. I got out of the truck because the shots came from the driver's side of the truck

and I wanted to use my primary [weapon]. I saw the bastard on the roof and I pulled the trigger...My first shot hid the ledge in front of him, I just missed him, but my second round jammed in the chamber. I only needed a second to tap and rack. He laid some rounds in that second on the driver's side…Anderson was trying to get out of the truck, and just like that…he was gone…my fucking rifle jammed…I wasn't fast enough…I could have kept laying rounds on the towel head for Anderson to take cover…I felt like the rest of the guys thought I didn't pull the trigger… I felt like no one trusted me anymore" (Kiko, IAV).

Kiko, among other participants, tried to take responsibility for deaths that occurred in what they perceived as their personal failure or personal infliction. It is not necessary to feel guilt immediately after a traumatic experience like Kiko, but guilt is something which can be compounded over time. The sensation of feeling guilty can be augmented by the feeling of brokenness, loss of self, and loss of connections long after a traumatic even or the deployment. Regardless of the type of guilt, e.g. survival guilt or guilt for talking lives, the relationship between the seven themes presented in the chapter are interrelated, tangled, and inseparable. Furthermore, these themes come to construct the meanings of pain for Mexican-American veterans.

Transforming Self

As seen in the previous section, the participants go through a process of hiding their selves. This process prompts a transforming state from which participants feel different and disconnected, both from their pre-deployment self and their ties with family, friends and society. The hidden self is a component in the process of feeling disconnected. The processes associated with coping with PTSD are intertwined with all of the themes in this chapter. This highlights the inseparable connections between the themes and the processes of coping with pain and PTSD for the participants. The transforming self ties all other themes together. Prior to understanding the processes of

being disconnected, it is important to understand what it means to be disconnected. Participants that expressed being disconnected also expressed a sense of brokenness. They expressed that there was something wrong with them, something was missing from them, or that they no longer felt whole. Hector shared how feeling broken led to him feeling disconnected:

"It's like I was broken or something. My mom's cooking didn't taste the same, kisses from my girl felt weird, and I feel like everyone is always judging me" (Hector, IAV).

Feeling broken is associated with feeling disconnection. Wilfred shares his experience coming back from his second deployment:

"I fucking loved going to the movies. I love watching movies. I would be to Long Beach with my girl since we were in high school to the theaters there. But after my second deployment I didn't like being around crowds or people I didn't know. I didn't trust anyone. So we stopped going. She wouldn't argue with me, but I know she thought I was weird now…I knew I was weird…acting a little funny…but it wasn't funny at all. My whole life changed. And now…now I can't go watch a fucking movie in the theaters" (Wilfred, IAV).

Participants identified a sense of brokenness as both a cause and effect of losing connections or ties. Feeling broken leads to feeling disconnected. Feeling disconnected means and/or occurs when returning from deployment and losing one's sense of social ties, which existed prior to deployment. These were fundamental to such an extent that a person feels the need to acknowledge them as a loss in normality, in terms of relationships. The disruption in, or the loss of, important relationships with someone or something has a profound impact.

This loss of social ties and connections becomes a loss of personal involvement with family, friends, and other relationships that provide social support.

Loss of belonging or feeling disconnected can amount to the feeling of losing social support. This does not mean that the individual loses friends or family in the literal sense. Rather, he believes that his social relationships cease to exist. The individual feels a loss of connectiveness, security, and well-being. The ultimate feeling of loneliness is when the individual feels no one can understand him and/or he does not understand others. Feeling disconnected arises post-deployment after a traumatic event. Feeling disconnected arises in the mind of the person as he encounters pre-deployment social relationships. This feeling is maintained as the individual sees explicit developments that draw him further from connections previously held.

The consequences of loss of belonging or feeling disconnected vary across individuals. However, at the extreme, these tend to be clustered in the severing of social ties and the loss of relationships. Loss of belonging is affected by temporality and severity. An individual may feel initially disconnected and choose not to participate in family events. For instance, upon arrival from deployment, Lucas walked off the base, passed his family, and went into a local bar. Later on, Lucas began to interact more and more with his family, although still feeling disconnected. Yago, on the contrary, felt so disconnected that he left his pregnant girlfriend. He did not want to be around her. Joaquin also felt disconnected. While he still feels that way, he does interact with his family. Sometimes, he feels more disconnected than others, but he does not leave. Nicholas shares how the feeling of being disconnected changes over time:

"You know [PTSD] its a forever thing when, every time you think you finally feel like you have control, you lose it…Well, sometimes I feel like I belong here and sometimes I don't. Sometimes when I feel like I'm losing it, I'll get nightmares at

night, I'll yell and kick and scream. I'll wake up on the deck and my wife crying running out of the room. Then I says to myself, I'm back to square one. Then sometimes I wake up cuddling with my vieja {woman}, and I says, I'm gonna be okay" (Nicholas, VV).

Roberto shares this similar notion of feeling disconnected from time to time. He shares:

"Over the years I've been able to control my anger and depression. Pero {but}, some days I wake up after a night full of nightmares and I get all fidgety. I'm snappy and I get easily frustrated with people and with me too. Little things make me snap and I'm in my head going crazy. Like seeing all these military movie commercials of PTSD on TV, I don't sit there and say oh shit I can be famous now, it's cool to have PTSD. No! I'm not a fucking Joker like the Steve Miller song. I am a person! I have a heart! I live this pain every day" (Roberto, VV).

Figure 5.1 (pg. 68) illustrates the processes of feeling disconnected and transforming the self. It is important to remember that some participants navigate the diagram at different times and with different consequences. Navigating through this process is another factor that plays a major role in how the participants defined their pain, as associated with their own combat experience. It is also important to note that age did not matter in terms of where an individual was in the processes of feeling disconnected, only that all participants felt they are constantly navigating through this process.

Figure 5.1 The Transforming Self & the Continuous Processes of Feeling Disconnected

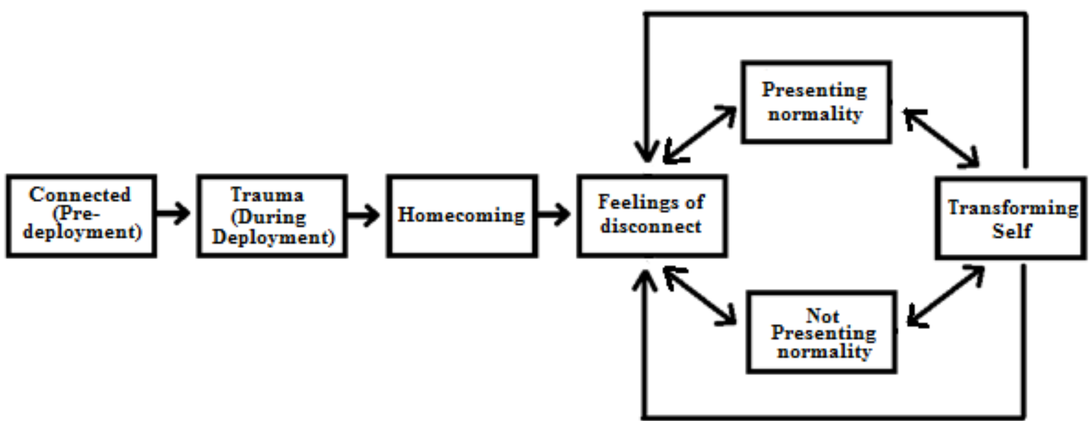


Figure 5.1 highlights the continuous process of feeling disconnected and transforming the self as described by the participants. It is clear based on the model that there is a perpetual flux in the transforming self. This flux highlights the constant inconsistency of living with PTSD. It makes sense that participants feel different in terms of level of connectiveness and how it affects them every day. Respondents' feelings are consistent with criterion D: 6 of the DSM-5, feeling alienated, detached or estranged (American Psychiatric Association 2013). This social psychological phenomenon makes clear that the self is not being transformed into any particular outcome. More so, this process supports the notion that the self is fluid and in constant social negotiation. More importantly, the transforming self proposes that the meanings of pain too are fluid and constantly in negotiation.

Feeling Disconnected and Dealing with Pain

As most of the themes presented, feeling disconnected and dealing with pain are interconnected. The relationship between feeling disconnected and dealing with

pain stems from the inseparable relationship between one's transitional self, as it manages other themes associated with one's PTSD, and constantly adjusts based on level of connectiveness. For example, as the participants shared, this inconsistency and perpetual flux of "losing it" is a dynamic process. Since participants felt they were in a transitional state, with a self that is constantly changing, they are not able to bind and build consistent bonds with family, friends, and others in society. Constantly changing levels of connectedness impact the needs, coping strategies, and pain management techniques which veterans utilize in dealing with their PTSD. Ivan, like most participants, identified the constant inner and outer negotiations made on a daily basis, while dealing with relationships with others and daily functioning. He shares a negotiation he had between himself and his younger brother:

"I haven't worn my uniform since I got out, it's not that I don't like the way I look in it, but I just don't know how I would feel. The medals I earned are not awards, but reminders of those days. I 'member one time my little carnal {brother} came home from school, it was career day or something, he was dressed like a little soldier. I kinda looked at him all weird because he was wearing my medals. I was gonna snap, hit him for taking my shit…but before I could he ran up to me and said, 'Mano {brother}, look, look I'm like you now! I'm going to be cool like you when I get bigger!' I was about to snap and then I took a deep breath and high-fived him. He didn't know what I felt, it's not his fault I'm all beat up inside. I had to suck it up and man up, he just wanted to be like me, cool like me…so that's what I do, I keep it cool for him because I'm the only man he has, the only man he can depend on" (Ivan, IAV).

Ivan's story is an example of the deep connections between the negotiations of dealing with PTSD, the positive role masculinity plays in health beliefs, the negotiations of maintaining social bonds and connections, and dealing with pain. In Ivan's case, there is a singular negotiation in terms of his relationship with his younger

brother, but for others like Lucas negotiating the transitional self manifests itself quite differently. He shares:

"I'm still in the military, I got out for a few months, tried the whole civilian life, but it wasn't for me. For some guys taking the uniform off is their thing to deal with whatever PTSD they have, but for me it's all about my comfort zone. Even though sometimes I get a little down when I see platoons come back with a little memorial thing for the guys that didn't make it, I blame the military. Then other times I love the military because it's my safe zone. It's like everyday I'm thinking about leaving and staying at the same time. I'm on deployable status and I know that in the next nine months my unit might have to go, sometimes I'm cool about it…sometimes I feel like my comfort zone is my penitentiary...I'm just scared because I know I can't stay in forever, then what?" (Lucas, IAV)

In terms of this section, there was a stark difference between cohorts. Vietnam veterans tended to respond expressing more feelings of initial disconnect from family, when arriving from deployment. Emmanuel shares his experience of dealing with his PTSD and feeling disconnected; he also shares how women in his family helped him deal with his pain by reinforcing masculinity in his character:

"No pude ver a mi ama {I couldn't look my mother} in her eyes…I didn't want them [family] to see that I wasn't me, the same Emmanuel…it really is…it's about being strong being macho, I mean it happened almost fifty years ago but you…you can't beat it, but you can control it. My hermanas {sisters} and ama {mother} never asked me anything. They pretended I was normal. I know they knew I wasn't but it was good for me you know, good for me to pretend…they never asked anything…they would still mess with me, my oldest sister would still pinch me and punch me, tell me to suck it up or be a man about little things…mi vieja {wife/woman/old lady} still does that [laughter], but its more about getting it up [laughter]" (Emmanuel, VV).

Many participants like Emmanuel expressed how they used familial structures to help cope with their PTSD. Furthermore, those respondents who shared using family structures as a way of dealing with their pain identified with feeling higher levels of masculinity. There seems to be a relationship between family structures,

values and norms, which reinforce masculinity to overcome the pain associated with war.

On the contrary, the Iraq/Afghanistan cohort tended to respond feeling initially disconnected from family. However it is important to note that this cohort did not cope utilizing family support as often as Vietnam veterans. On the other hand, they coped more through relationships with other veterans. Additionally, those that did not cope as successfully with their pain and social reintegration demonstrated a lower level of self-identified masculinity in their responses. Alfredo shared how he used other veterans to deal with his pain:

"They [uncles] would first ask if I killed someone…my dad all he would ever do is hug me and tell me he was proud. I didn't want my family to know I did bad things, they were proud of me. My mom still has my boot camp picture in the sala {living room}, it's there every time we have a party or what, es orgullo {it's about pride}, it's about being proud…I'm the oldest so my little brothers and sisters don't really know anything; they just think I'm some kina bad ass…my mom was like, don't go Jr., I don't want you to die, but I didn't, I'm back I pay for bills, I buy them all things and pay the bills. My mom is always kissing my head saying how proud she is of me, and now going to college, she wants another picture in the sala {living room}…I don't really talk about it [military experience] much to like other peoples, but in the office [veteran club office] everyone has their shit, so we all kinda just chill together, don't really say much, we just look at each other and just know, they have my back I have theirs" (Alfredo, IAV).

An overarching concern for veterans in both cohorts is the importance of the family and the role the participants feel they have to maintain. The differences between how participants dealt with pain could be a temporal difference. Younger veterans are more concerned about not demonstrating emotions because of fear of losing familial approval pride; they reinforce masculine traits to put up a facade of normalcy. Dealing with their PTSD is done separate from the family and their familial

relationships. Meanwhile, older veterans deal with pain through family. Specifically, females in the family are a source of masculine reinforcement in an attempt to return to normalcy.

Feeling disconnected and dealing with/coping with pain is also tied with the last theme explored- guilt. The cause(s) of why the participant felt guilty played a major role in what dynamics of coping were used and how mechanisms of masculinity influenced the transition and/or contributed to feelings of disconnectedness.

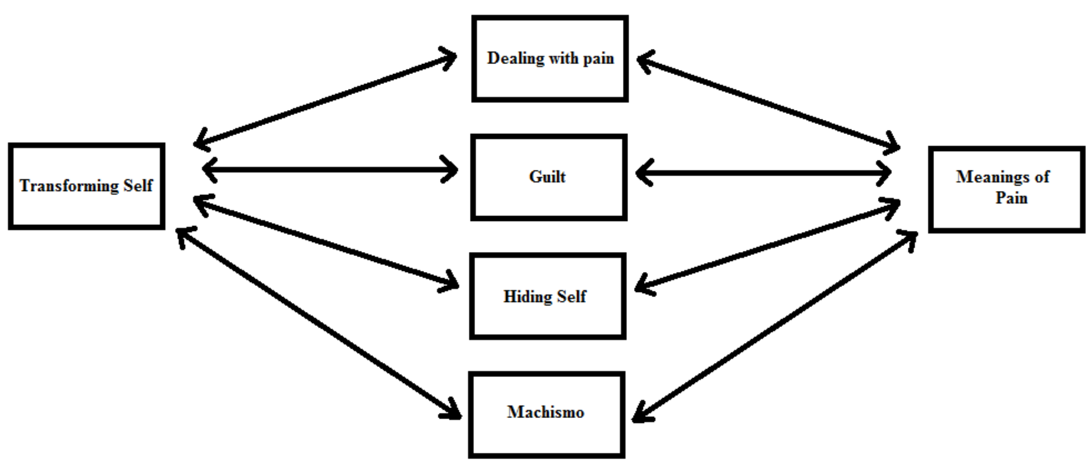
Connection between themes

All of the twenty-six men interviewed were Mexican-American veterans whose combat experience forever changed their lives. Table 4.1 (page 39) offers a biographical account of each of the men. All of the men talked about their experiences of war and how it comes to haunt them every day. All participants shared the common themes presented: meanings of pain, hiding self, the transforming self, feeling disconnected, dealing with pain, machismo and feeling guilty. These themes play a continuous construction of their meanings of pain. Figure 5.2 (page 73) illustrates the cumulative relationship with the presented themes as they build the meanings of pain.

Since each of the themes are in constant negotiation and in a state of movement, the meaning of pain is described as a process, not a singular event. The positive nature of masculinity as well as the negative effects of hiding self, feeling disconnected, guilt, and dealing with pain all coexist in motion and contribute to Mexican-American veterans' meanings of pain from the exposure of combat.

From a symbolic interactionist perspective, the findings in this study lend credence to the existence of the self as it negotiates, navigates, and manifests itself through social interactions. Aligned with Anthony Giddens's theory of structuration, in *Conversations with Anthony Giddens*: *Making sense of modernity*, for the ethnic context of this study, the Mexican-American identity is not stagnant, but in constant movement adapting through intrapersonal and interpersonal social processes. Giddens theory suggests that human agency and social structure are in a relationship with each other. Furthermore, it is the repetition of the acts of individuals which reproduces the structure. This means that there is a social structure (i.e. traditions, moral codes, and established ways of doing things) but it also means that these can be changed when people start to ignore, replace, or reproduce them differently (Giddens and Pierson 1998). For instance, in this study, the concept of machismo is culturally imbedded, but individually interpreted. This exploratory study provides a preliminary understanding of the potential impact of socio-cultural factors on PTSD.

Figure 5.2 Interactions and Intersection of Themes[4]



[4] To avoid confusion, the model is presented simplistically. All themes in the model are interconnected and influence one another.

Cohort Cross Tabulation

The overarching goal of this study was to assess the meanings of pain as associated from combat and PTSD from Mexican-American veterans. Additionally, a second goal was to conduct a comparative analysis of the meanings and themes associated with responses to view if there were any differences between two similar cohorts. Table 5.3 (see below, pg. 76) illustrates the differences and similarities between the two cohorts.

An exploration of the themes between the cohorts illustrates the complex dynamics between the cohorts. Most themes held similar between the VV and the IAV cohorts. The feeling of disconnect was a similar theme that emerged from the data. Participants felt and acknowledged that their feeling of disconnect called for an alteration in one's self. This mechanism, as a result of feeling broken and disconnected, is a response that individuals identified as prompting the need to transform their selves to rebuild or maintain bonds and relationships. In terms of the processes of feeling disconnected, both cohorts shared how this process was confusing and felt like a deveation from normalcy. However, VV's understood that the process of feeling disconnected was a daily one, full of negotiations and alterations. VV's might come to understand that "every day is a new battle" because of temporality, as VV's have been dealing with this process for a while and they have come to terms with it over time.

The issue of being in pain for a longer period of time might also explain why both cohorts are different in terms of dealing with pain. VV's understood the process

of coping as an everyday phenomenon. Meanwhile IAV's have not come to terms with dealing their pain. Furthermore, VV's express that influential figures in the family, specifically women in the family, contributed to how they, the participants, dealt with pain. Female family members reinforced masculine norms in hopes of reigniting embedded masculine characteristics within the participants. This process is pivotal because it demonstrates that not only do males see acting masculine as healthy, but so do females. On the contrary, IAV's found that dealing with pain outside the family reaffirmed that nothing was wrong with the participant, which also reinforced the masculinity of the participant in the eyes of his family. As seen before, masculinity becomes a positive tool for coping/feeling connected. However, different way of dealing with pain might derive from the cohorts having different notions or understandings of masculinity. This was not the case. Concepts, ideals and notions of machismo were similar between the cohorts. A possible explanation as to why similar notions of masculinity could lead cohorts to different mechanisms for dealing with pain can be explained in terms of time as well as the advancement of services and the accessibility of these resources to veterans. It is important to note that in the context of this study, machismo, was used by participants and their family members as more of a responsibility that a dogma of oppression. Since, I only interviewed men, I do not know how the family, in particular female family members felt towards and/or viewed machismo. An important next step can be to interview family members on aspects of machismo; this would provide an alternative lens to assess if machismo's application for veterans with PTSD is a dogma of responsibility and less a form of oppression in their families.

Although the Department of Veterans Affairs bears the majority of the responsibility for providing health services to veterans with military-related health problems, in the late 1970's, only 140 specialized PTSD programs existed nationally (Rosenheck and Fontana 2007). A simple Google search demonstrates that the vast network of specialized PTSD programs has at least quadrupled since then. Furthermore, advances in funding, technology, and therapeutic techniques have improved the support systems in place for contemporary veterans. This fact serves as a possible explanation as to why VV's used family coping more often than IAV's. It is important to note that the difference between volunteers and draftees does not play a significant role in this analysis.

Table 5.3 Cross Tabulation of themes to Cohorts

		Themes						
		Dealing with pain	Feeling disconnected	Transforming self	Meanings of pain	Machismo	Guilt	Hiding self
Cohort	VV	1. Learn to accept yourself 2. Everyday process 3. Medicine does not cure pain 4. Manhood 5. Females in family help	1. Initially disconnected 2. Everyday is a new battle 3. Creates frustration and confusion	1. Every day process	1. Physical and emotionaly 2. Pain is forever 3. Pain is part of you 4. Acknowledgement of emotional pain	1. Be tough 2.Family counts on me being strong 3. Hard worker 4. Emotional pain does not alter masculinity 5. Control pain	1. Deal with guilt because it is macho 2. Guilt is a past personal failure, but it still hurts	1. People do not understand 2. Adhearing to a standard 3. Hiding yourself is being a man
	IAV	1. Can not control the pain inside 2. Find comfort zones outside the family 3. Coping through other means that mimic military brotherood	1. Initially disconnected 2. Creates frustration and confusion	1. Every day process	1. Physical and emotionaly 2. Do not discuss too much the emotional, it is not masculine	1. Be tough 2. Have responsibilities, so so minimal coping to get back to bigger responsibilities 3. Doing masculine things as a form of dealing with pain	1. Turn it into a positive 2. Learn from it 3. Guilt is a personal failure	1. Change self to accommodate to social scene (Code switiching) 2. Practice control what comes out 3. Allows me to deal with other more important things

Similarly, the remaining themes: hiding self, guilt, and meanings of pain showed no distinction among the two cohorts. Revisiting the question of what are the meanings of pain for Mexican-American veterans with PTSD from the physical and

emotional pain of combat can properly be addressed in the following statement: Pain is a physical and emotional phenomenon. Pain influences how a person sees himself and how others see him. The sensations of pain are too intertwined with the processes of coping, disconnect, guilt, and masculinity. Pain becomes an overarching experience between the discovered themes in this study. Pain leads to, and is a key component of, the transforming self.

Chapter 6: Conclusion

Physical and emotional pain are subjective sensations always in motion. Pain is affected by the many themes discussed which include: machismo, dealing with pain, feeling disconnected, the transforming self, hiding self, and guilt. All these dynamics have an effect on the meaning of pain. The person experiencing pain is constantly navigating through social, cultural and psychological factors, which affect how the pain experience should be reacted to and reported.

The findings from the current study have implications for the study for the ethno-cultural dimensions of pain and PTSD. By reflecting on the in-depth understandings of the meanings associated to the emotional and physical pain of combat, this study was able to observe the phenomenon of pain as a daily experience, tangled in the self.

This study used grounded theory as a methodological approach to examine the meanings given to pain, the meanings given to labels associated with pain and the overall experience of Mexican-American veterans coping with the pain of PTSD. This study bridges existing gaps in the literature and serves as an important step in unraveling the influence of ethnicity on social meanings. This study explores emotional and physical pain from the subjective point of view of Mexican-American veterans exposed to combat experiences in the military and diagnosed or identifying as having PTSD resulting from their military experience.

From a symbolic interactionist perspective, the findings in this study add depth to the understanding of the social self as it negotiates and navigates, as it manifests

itself through interacting with society. Ethnic identities are not stagnant, but in constant movement, adapting through intra and inter social processes. This exploratory study provides some preliminary understanding of the potential impact of socio-cultural factors on PTSD.

Each of the themes presented are in constant negotiation and in a state of movement; the meaning of pain is described as a process, not a singular event. The positive nature of masculinity and the negative effects of hiding the self, feeling disconnected, guilt, and dealing with pain, coexist in motion and constitute Mexican-American veterans' meanings of pain from the exposure of combat.

Future Research

It should be emphasized that there needs to be a similarly framed qualitative comparative analysis in thirty years to reassess the IAV cohort. At that time they would be around the same age as the current VV's. The IVA's should be compared to themselves in this study, then to VV's, to seek any similarities or differences which arise with age and temporality.

It is worth noting that there were some participants that are still serving in the military. A closer examination of this group can evaluate how the ongoing influence of working in the military plays a role in the meanings of pain and the transforming self.

References

Allan, George. 2003. “A Critique of Using Grounded Theory as a Research Method.” Electronic Journal of Business Research Methods. 2.1:1-10.

Allport, Gordon. 1958. The Nature of Prejudice. New York: Anchor Books.

American Psychiatric Association. 2013. Diagnostic and Statistical Manual of Mental Disorders. 5th edition. Washington, DC.

Anders, Gigi. 1993. “Machismo: Dead or Alive?” Hispanic. 3:14-20.

Arciniega, Miguel G., Anderson, Thomas C., Tovar-Blank, Zoila G., and Tracey, Terence J.G. 2008. “Toward a Fuller Conception of Machismo: Development of a Traditional Machismo and Caballerismo Scale.” Journal of Counseling Psychology. 55:19-33.

Arminio, Jan, Tomoko K. Grabosky and Josh Lang. 2014. Student Veterans and Service Members in Higher Education. Routledge.

Asmundson, Gordon J. G., Michael J. Coons, Steven Taylor and Joel D. Katz. 2002. "PTSD and the Experience of Pain: Research and Clinical Implications of Shared Vulnerability and Mutual Maintenance Models." Canadian Journal of Psychiatry. 10:930-937

Atkinson, Paul, Amanda Coffey, and Sara Delamont. (2003). Key themes in Qualitative Research: Continuities and Changes. Walnut Creek, Calif: AltaMira Press.

Backman, Kaisa, and Helvi A. Kyngäs. 1999. “Challenges of the Grounded Theory Approach to a Novice Researcher.” Nursing & Health Sciences, 3:147-153.

Beaton, Cleopatra., Felicia Hodge., Adeline Nyamathi., Ari Weinreb., Vickie Mays., and Sally Maliski. 2012. “Male Veterans Coping With the Pendulum Swing of Rheumatiod Arthritis Pain: A Qualitative Study.” California Journal of Health Promotion. 10:52-63.

Becerra, Rosina M., Marvin Karno, and Javier Escobar. 1982. Mental Health and Hispanic Americans: Clinical Perspectives. New York: Grune & Stratton.

Becerra, Rosina M., and Milton Greenblatt. 1980. Hispanics Seek Health Care: A Study of 1,088 Veterans of Three War Eras. Lanham: University Press of America.

Becerra, Rosina M., and Milton Greenblatt.1981. “The Mental Health-seeking Behavior of Hispanic Veterans.” Comprehensive Psychiatry. 22:124-133.

Bendelow, Gillian A, and Simon J. Williams. 1995. “Sociological Responses to Pain.” Program Palliative Care. 3:169-174.

Berry, John W. 1969. “On Cross-Cultural Comparability.” International Journal of Psychology 4:119-128.

Blumer, Herbert G. 1928. Method in Social Psychology. Ann Arbor: The University of Chicago.

Blumer, Herbert. 1939. “An Appraisal of Thomas and Znaniecki’s The Polish Peasant in Europe and America.”Social Science Council Bulletin (Critiques of Research in the Social Sciences: I): 44:69-81.

Blumer, Herbert. 1969. Symbolic Interactionism: Perspective and Method. Englewood Cliffs, N.J.: Prentice-Hall.

Bolger, Elizabeth A. 1999. “Grounded Theory Analysis of Emotional Pain.” Psychotherapy Research.3: 342-362.

Bryant, Anthony. 2002. “Re-grounding Grounded Theory.” Journal of Information Technology Theory and Application.1:25.

Burkitt, Ian. 2008. Social Selves: Theories of Self and Society. Los Angeles: Sage Publications.

Burn, Shawn M., and Zachary A.Ward. 2005. “Men’s Conformity to Traditional Masculinity and Relationship Satisfaction.” Psychology of Men & Masculinity. 6:254-263.

Cahana, Alex. 2007. “The Placebo Effect and the Theory of the Mind.” Pain Practice. 7:1-3.

Calatrello, Robert L. 1980. “The Hispanic concept of Illness: An Obstacle to Effective Health Care Management?”. Behavioral Medicine. 7.11:23-28.

California Endowment. 2003. Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals. Woodland, CA.

Calvillo, Evelyn R. and Jacquelyn H. Flaskerud. 1991. “Review of Literature on Culture and Pain of Adults with focus on Mexican Americans”. Journal of Transcultural Nursing. 2:16-23.

Camacho Schmidt, Alicia. 2008. Migrant Imaginaries: Latino Cultural Politics in the U.S.-Mexico Borderlands. New York University Press: New York and London.

Cañive, Jose M., Diane T. Castillo, Vicente B. Tuason, Wen-Shing Tseng, and Jon Streltzer. 2001. “The Hispanic Veteran.” Culture and Psychotherapy: A Guide to Clinical Practice. ed By Wen-Shing Tseng and Jon Streltzer. Arlington, VA: American Psychiatric Publishing, Inc.

Casas, Manuel J., Burl R. Wagenheim, Robert Banchero, Juan Mendoza-Romero. 1994. “Hispanic masculinity: Myth or Psychological Schema Meriting Clinical Consideration.” Hispanic Journal of Behavioral Sciences. 16:315-331.

Castro, Felipe G., Pauline Furth, and Herbert Karlow. 1984. “The Health Beliefs of Mexican, Mexican-American, and Anglo-American Women.” Hispanic Journal of Behavioral Sciences. 6.4: 365-368.

Charmaz, Kathy. 1983. “Loss of self: a Fundamental Form of Suffering in the Chronically Ill.” Sociology of Health and Illness. 5:168-195.

Charmaz, Kathy. 1995. “Between Positivism and Postmodernism: Implications for Methods.” Studies in Symbolic Interaction 17:43-72.

Charmaz, Kathy. 1999. “From the “Sick Role” to Stories of the Self: Understanding the Self in Illness” Pp. 209-239 in Self and Identity, Vol. 2: Interdisciplinary Explorations in Physical Health. New York: Oxford University Press.

Charmaz, Kathy. 2002. “The Self as Habit: The Reconstruction of Self in Chronic Illness.” Occupational Therapy Journal Research 22:11-31.

Charmaz, Kathy. 2006. Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis. London: Sage Publications.

Charmaz, Kathy., and Linda L. Belgrave. 2012. Qualitative Interviewing and Grounded Theory Analysis. In Jaber F. Gubrium, James A. Holstein, Amir B. Marvasti, and Karyn D. McKinney (Eds.), The SAGE Handbook of Interview Research: The Complexity of the Craft. (2nd ed., pp. 347-367). Thousand Oaks, CA: SAGE Publications, Inc.

Chrisman, Noel, and Arthur Kleinman. 1980. “Health Beliefs and Practices” Pp 452 in Harvard Encyclopedia of American Ethnic Groups edited by Stephan Themstrom, Ann Orlov, and Oscar Handlin. Massachusettes: Harvard University Press.

Chrisman, Noel. 1982. “Anthropology in Nursing: An Exploration of Adaptation.” In Clinical Applied Anthropology (Edited by Chrisman N. and Maretzki T.), p. 117. Reidel, The Netherlands.

Coleman, Penny. 2006. Flashback: Posttraumatic Stress Disorder, Suicide, and the Lessons of War. Boston, MA: Beacon Press.

Collie, Kate, and Bonita C. Long. 2005. “Considered ‘Meaning’ in the Context of Breast Cancer.” Journal of Health Psychology. 10:843-853.

Conrad, Peter. 1987. “Qualitative Research on Chronic Illness: A Commentary on Method and Conceptual Development.” Social Science and Medicine 30.11:1257-1263.

Cooley, Charles H. 1902. Human Nature and the Social Order, New York: Scribner.

Coon, Stevens C. 1939. The Races of Europe. New York: The Macmillan Company.

Creswell, John W. 1998. Qualitative Inquiry & Research Design: Choosing Among Five Approaches. Los Angeles, CA: Sage Publications.

Creswell, John W. 2013. Qualitative Inquiry & Research Design: Choosing Among Five Approaches. Third Edition. Los Angeles, CA: Sage Publications.

Daniels, Roger. 2002. Coming to America. 2nd ed. New York: Harper Colins Publisher.

Dedert, Eric A., Kimberly T. Gree, Patrick S. Calhoun, Ruth Yoash-Gantz, Katherine H. Taber, Miller M. Mumford, Larry A. Tupler, Rajendra A. Morey, Christine E. Marx, Richard D. Weiner, Jean C. Beckham. 2009. “Association of Trauma Exposure with Psychiatric Morbidity in Military Veterans Who Have Served since September 11, 2001.” Journal of Psychiatric Research. 43:830-6

Deleuze, Gilles and Felix Guattari. 1987. A Thousand Plateaus: Capitalism and Schizophrenia. Trans. Brian Massumi. Minneapolis: University of Minnesota Press. Translation of Mille Plateaux.

Dohrenwend, Bruce P., Blake J. Turner, Nicholas A. Turse, Roberto Lewis-Fernandez, and Thomas J. Yager. 2008. “War-related Posttraumatic Stress Disorder in Black, Hispanic, and Majority White Vietnam Veterans: The Roles of Exposure and Vulnerability.” Journal of Traumatic Stress. 21:133-141.

Escobar, Javier I., Eugenia T. Randolph, Guadalupe Puente, Frida Spiwak, Joy K. Asamen, Maryann Hill, and Richard L. Hough. 1983. "Post-Traumatic Stress Disorder in Hispanic Vietnam Veterans Clinical Phenomenology and Sociocultural Characteristics." The Journal of Nervous and Mental Disease. 10:585-596.

Fabreaga, Oracio, and Stephen Tyma. 1976. "Culture, Language, and the Shaping of Illness: An Illustration based on Pain." The Journal of Psychosomatic Research: 323-327.

Félix-Ortiz, María, José M. Abreu, Marcos Briano, David Bowen. 2001. A Critique of Machismo Measures in Psychological Research. In Columbus, Frank (Ed.) Advances in Psychological Research. Hauppaue, New York: Nova Science Publishers.

Fife, Betsy. 1994. "The Conceptualization of Meaning in Illness." Social Science Medicine. 38:309-316.

Fischer, Hannah. 2014. A Guide to U.S. Military Casualty Statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom. N.p.: Congressional Research Service.

Fraga, Luis Ricardo. 2010. Latino Lives in America: Making it Home. Philadelphia, Pa: Temple University Press.

Fragoso, Jose M., and Susan Kashubeck. 2000. "Machismo, Gender Role Conflict, and Mental Health in Mexican American Men." Psychology of Men and Masculinity.1:87-97.

Frank, Arthur W. 1995. The Wounded Storyteller: Body, Illness and Ethics. Chicago: University of Chicago Press.

Giddens, Anthony., and Pierson, Christopher. 1998. Conversations with Anthony Giddens: Making sense of modernity. Stanford, Calif: Stanford University Press.

Glaser, Barney G., and Anselm L. Strauss. 1967. The Discovery of Grounded Theories: Strategies for Qualitative Research. New Jersey: Transaction Publishers.

Glaser, Barney G. 2001. The Grounded Theory Perspective: Conceptualization Contrasted with Description. Mill Valley, CA: Sociology Press.

Gonzalez-Swafford, Maria L., and Mary G. Gutierrez. 1983. "Ethnomedical Beliefs and Practices of Mexican-Americans." Nurse Practitioner. 8.10:29-34.

Good, Byron J., Mary-Jo Del Vecchio Good, Paul E. Brodwin, Arthur Kleinman, eds. 1994. "A Body in Pain—The Making of a World of Chronic Pain." In Pain as Human Experience: An Anthropological Perspective. Pp. 29-48. Berkley: University of California Press.

Gould, Sammuel J.1996. The Mismeasure of Man. New York: Norton.

Gradus, Jaimie L. 2014. Epidemiology of PTSD. Retrieved March 12, 2015, from http://www.ptsd.va.gov/professional/PTSD-overview/epidemiological-facts-ptsd.asp

Harwood, Alan. 1981. Ethnicity and Medical Care. Massachusetts: Harvard University Press.

Herrera Catherine, Gina P. Owens, and Brent Mallinckrod. 2013. "Traditional Machismo and Caballerismo as Correlates of Posttraumatic Stress Disorder, Psychological Distress, and Relationship Satisfaction in Hispanic Veterans." Journal of Multicultural Counseling and Development. 41.1:21-25.

Houle, Jamie, Brian L. Mishara, and François Chagnon. 2008. "An Empirical Test of a Mediation Model of the Impact of the Traditional Male Gender Role on Suicide Behavior in Men." Journal of Affective Disorders. 107:37-43.

Imhof, Dorothy. 1979. Macho:Sit on it. The Writing Factory. Miami, Fl.

Ingoldby, Bron B. 1991. "The Latin American Family: Familism vs. Machismo." Journal of Comparative Family Studies. 1:57-64.

Jakupak, Mathew J., Tull, Mathew T., McDermott, Michael J., Kaysen, D., Hunt, Stephen, and Simpson, Tracy. 2010."PTSD Symptom Clusters in Relationships to Alcohol Misuse Among Iraq and Afghanistan War Veterans Seeking Post-deployment VA Health Care." Addictive Behaviors. 35:840-843.

Johnson, John M. and Timothy Rowlands. 2012. "Interpersonal Dynamics of In-Depth Interviewing" Pp. 99-113 in The SAGE Handbook of Interview Research The Complexity of the Craft Second Edition, edited by J.F. Gubrium, J.A. Holstein, A.B. Marvasti, and K.D. McKinney. Thousand Oaks, CA: Sage Publications.

Kalish, Richard A., and David K. Reynolds, 1976. "Death and Ethnicity: A Psycho-cultural Study." Los Angeles: Ethel Percy Andrus Gerontology Center/ University of Southern California.

Kay, Margarita. 1977. "Health and Illness in a Mexican American Barrio." In Ethnic Medicine in Me. Southwest p. 99. University of Arizona Press. Tucson.

Kleinman, Arthur., Eisenberg Leon.and Good Byron. 1978. "Culture, Illness and Care: Clinical Lessons from Anthropologic and Cross-cultural Research." Annual Internal Medicine. 88:251.

Kleinman, Arthur. 1988. The Illness Narratives: Suffering, Healing, and the Human Condition. New York: Basic.

Kotarba, Joe A. 1983. Chronic Pain: Its Social Dimensions. Sage Publications. London.

Leder, Drew.1990. The Absent Body. Chicago: University of Chicago Press.

Leininger, Madeleine M. 1979. Transcultural Nursing. Masson. New York.

Lipton, James A., and Joseph J. Marbach. 1980. "Pain Differences, Similarities Found." Science News. 118:182-183.

Lipton, James A., and Joseph J. Marbach. 1984. "Ethnicity and the Pain Experience." Social Science & Medicine.19:1279-1298.

Loo, Chalsa M. 2014. "PTSD: National Center for PTSD." PTSD Among Ethnic Minority Veterans -. The U.S. Department of Veteran Affairs, 03 Jan. 2014. Web. 23 June 2014.

Lopez, Ian H. 1997. White by Law: The Legal Construction of Race. New York University Press.

Luker, Karen A., Kinta Beaver, Samuel J. Leinster, Glynn R. Owens. 1996. "Meaning in Illness for Women with Breast Cancer." Journal of Advance Nursing 23:1194-1201.

Ludwig-Beymer, Patti. 1989. "Transcultural Aspects of Pain". In Joyceen S. Boyle and Margaret M. Andrews (Eds.), Transcultural Concepts in Nursing Care. Glenview, Il. Scott Foresman.

Malzberg, Benjamin, and Lee Everett S. 1956. "Migration and Mental Disease, A Study of the First Admissions to Hospitals for Mental Disease." Social Science Research Council, New York.

Marshall, Grant N., Terry L. Schell, and Jeremy N. V. Miles. 2009. "Ethnic Differences in Posttraumatic Distress: Hispanic's Symptoms Differ in Kind and Degree." Journal of Consulting and Clinical Psychology. 77:1169-78.

Martinez, Jr., Cervando. 1993. “Psychiatric Care of Mexican Americans.” In Albert C. Gaw (Ed.), Culture, Ethnicity and Mental Illness, (pp. 431-466). Washington, D.C.: American Psychiatric Press, Inc. Pp.413-466.

Mayeux, Richard, Kathryn K. Basham, Evelyn J. Bromet, Gregory L. Burket, Dennis S. Charney, Michael Davis, Douglas A. Drossman, Dwight L. Evans, Vincent J. Felitti, Janice L. Krupnick, William B. Malarkey, Bruce S. McEwen, Thomas G. Pickering, Jerrold F. Rosenbaum, and Timothy B. Walsh. 2008. Gulf War and Health, Vol 6: Physiologic, Psychologic, and Psychosocial Effects of Deployment-related Stress. Washington, DC: The National Academies Press.

McGoldrick, Monica, and Joe Giordano. (Eds). 1982. Ethnicity and Family Therapy. Guilford Press, New York, 1982.

Mechanic, David. 1978. Medical Sociology. New York: Free Press.

Mead, George H., and Charles.W. Morris. 1967. Mind, Self, and Society: From the Standpoint of a Social Behaviorist. Chicago: University of Chicago Press.

Meinhart, Noreen T., and Margo McCaffery. 1983. Pain: A Nursing Approach to Assessment and Analysis. Norwalk, CT. Appleton-Century Crofts.

Messner, Michael.A., and Donald Sabo. (Eds). 1990. Sport, Men, and the Gender Order: Critical Feminist Perspectives. Champaign, IL: Human Kinetics Books.

Miller-Loessi, Karen. 1995. “Comparative Social Psychology: Cross-cultural and Cross- national.” In Karen S. Cook, Gary Alan Fine, and James S. House (Eds.), Sociological perspectives on social psychology. Pp. 397-420. Boston: Allyn and Bacon.

Mirandé, Alfredo. 1988. “Chicano Fathers: Traditional Perceptions and Current Realities.” In P. Bronstein and C.P. Cowan (Eds.). Fatherhood Today: Men’s Changing Role in the Family. Oxford, England: Wiley.

Mirandé, Alfredo. 1997. Hombres y Machos: Masculinity and Latino Culture. Boulder, CO. Westview Press.

Morris, David B.1991. The Culture of Pain. Berkeley: University of California Press.

Mosher, Donald, Silvan S. Tompkins. 1988. “Scripting the Macho Man: Hypermasculine Socialization and Enculturation.” Journal of Sex Research. 25:60-84.

Myrdal, Gunnar. 1944. “An American Dilemma: The Negro Problem and Modern Democracy.” New York. Harper and Brothers. 2. Pp.1483.

Ødegaard, Ørnulv. 1932. “Emigration and insanity: A Study of Mental Disorders in Norway.” Psychiatry Neurology. 4.4.1-206.

Office of the Under Secretary of Defense. 2011. Personnel and Readiness, Population Representation in the Military Services. Summary Report. Washington DC.

Omi, Michael, and Howard Winant. 1986. Racial Formation in the United States: From the 1960s to the 1980s. New York: Routledge and Kegan Paul.

O’Neil, James M. 2008. “Summarizing 25 years of Research on Men’s Gender Role Conflict Using the Gender Role Conflict Scale: New Research Paradigms and Clinical Implications.” The Counseling Psychologist. 36:358-445.

Osborn, Mike., and Karen Rodman. 2010. “Insights into Pain: A Review of Qualitative Research.” 4.1:2-7.

Painter, Nell I. 2003. Collective Degradation: Slavery and the Construction of Race. Why White People are called Caucasian. Gilder Lehrman Center International Conference. Yale University. New Haven, Connecticut.

Parsons, Talcott. 1951. The Social System. Glencoe, Ill: Free Press.

People, James., Bailey Garrick. 2010. Humanity: An Introduction to Cultural Anthropology. 9th ed. Wadsworth Cengage.

Pew Research Center. 2006. “The Iraq-Vietnam Difference.” Pew Research Center.

Pew Research Center. 2009. “Public Divided Over Afghan Troop Requests, But Still Sees Rationale for War.” Pew Research Center.

Pole, Nnamdi, Suzanne R. Best, Thomas J. Metzler, and Charles R. Marmar. 2005. “Why are Hispanics at Greater Risk for PTSD.” Cultural Diversity and Ethnic Minority Psychology. 11:144-61.

Portes, Alejandro., and Rubén G. Rumbaut. Children of Immigrants Longitudinal Study (CILS), 1991-2006. ICPSR20520-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2012-01-23.

Portes, Alejandro and Ruben Rumbaut. 2001. Legacies: The Story of the Immigrant Second Generation. Berkeley: University of California Press.

Rennie, David L. 1992. Qualitative Analysis of the Client’s Experience of Psychotherapy: The Unfolding of Reflexivity. Newbury Park, California.

Ramos, Reyes. 1979. “Discovering the Production of Mexican American Family Structure.” De Colores Journal. 120-134.

Rodriguez, Luis. 1996. “On Macho.” In Ray Gonzales (Ed). Muy Macho: Latino Men Confronting their Manhood. New York, NY. Doubleday Dell.

Rosenheck, Robert A., and Alan F. Fontana. 2007. “Recent Trends In VA Treatment Of Post-Traumatic Stress Disorder And Other Mental Disorders.” Health Affairs. 26:1720-1727.

Roth, Randy S., Michael E. Geisser, and Rachel Bates. 2008."The Relation of Post-Traumatic Stress Symptoms to Depression and Pain in Patients With Accident-Related Chronic Pain." The Journal of Pain 9.7: 588-96.

Sharp, Timothy J. and Allison G. Harvey. 2001. "Chronic Pain and Posttraumatic Stress Disorder: Mutual Maintenance?" Clinical Psychology Review 21(6):857-877.

Smith, Tyson R. 2008. "Pain in the Act: The Meanings of Pain among Professional Wrestlers." Qualitative Sociology 31(2):129-148.

Sobralske, Mary C. 2004. Health Care Seeking Beliefs and Behaviors of Mexican American Men Living in South Central Washington. Dissertation Abstracts International.

Sobralske, Mary C. 2006. “Machismo Sustains Health and Illness Beliefs of Mexicans American Men.” Journal of the American Academy of Nurse Practitioners. 18:328-350.

Social Science Research Council Summer Seminar. 1954. “Acculturation: An Exploratory Formulation’” American Anthropology. 56:973-1002.

Starks, Helene, and Susan B. Trinidad. 2007. “Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory.” Qualitative Health Research. 17. 10. 1372-1380.

Sternbach, Richard A. 1968. Pain- A Psychophysiological Analysis. Academic Press, New York.

Sternbach, Richard A. 1974. Pain Patients- Traits and Treatment. Academic Press, New York.

Stembach, Richard A. 1977. “Psychophysiology of Pain” Pp. 355 in Psychosomatic Medicine. edited by Lipowski Z. et al.) New York, Oxford University Press.

Stembach, Richard A. (Ed.) 1978.Clinical Aspects of Pain. In The Psychology of Pain, p. 241. Raven Press, New York.

Sternbach, Richard A. 1982. "The Psychologist's Role in the Diagnosis and Treatment of Pain Patients." In Psychological Approaches to the Management of Pain (Edited by Barber J. and Adrian C.), p. 3. Brunner/Mazel, New York.

Strauss, Anselm. L. and Corbin, Juliet. M.1998. Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory. Thousand Oaks: Sage Publications.

Taft, Casey T., Robin P.Weathererill, , Halley E.Woodward, , Lavinia A. Pinto, Watkins, , Laura E.Miller, and Dekel, Rachel. 2009. "Intimate Partner and General Aggression Perpetuating Among Combat Veterans Presenting to a Posttraumatic Stress Disorder Clinic." American Journal of Orthopsychiatry. 79:461-468.

Tanielian, Terri L. and Lisa Jaycox. 2008. Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery. Santa Monica, CA: RAND.

Thomas, Jeffery L, Wilk, Joshua E., Riviere, Lyndon A., McGurk, Dennis, Castro, Carl A., and Hoge, Charles W. 2010. "Prevalence of Mental Health Problems and Functional Impairment Among Active Component and National Guard Soldiers 3 and 12 months Following Combat in Iraq." Archives of General Psychiatry. 67:614-623.

U.S. Census Bureau, Statistical Abstract of the United States: 2000. (119th Edition) Washington, DC, 2001.

U.S. Census Bureau, Statistical Abstract of the United States: 2009 (128th Edition) Washington, DC, 2008.

U.S. Census Bureau, American Community Survey: 2009 (128th Edition) Washington, DC, 2008.

U. S. Department of Defense. 2011. Population Representation in the Military Services. Washington D.C.

U.S. Department of Veterans Affairs. 2014. Department of Veterans Affairs FY 2014-2020: Strategic Plan. Washington DC.

Wade, Jay C., and Eric Donis. 2007. "Masculinity Ideology, Male Identity, and Romantic Relationship Quality Among Heterosexual and Gay Men." Sex Roles. 57:775-786.

Webber, Katherine, Andrew, N. Davies, Martin R. Cowie. 2011. “Breakthrough Pain: A Qualitative Study involving Patients with Advanced Cancer.” Support Care Cancer. 19:2041-2046.

Weisenberg Matisyohu., Michael L. Kreindler, Robert Schachat,and JackWerboff. 1975. “Pain: Anxiety and Attitudes in Black, White and Puerto Rican Patients.” Psychosomatic Medicine 37. 123-135.

Wester, Stephen R. 2008. “Male Gender Role Conflict and Multiculturalism: Implications for Counseling Psychology.” The Counseling Psychology. 36: 294-324.

Wilk, Joshua E., Paul D. Bliese, Paul Y. Kim, Jefferey L. Thomas, Dennis McGurk, and Charels W. Hoge. 2010. “Relationship of Combat Experiences to Alcohol Misuse among U.S. Soldiers Returning from Iraq War.” Drug and Alcohol Dependence 108:115-21.

Woolf, Steven H., Husten, Corinne G., Lewin, Lawrence S., Marks, James S., Fielding, Jonathan E., and Sanchez, Eduardo J. 2009. “The Economic Argument for Disease Prevention: Distinguishing Between Value and Savings.” National Commission on Prevention Priorities, Partnership for Prevention.

Zborowski, Mark. 1952. “Cultural Components in Response to Pain.” Journal of Sociology. 8. 16.

Zborowski, Mark. 1969. People in Pain. Jossey-Bass. San Francisco.

Znaniecki, Florian and Eli Zaretsky. 1996. The Polish Peasant in Europe and America: A Classic Work in Immigration History. William I. Thomas (Ed.) Urbana: University of Illinois.

Zola , Irving K. 1966.”Culture and Symptoms-an Analysis of Patients’ Presenting Complains.” American Sociological Review. 31.615.

Zola, Irving K. (Ed.) 1983. “Oh Where, Oh Where Has Ethnicity Gone?” In Sociomedical Inquiries, p. 227. Temple University Press, Philadelphia.

Zoucha, Rick, Larry D. Purnell. 2003. “People of Mexican Heritage.” In Larry D. Purnell and Betty .J. Paulanka (eds.). Trancultural Health Care: A Culturally Competent Approach. (2nd ed.). Philadelphia: F.A. Davis.

APPENDIX 1

Interview Guide/Consent Script

Hi, my name is Roberto Cancio Jr and I am involved in a research study called The Pain of Combat for Mexican-American Veterans: A Cohort Analysis of Vietnam and Iraq/Afghanistan Veterans under the supervision of Linda L. Belgrave at the University of Miami.

(*** ONLY READ THE FOLLOWING LINE TO POSSIBLE PARTICIPANTS WHO WERE REFERED BY PREVIOUS STUDY PARTICIPANTS***) We received your name from [insert source and explain why the prospective subject is eligible to participate].

We are asking you to take part in a research study because we are trying to learn more about the meanings given to pain among Mexican-American Veterans. You will be asked to be interviewed for the duration of 30-45 minutes, and asked questions about your experience with pain and PTSD.

This interview will be audio-taped. If you do not wish to be audio-taped this will conclude the session. You have the right to review/edit the tapes, I will have access, and the recording will be erased as soon as I transcribe the interview.

No direct benefits are expected for your participation. You will not be paid for participating in this research study. Please note that the investigators will not follow-up with you in regards to flashbacks, nightmares, and/or reactivation of fears. It is your responsibility to contact proper agencies or organizations, as seen in the community resource sheet, if such issues arise.

All transcriptions will be analyzed using my password-protected personal computer. Please note that both the transcripts and codes will be stored for at least three years after the completion of the study, at which time the transcripts and codes may be destroyed or kept indefinitely.

All of your answers will be recorded, then transcribed, and finally coded by a special identifying pseudonyms rather than your name. All of the papers pertaining to the study will be kept in a locked file cabinet, and all electronic data will be stored in computer files. Only people who are directly involved with the project will have access to those records. When the project is finished and results are reported, no individual will be identified in any way.

Your participation is voluntary. You can decline to participate, and you can stop your participation at any time, if you wish to do so, without any negative consequences to you.

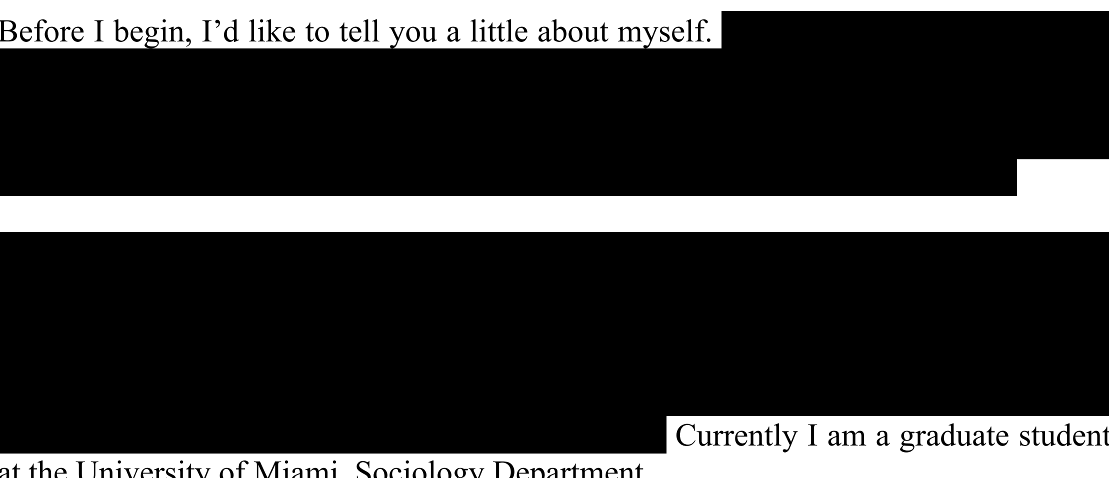
Do you have the time to participate in this research study? Would you like to participate now or at a later time? If so, let's schedule it for [state when, if appropriate].

By you answering the interview questions that I will ask, this means you consent to participate in this research project. Do you have any questions?

If you have any questions about this study, you are free to contact the researcher ([Roberto Cancio, r.cancio@umiami.edu, 562-416-5115]) or the faculty adviser ([Prof. Linda Belgrave, l.belgrave@miami.edu, (305) 284-6762]). If you have any questions about you rights as a research participant, you are free to contact the University of Miami, Human Subject Research Office at (305)243-3195.

Do you give consent to participate in today's interview?

Introduction:
Before I begin, I'd like to tell you a little about myself.



Currently I am a graduate student at the University of Miami, Sociology Department.

Tell me a little about yourself, besides the things I touched on, why did you join the military and what do you think about the military now?

Opening Questions:

1. Could you tell me about your pain?
   a. How would you describe being in pain?
   b. What do you understand about pain?

2. What are some of the challenges to being in pain? What would you say is the biggest challenge?

3. How does your family (e.g. dad, brother(s), uncle(s), men in your family) view pain, and what do they do about it?
   a. How have they influence(d) your views on pain?
   b. How have others besides your family influence(d) your views on pain?

4. Could you describe your typical day for me?
   a. Tell me about your responsibilities around the house and/or at work.

Intermediate Questions:

1. When, if at all, did you first experience someone telling you that you have PTSD or noticing that you felt like you were stressed?
   a. What was going on in your life then?
   b. What was it like?
   c. What did you think then?
   d. How did you respond?
   e. Who, if anyone, influenced your actions?
   f. Tell me about how he/she or they influenced you.

2. Could you describe the events that led up to you feeling living with/in pain or others describing you as having PTSD?
   a. How would you describe the person you were then?

3. Tell me about your thoughts and feelings at a time that you or someone else thought that you were in pain?
   a. Who, if anyone, was involved?
   b. When was that?
   c. How were they involved?
   d. What, if anything, helps you handle these thoughts and feelings?

4. What positive changes have occurred in your life since ____?
   a. What, if any, negative changes have occurred in your life since ____?

5. How, if at all, has your view of yourself changed since then?

6. Who, if anyone, has been the most helpful to you through these experiences? How has he/she been helpful?

Ending Questions:

1. Where do you see yourself in 5 years? 10 years? 20 years (if appropriate)?

2. How, if at all, has the media influenced your experiences?

3. When do you feel the most comfortable? The least?

4. How do you feel about your pain\PTSD?
   a. After having these experiences, what advice would you give to someone who has just discovered that he or she has PTSD or is being labeled as having PTSD by others?

5. Tell me how you would describe the person you are now. What most contributes to this?

6. Is there anything else you think I should know to understand you or your experiences better?

7. Is there anything you would like to ask me?

   Thank you!