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The Life-Course Perspectives of Mexican American Men with Mobility Limitation

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Abstract

The life-history narratives of 10 Mexican American men with mobility limitations, age 55 to 77 years (mean=63.8, std 5.8), were explored using a qualitatively driven, life-history mixed-methods study to understand perceptions of mobility limitations over the life course. Within that methodological and paradigmatic framework, Emmanuel Levinas's writings, combining alterity and conceptualizations of Mexican American masculinity, guided interpretation of data. Through an iterative, thematic analysis, we detail the way the men's lives were influenced by growing familial responsibility with age. Quantitative data were integrated into themes of narrative inheritance, family, and masculinity. It was posited that masculinity with mobility limitations shaped and was shaped by ethnic identity and responsibility. This has implications for understanding the experience of Mexican American men over the life course.

Keywords

Disability; mobility limitations; Mexican American; Hispanic; men; masculinity

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Life histories of Mexican American (MA) men over age 55 living in Texas with mobility limitations (ML, e.g., those with a lack or difficulty with ambulation) provided the evidence for this study. MA men are defined by identifying as men of any race who also identify with a Mexican geographic and cultural heritage, regardless of current geopolitical borders, and maintain residency in the United States. About 10% of Texas's Hispanic¹ men, and 12% in the U.S., report a disability (e.g., loss of social role due to functional limitations [Nagi, 1965; Verbrugge & Jette, 1997]), including over a million civilians and 250,000 veterans in TX (Paul et al, 2020). The stories of MA men in TX are important for understanding the disparate experiences of ML (e.g., lost social role; Harrison, Angel, & Mann, 2008; Nagi, 1965). Without accounts of how MA men experience ML, stereotypes of ML will prevail. In this report, we present background on ML among MA men. Next, we describe the qualitatively driven, mixed methods used. Findings are presented and followed by discussion.

Background

Mexican American (MA) men live shorter lives than MA women (Angel et al., 2014). MA men born in the U.S. have higher rates of ML and live with it for a longer portion of their lives than MA women and foreign-born MA men (Garcia et al., 2017). MA men are the population in the U.S. at highest risk for on-the-job injuries; these jobs are predominantly within the fields of agriculture and construction, both of which require prolonged environmental exposure and result in high rates of permanent disability (United States Environmental Protection Agency [EPA], 2021; U.S. Bureau of Labor Statistics, 2020). Since 2000, the employment-population ratio has shown the highest employment rate for Hispanic/Latino (U.S. Bureau of Labor Statistics, 2022) but also the highest rate of disability due to occupational injury compared to all other populations, leading to calls for changes in on-the-job training and investigations post-accident (Al-Bayati & York, 2018). The 2020 rate for fatal injuries among Hispanics increased by 20% over 2019 (U.S. Bureau of Labor Statics, 2021). In crop production, Hispanic men have higher rates of injury than do Hispanic women, and higher rates of days off work, reassignment, or restrictions due to occupational injury (US Bureau of Labor Statistics, 2020).

Ultimately, MA men are susceptible to pain, ML, and depression over their life course (Clark & Huttlinger, 1998). As MA men with ML navigate gender and ethnic environments, the impact of their disability can be amplified by cultural context, relationships, and sense of agency (Abbott, Carpenter, Gibson, Hastie, Jepson & Smith, 2019; Olfson et al., 2021; Ricks & Harrison, 2013; Ricks, Fredrich, & Harrison, 2020). Understanding how MA culture provides protection within context of ML (Mesch, 2003) is essential to creating interventions that build on trust. See the phenomenon labeled “the Hispanic Paradox” for further explanation on how the Hispanic population has offered cultural protections (Ho, 2007; Hudder, 2012; Markides & Eschbach, 2005; Palloni & Arias, 2004).

¹MA men and women in Texas often identify or are identified as Hispanic. Hispanic and Latino are considered pan-ethnic categories for people of Latin descent regardless of race. See Gomez (1992). The term Latino in Cuban and Puerto Rican communities may be preferred over Hispanic. Government surveys of the general population frequently use the terms Hispanic or non-Hispanic when seeking demographic data for political, social, and economic trends. Hence, data is often provided based upon this terminology.

Based on an extensive review of the literature, few researchers have provided data on experiences of ML among MA men (Graf, Blankenship, Sanchez, & Carlson, 2007; Murdoch, Hodges, Cowper, Fortier, & van Ryn, 2003; Okoro, Hollis, Cyrus, Giffin-Blak, 2018; Seabury, Terp, & Boden, 2017; Singyh, Daus, Allender, Ramey, Martin, Perry, de lose Reyes, & Vedamuthu, 2017). Notable studies include chronic pain in Latino military servicemembers, where men described their culture, ethnicity, combat, and masculinity as central to their lives (Cancio, 2020). Although the researcher included a younger sample (average age of 46) of pan-ethnic men, they discussed the impact of pain on their work and family lives as a time of withdrawal, especially when pain was not treated.

This mixed-method study integrated empirical literature and life-course concepts (Elder, 1998; 1996; 1994) using a phenomenological life-history perspective (Langness & Frank, 1995; Levinas, 1979/1987) and archival ethnomethodological techniques (Barber & Berdan, 1998). We employ ethnic views on disability (Harrison & Stuijbergen, 2001) to create new theoretical insights, which give context to the MA man's experience with ML and disability (Cancio, 2020; Viana et al., 2017).

Theoretical Perspective

The life-course paradigm (LCP) is used to explore aging, ML, and disability from a masculinity perspective (Lindemann & Cherney, 1987). This builds on a program of research to understand ethnicity and gender using the LCP for people with disability (Harrison, 2003; Harrison, 2006; Harrison, 2009; Harrison, Angel, & Mann, 2008; Harrison, LeGarde, Kim, Walker, Blozis, & Umberson, 2013). Two of the four concepts within the LCP—agency and relationships—framed the analysis of disability over time.

The cohort of men studied are generally known as *The Mexican American Generation* (1942–1964), crafting their dual ethnic and national identification post-economic difficulties in Mexico and post-World War II American (Allied) success while living in a conquered land (Alvarez, 1973; Cross, 1928; de Shields, 1912; Urtado & Sinha, 2016). Maintaining a geographic and familial relationship with Mexico while confronting socioeconomic survival in the United States categorizes the conflicting boundaries that were merged into a unique MA ethnic identity of a mestizo people (Alvarez, 1971; 1973). Concepts also included are *ethnicity*, *ethnic identity*, *masculinity* including the sub-term *machismo* (Arciniega, et al., 2008; Connell, 2005; Green, 2021), and *alterity and hypostasis* (Levinas, 2000). See figure 1 for a theoretical framework depicting the interrelationships of concepts within the LCP.

Ethnicity is enduring and reflects attachment to a shared set of cultural values, beliefs, and behaviors, but is also malleable, allowing for individualism (Luborsky & Rubinstein, 1995; Rubinstein, 1987). *Ethnic identity*, the expression of loyalty, commitment, and belonging within and/or toward an ethnic group, is often expressed in terms of cultural symbols such as food, music, religion, language, residential patterns, and objects of ethnic pride (Barth, 1969; Markus, 2008). *Ethnic identity* is constructed over the life course through multiple lived experiences; as an individual ages, differences are noted and the impact of those differences are processed (Hummer, et al., 2007; Maldonado, 1979). Socio-cultural experiences may also be instructive over multiple generations (Goodall, 2005).

Masculinity is a learned, social enactment in contrast to what is identified as femininity (Green, 2021). Green states that although masculinities are multi-dimensional and reactive to chronic illness, it is yet unclear as to how science should conceptualize it definitively. Building on Connell's (2005) conceptualization of masculinity in the context of chronically ill men with prostate cancer (n=29), Green (2021) reported that masculinity was part of assimilating a belief in acting responsibly in the context of embarrassing and unwanted physical differences, e.g., incontinence. Understanding the importance of responsibility after the onset of disability in the lives of men was an essential part of their masculine identity.

Often attributed to Latinos, *Machismo* is a multi-cultural sub-type of masculinity and a learned driver of idealized beliefs, behaviors, and abilities of men; the term matured into the cultural lexicon after 1940 (Guidotti-Hernandez, 2021). Although it is currently a stereotype for "all that is male chauvinism" (Hurtado & Sinha, 2016 p. 407), Mirande (2018) described Mexican and Mexican American men's use of the term with an array of definitions and outcomes. Like West and Zimmerman's (1987; West & Zimmerman, 2009) theoretical description of the feminine gender as a behavioral value, manliness as machismo (Lipsett-Rivera, 2013; Sobralske, 2006) is also displayed in a chosen physicality, narrative, and interactional constellation of masculinities, which MA men may enact as a sense of pride, bravery, courage, devotion, loyalty, authority, and leadership (Lipsett-Rivera, 2013). In other words, despite stereotypical views of machismo, MA men as an ethnic group do not have a one-dimensional masculinity performance. It is also context specific.

Ethnicity, it is posited, can create primary cultural scripts and larger narratives for how men of Mexican heritage perceive and behave within time and place, creating formative and routine patterns of behavior and belief about an expected life course event such as ML. People typically create ritualized routines; here, we recognize that some experiences in life (e.g., ML and disability) can be so unusual that in reaction people respond with new values or strengthen previous beliefs. These experiences can create a vulnerable degree of introspection and reflection critical for moral growth. The vulnerability felt in the context of a ML can leave people to struggle with the intangible nuance of interaction. The work needed to understand a vulnerable existence is where people with ML find or strengthen an aspect of their identity previously unknown (Levinas, 1998). Hence, Emmanuel Levinas's (2020) description of *alterity and hypostasis*, e.g., experiences that force a person to pause and view their existence outside of the primary authorship they usually give to events, helped focus our analysis.

Methodology

The goal of the analyses was to provide a thick description of disability due to ML while attending to concepts that are perceived as influences by MA men. We used a life-history (Frank, 2000; Frank & Vanderburgh, 1986; Harrison, et al., 2008; Langness & Frank, 1995), qualitatively driven, mixed-methods (Love & Corr, 2021) approach with analytic integration of theoretical perspectives. We chose a mixed-methods, qualitatively driven approach to demonstrate the similarities and differences in objective disability while highlighting the meanings that are gleaned from situational indicators of function and social role performance. The integration of mixed data into a formative understanding is considered

more complete (Fielding, 2012) for the purposes of transferring and building interventions for MA men with ML. Mixed-method integration gives teams the opportunity to reintegrate and reconsider vulnerable population messaging about their lives (Gomez, 2014). This study was driven philosophically by an interpretive, social-constructionist epistemological lens, integrating objective measurements into qualitative understanding.

Setting.—The study took place in the communities of MA men in the state of TX. The majority took place on the border with Mexico. Along the Texas-Mexico border many counties are populated by U.S.-born Latinos, primarily of Mexican origin. For instance, 92.5% of the residents of Hidalgo and 97% of Starr Counties are of Hispanic ethnicity, with 98% self-reporting race as “White” (U.S. Census Bureau, 2021).

Data Collection

Sampling. After approval from the local Institutional Review board (IRB), a total of 10 MA men were recruited to participate in this life-history analysis (Hagemaster, 1992). Purposeful recruitment, taking approximately six months, was used to study the ML experiences of MA men. Acknowledging ethnic variability within people categorized with the terms “Hispanic” and “Latino,” only men reporting Mexican American ethnic identity residing in the USA, with one or more parents identified as Mexican or Mexican American, were included. The men were included if they had a mobility limitation, as indicated by a minimum of two out of the three following limitations. 1. The inability to walk a quarter of a mile; 2. The inability to stand for 20 minutes or longer; 3. The inability to climb stairs. The men had to self-identify as men and between the ages of 55 to 80 years.

Although the exact number of men needed can vary, previous studies and methodological theory supported the inclusion of around six to 11 people (Cohen, Kahn, & Steeves, 2000; Higginbottom, 2004; Morse, 2000). The interviewer is an experienced interviewer and analyst with over 20 years’ experience with this population and methods. Saturation was monitored during interviews, while observations were written in the fieldnotes to ensure method reliability. This iterative process created an internal dialogue between the transcripts, authors, and future participants. The critical aspect of sampling in this study was to gain a variety of perspectives on ML while specifically exploring its meaning for MA men.

Recruitment. The strategies used to recruit participants were community liaisons, support-group attendance, and health agency/social-service agency dissemination. Most people were recruited after their spouse heard of the study and contacted the team. The team screened all participants for eligibility. If a participant met criteria, the project director mailed preferred-language versions of the informed consent, a battery of questionnaires, and a letter describing the study. Two weeks after the mailing, each participant was called to verify receipt of materials, to answer questions, and schedule an interview. At the time of the meeting with the interviewer, the informed consent was reviewed. Further questions were answered. Two men did not complete their questionnaires prior to the meeting; hence, these were completed at the time of the study. Men were given a \$50.00 incentive after consent and prior to data collection.

Mixed-Method Data Collection Measures

Questionnaires.: Structured questionnaires were used to assess the degree of impairment, ML, and disability experienced by the participants. Structured questionnaires were offered in English and Spanish and were mailed to the participants. All participants chose English questionnaires. Table 1 describes each of the measurement tools.

Individual interviews.: In-depth interviews in English, each lasting 2 to 4.5 hours, were done. The interviews were a modified form of life-history interview based on philosophical tenets (Nydegger, 1986). Luborsky (1987) wrote that life-history narratives for the purpose of integrating thematically for study could also be achieved to understand commonalities.

Fieldnotes.: Field notes were written after each meeting on observations such as dress, body language, assistive devices, and environmental details, as well as theoretical observations and documentation of self-evaluations of the interview. Objects central to the understanding of men's daily lives were written about in the fieldnotes (Myers, 2006).

Transcription of text.: The audio-recording of interviews/fieldnotes were transcribed within one week after the interviews by sending the digital recordings to a transcriptionist. The original English text was checked for accuracy by listening to the original recordings of interviews, comparing it to the text, and correcting mistakes.

Data Storage

All text data were stored in audio and text formats on a locked computer, while all written documents were secured in a locked file cabinet when not in use. All written consents and contact information were maintained in a locked file cabinet separate from their data. Nothing connected names of participants to their IDs, pseudonyms, or data. Demographic and questionnaire data were entered into SPSS 27.0 for statistical analysis. Data were checked for accuracy after entry into the computer against the original instruments, and no corrections were necessary. Statistical data were analyzed, reviewed, and summarized.

Data Analysis and Interpretation

This life-history study, using a mixed-method analysis influenced by Levinas's philosophical writing as well as thoughts within life-history paradigm and ethnomethodological techniques, began immediately upon entering the field. Each participant's interview was analyzed as a complete biographical narrative using line-by-line coding. Each history was typed according to the major historical narrative typology conveyed. Next, the similarities and differences were opposed in opposition for advancing understanding. The mixing of methods occurred in the final analysis, focusing on integrating the understanding of the narrative over relationships, agency, and cohort. The interpretation was fostered by an ontological view afforded through Levinas's description of alterity (1981; 1979; 1987) and MA masculinity (Guidotti-Hernandez, 2021; Hurtado & Sinha, 2016; Lipsett-Rivera, 2013; Sobraliski, 2006) in context of ML experiences.

Findings

The sample ranged in age from 55 to 77 years (N=10; mean=63.8, std 5.8); all were married. Nine were born in TX and lived their lives in the Central to South TX regions, and one was born in California and moved to South TX as a child. Research on the MA male experience of ML with increasing age and narrowing scope of social roles (Harrison, Angel, & Mann, 2008; Nagi, 1965; e.g., disability) is minimal (Nolan, 2013). Further, 40% reported both parents born in the US, and 20% reported both sets of grandparents born in the US. Two men in the sample were employed, and one of the unemployed men stated he was seeking employment. One completed an eighth-grade education, while six reported high school and three reported baccalaureate degrees as highest levels of education. Seven were recipients of Medicare, two had no insurance, and one received Medicaid.

Summarily, they reported diabetes, heart disease, neuritis, stroke, gout, kidney stones, polio, depression, and/or chronic pain; the common chronic disease was osteoarthritis (OA) in their knees, backs, hips, neck, and hands. The sample's scores on the Charlson Comorbidity Index for 10-year survival was .131 and ranged from 1 to 2. They described numerous injuries, most while working. The subsequent ML were measured on the HAQ, and the scores ranged from .63 to 2.63 with a mean of 1.71 (SD = .66).

Along with unemployment, the men specified diminished leisure roles. For example, Victor said he was unable to fish standing in the ocean, "the only way a true man does it"—a practice he learned from his father, uncles, and grandfather. The men's CHART-SF scores for mobility ranged from 46 to 100 with a mean of 82.65 (SD = 17.49), and total disability CHART-SF scores ranged from 404 to 597 with a mean of 480 (SD = 62.68). The PRI index for pain ranged from 44 to 131 with a mean of 92.63 (SD = 27.42). The CESD-10 score in depression ranged from 4 to 24 with a mean of 11.6 (SD = 6.43).

The interview analysis used life-course paradigm concepts threaded with the philosophical underpinnings of Levinas. This presentation of findings begins with the LCP concepts of *agency* and *relationships*. We posit the changes with ML created a hypostasis prompting change in masculinity and a matured responsibility toward their family's futures. The findings are discussed within the biographical discussions the men had about ML in their lives.

Agency: "I was raised to be this way"

For men to be considered honorable men, they demonstrated an ability to be "rational, tough, indomitable, ambitious, competitive, in control, able to get a job done, and ardently heterosexual" (Schwalbe, 1996; p. 18). The MA men were aware of their position as men and the role of masculinity and/or machismo without being asked. They brought it up freely in conversation about ML. Most salient to the discussions were their responsibilities; met and unmet responsibilities were discussed in depth. Often, the men learned to control singular emotional desires until after their responsibilities of the family were met (Wentzell, 2013). Victor described his relationship with his wife in terms of providing for her needs first through financial sacrifice. He said,

See, she's been real spoiled because basically she was living off of me. I mean, she had whatever she was making, that was her money. She could play with it. What I was making, that's what was paying for the house, paying for the two cars, paying for the insurance, and paying for groceries. So she was, and like I tell her now, you were spoiled.

Masculinity, described by the MA men as manhood free of work limitations, provided the social and economic connections necessary for survival (Bostad & Hanisch, 2016; Connell, 2005; Green, 2021). It was through physical-social activities that the once able-bodied men realized their connection to other men and to a larger masculine economic and social community. "I liked to go dancing a lot and now I can't do that, liked to play ball and can't do that anymore, a lot of the activities." The connection between physical ability and masculine success was left unexamined by the men until the former was missing. The act of physical labor was the act of exercising a man's connection to the social world of men, and the right to be treated like a man only came to those who worked (Wentzell, 2013), who contributed to the society that men built. It was their ability to work that made the MA men capable of their choice in social, leisure, family, and cultural roles.

Despite their idea of masculinity in the social world, the men knew the battle for equitable care, pay, or services within any system took a toll on them. The men reported starting work at a mean age of 13 (SD = 2.06), with a range from 10 to 16 years. Adolfo said he was part of the body of "men who built this country . . . I was raised to be this way." With the engrained principles that kept pride in work, he believed that only those who worked got rights. Civil and human rights, including the right to healthcare, were afforded to contributors to the community, and communities are built through work and communal activities. In asserting that they were the men who built this country, these men asserted they were the men who labored fully within communities, not only for pay but for the future of their families, as well as the future of Texas. Hector explained further:

Cause a lot of things in this town was built by Mexicans like, all them high rises and all that. The only thing you see out there is a whole bunch of people from Mexico. A lot of jobs the White men don't want to do, and they do it for less money.

When the men embedded their lives and bodies into the larger employment community, their sense of self was lost to that organization. The men understood that their ethnic losses, a foundation created during a time and place of their past, were neglected. Ultimately, the men were left unable to apply for, or to obtain, needed access to employment and healthcare. Daniel said,

I told my boss something's not right. We've got twice the amount of people we really need. And he said, oh, don't worry about it. We're okay. Just keep busy. So, he went on vacation that week and I got there that Monday, and I was told to go to the front office. And uh, as soon as I walked in, I saw Human Resources and I knew something was up. And I was told my services were no longer needed. So that was it. I never got an explanation as to why or anything. Thirty and half years I was with the company. I helped build the original company to where they were. Two weeks in lieu.

With age, Victor found that his value within his work diminished. He described a step-by-step removal from employment, based upon age and ability, which left him to question his worth within society. When he was first injured and went to the employer's physician, he said he was told to "take Advil and not to complain, just keep going." Now, at age 61, he felt "fired and humiliated." He was left with bad knees, a bad back, and bad hands. He "walked on needles, short of breath, and tired." Neither the knowledge nor the wisdom of the MA man was clearly valued in the organization which he built.

The knowledge that a young man's work ethic and desire for independence could be replaced without acknowledgement was painful. The older man's desire to live, and to live with pain, was known through moral development. Tony, the only one of the men who was able to remain employed, stated he had been at work when he saw a job that needed to be done. It was on the roof. He said,

I went and took care of the leak and then I climbed on top of the roof with a ladder to sweep the sawdust that had fallen on the roof. Well, while walking up on the roof, I stepped in a skylight that I guess was rotten or needed to be replaced. It wasn't in good shape, and I stepped right through it. And I just landed up in the [pause], I bounced on a machine and then I hit the floor, the concrete floor. I was rushed to the hospital with a broken leg and dislocated shoulder.

Levinas wrote that the moment people realize the limits of control on their lives, they process separation and individuation from this newly received knowledge (Levinas, 1979). This is what Levinas refers to as *hypostasis* (Levinas, 1987). Throughout the life-course descriptions, the men spoke of moments when they experienced a change like this—moments in which they began to reflect on their individuality and sense of right and wrong, such as when they were made to feel foreign despite being American citizens. There were also times when they sought healthcare only to feel neglected by unprofessional providers. The third type, which we focus on here, occurred when the men found they were "disabled" (Nagi, 1965); this knowledge led each man into solitary reflection. Tony reflected on ML and said, "I tend to step cautiously, walk a lot more cautiously, and just get up and [pause] It's kind a hard to explain. Yes, it is different than what it was." The suffering innate to masculine beliefs about disability is clear in these moments. For example, Felix said,

I think it makes a difference because I am Hispanic. It's just the way I was brought up to think. I look at my counterparts, let's say whether Hispanic or White or Black. You know we have our ways of thinking, differently, how we look at things. And I think a lot of it was that I am not worth anything anymore because I can't do what I used to be able to do. That's how we were brought up. We were brought up in that. You're worthless now, you can't do this.

The machismo of unending bravado faded with youth. If machismo worked before in their younger years, it did so by subduing power within the extended family and driving away unwanted interactions; however, machismo did nothing to ensure loyalty in the immediate family, workplace, or healthcare environment. The MA men, who once shared masculine ideals of compadres, were now lost in the face of unemployment and disability. Victor described his daughter's requests, saying, "And anytime she wants to do something, Dad can you babysit? And it's like, well you're not doing anything. That's what I hear now from

everybody, well you're not doing anything." Now he uses his wit, honesty, and kindness to carefully cajole and to achieve his responsibilities.

There is no existence without sorrow, pain, and ultimately suffering (Levinas, 1987). As Juan stated, "I was 47. And that's when, well, that is when my life stopped. But I had already gone through a lot also, and I thank God of that cause I had already seen a lot and done a lot by then." Spending his days reviewing his life by the young age of 47, unable to find refuge in the meaning of events except to say that he had already lived, indicates that he suffers. Existing cannot be forcibly separated from the mental and physical aspect of suffering; hence, a time of pain is also a time of deep existential reflection (Levinas). "Then I realized, hey, you are supposed to be here. And that's when things started getting better. That's when the machismo, the Hispanic thing didn't mean nothing, this meant more. It was like the light went out, went out. And that's when I started thinking." With aging, the men were able to integrate ML into their identity. For instance, Juan stated, "But now that I'm up in age, I think it's, I can handle it. The arthritis in my hands, my shoulders, my knees, and this side, this pain on my side, I combine them all together and I say, I got to do the best I can with it."

Relationships: "Men go crazy thinking of their family"

The MA men were determined to overcome aspects of ML to ensure that the leadership of their family remained intact. They described the role of the patriarch within the MA family as critical for the survival and health of the family. The father of the family, the eldest member, is on call for the extended family. Tony stated when someone in the family calls, he goes to their aid. The option to *not* help the family when called upon is "no real option." Felix discussed the options to ask a network of friends. He said, "All I have to do is call one of the policemen and they'll go for me." And yet, even Felix was unable to ask others to assist him or let others know of his pain. "I won't bother anyone else. I do believe that I, I don't want to bother anybody else. I just want to keep it to myself. I can go in there and cry all I want, you know? And just hit myself [sic] like that, you know [mimes the action], when it really hurts. That's it." It was critical that their families not see weakness.

When an elder MA male dies, a family collapses if no succession is planned. It is essential that at some point there is a discussion of who will lead the extended family. Juan gave his guns to his eldest son because he did not want temptation to take his life. "I called him in from [a city]. I said, take all my weapons away; I do not want to do a stupid thing." He then turned to look at me. "Because I do hurt, ma'am. I really do, I'm not lying to you. I really hurt." There is no maximum age for the patriarch of the MA family. He serves until he dies. Tony stated,

I'm used to paying \$800.00, \$900.00 a month bills. I don't have a check. I don't have anything. How can I pay? And I'm sure that's why a lot of men go crazy and do crazy stuff because they're thinking about their family. How am I going to support them? How am I pay the bills? How am I going to pay this and that? I know it's hard because like I said, I thought a lot of times, too. What's the use—living this way if you can't—there's nothing to live for. But like I said, everything will

change. It will change, I'm sure, for better things. It's gonna change. I know it's gonna change. I mean, it's just a matter of holding a little bit longer and I know it'll change. I mean, I know it'll get better.

Rudy indicated he had been a good father and was proud of his children; he remembered that “when they were small, I would take them to work with me. They would wash dishes, wash pots and pans and all that. I guess I had done a good deed by putting them to work so young, they [sic] hard workers. I can't complain and say that my sons don't work.” He followed up by pointing out that all the girls and boys, the kids and grandkids, finished degrees. In age, the ultimate obligation to The Other was fulfilled. Each man was left to debate in his mind the outcome: was the ultimate toll worth it?

The integration of data allows the reader to review the men's experiences behind their quantitative assessments demonstrating high levels of impairment, high levels of functional loss with ML, low social participation, and high levels of pain and clinical depression. Table 2 provides the data collected and outcomes. The juxtaposition of ML against cultural values commensurate with masculinity and family responsibility brought a feeling of being the other within their lives. As the men moved through the life course living with ML, they were in the present with an unknowable future. In aging, there was an uncomfortable, unknowable self in time. The future was the other and the self was a multitude of existential trajectories, despite their desire to pinpoint a potential outcome like what guided their youth; instead they focused on the youth in their family. As the men turned inward to understand their existence, they re-experienced thematic descriptions described. But there were also those men who experienced an obligation to change the masculine narrative for the young in their family.

Discussion

The use of a mixed-methods life history (Langness & Frank, 1995) allowed us to understand the “subjective realm of human beliefs, motives, and actions in complex social matrices” (Ortiz, 1985, p. 100) and to give added meaning to the quantitative assessment of ML in a cultural minority. The critical finding of this study was that following onset of ML, and during moments of deep reflection, the men's narratives turned to their ethnic identity and to protecting their families, but without a definitive future or firm trust in the organizations that could support them. The MA culture that had been reinforced for generations held firm, and family were the main resource. This may be arguably one way in which the MA family has crafted a strong barrier to high mortality. The men did not turn towards family to ensure self-survival, but to ensure the survival of family. Their narrative of disability after ML was family responsibility, regardless of pain and limitation.

The analysis was framed within the work of Levinas, resulting in conceptual application of hypostasis and alterity to understand critical moments of profound reflection that manifested a deeper sense of family responsibility. These moments occurred during physical and mental experiences that were distinct from how life had been prior to the experiences. For Levinas (1981), the journey of self-reflection creates introspection for moral growth. It is the role of the professional to recognize these moments of vulnerability and to help men voice values.

We theorized beliefs on aging and masculinity were multigenerational and formative for MA men based upon their ethnic identity and familial beliefs (Goodall, 2005; Lindemann & Cherney, 2008), but it was more complex. This is not the first paper to study the impact of physical limitations within MA men (see Wentzell, 2013), but the addition of ethnic and masculine-specific perspectives over the life course combined with quantitative measures makes this description of disability unique to the MA man's experience. Specifically, the methods were advanced through the addition of quantitative indicators of ML, depression, pain, and social participation. The philosophical understanding brought from interpreting LHCs in the context of narratives and quantitative indicators brought rich understanding of a seldom-studied group of marginalized men due to disability, ethnicity, and age.

Like those reported by the MA men in Cancio's study of MA men with chronic pain in the U.S. military (2020), our men found moments in which they were alienated from their existence. Previous activities without limitation and active social engagement were replaced by unstructured days at home with pain and restricted movement. Limitations of mobility brought both dependence on family and a heightened sense of responsibility to family; this responsibility never faded or shifted to another. In this way, the men's ethnic identity solidified, becoming the ground upon where they found firm footing, but it also shifted their views on masculine identity and their ability to fulfill the duty. Liberties were narrowly defined, and moral obligations to their extended family, although critical to self-worth, were difficult to enact. Regardless, the men were determined to meet responsibilities.

Levinas, who fought in the French resistance during World War II, stated that "in suffering there is an absence of all refuge" (Levinas, 1979, p. 69). The severe trauma of war and injuries can cause a degree of suffering that leaves a person without a clear ability to understand future actions (van der Kolk, 2015). In suffering both physical and mental pain, the MA men defined existence in their present context (Steeves & Kahn, 2005). Levinas stated that suffering denies men the hope of nothing (Levinas, 1979), which is one of the most hopeless aspects of suffering, the belief that it may never end. It is only in the reassurance that death will indeed come that hope manifests. Levinas suggested that only one event, death, might separate self from suffering, but death is outside of the experience of life; it is an event that is experientially unknowable.

Trauma without processing meaning is an unending crisis (Steeves & Kahn, 2005; Walker, et al., 2013). The degree to which these men's disabling conditions were affected by their psychological traumas is an important question for disability researchers studying the experience of vulnerable populations. There is evidence from Viana et al. (2017) that greater levels of negative emotions from trauma are associated with more severe disability, as well as more acute depression, in Latin Americans. The U.S. Environmental Protection Agency (EPA, 2021) recently identified the elderly, minority, and those with lower-than-average education and/or income as being vulnerable to our changing environment. In the narratives provided, there was evidence that MA men had experienced a life course of changing environments, which they confronted with pride in the part they played to benefit society. They spent years working their craft for the benefit of a larger society, but they were also devastated when they were asked to step aside as they aged with ML, leaving behind their

sense of freedom in abstract and formative ways. The loyalty they valued as men was betrayed.

According to Ostrander (2008), an injury causing ML may lead to loss of employment, but injuries can be much more impactful when perceptions of gender and ethnicity are not addressed (Garcia et al., 2017). Men may be required to relinquish their work roles but be unable to advocate for their place in society as ethnic minority elders, which compounds the trauma of ML. How MA men overcome trauma to adapt to ML has not been thoroughly explored. High levels of ML within populations can lead to inequity within the overall function of resources meant to assist, if not to accommodate, individuals with ML using self-agency, individual/family resources, and/or personal care help (Centers for Disease Control and Prevention [CDC], 2020; Harrison, 2008; Harrison et al., 2013; Thurman et al., 2019).

The research on Non-Hispanic White men with pain provides evidence for a gendered context within disability interventions (Blackbeard & Aldous, 2021). We posit that beliefs about work and the role of men, handed down through generations, could sway familial and masculine duty to overcome environmental barriers (Lindemann, 2010). The men's access to a masculine culture of disability, such as that described by Lindemann and Cherney (2008), could also sway their ability to accept and assimilate a masculine-disability identity in that it would need to include MA ethnic values. According to Pini and Conway (2017) in their study of masculinity and disability in rural men, it was found that men replaced their views of masculinity in favor of an identity based on "reliance, rejection, and reformulation" (p. 272). The men's ancestral beliefs of masculinity and work were at the forefront of their experience, but they reformulated machismo to find a masculine-disability identity that allowed them to fulfill social roles.

Limitations to this study include the sample of Mexican Americans who identify primarily as being White. There are Mexican Americans of multiple self-identified racial and mestizo backgrounds that should be included in further studies. Further, studies of MA men in states beyond the geographic confounds of Texas would be necessary in follow-up studies.

Conclusion

As noted in Figure 1, the ML experiences of 10 MA men aged 55 to 77 were considered in interaction with disability, ethnicity, and moral development. After loss of social roles due to ML, the men paused to consider ethnic identity. The men turned inward to see themselves through a process of alterity and hypostasis, emerging with a heightened sense of moral courage, directed towards the needs of their families. They emerged as men with strong moral courage willing to lead their families with best of intention, regardless of ML. Providing tools to support the men's agency with ML while supporting their families' future is needed in interventions. Ways to provide support to the men without enacting trauma is essential as we move forward.

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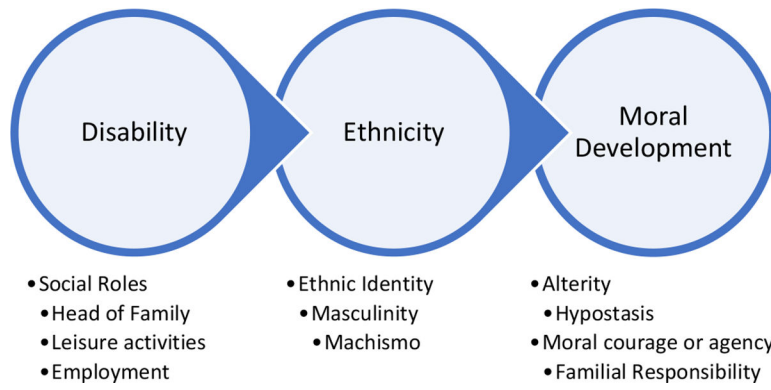


Figure 1. Variables included in the study of mobility limitations over the life course for Mexican American men.

Table 1.

Measurement tools for concepts within study of Mexican American Men.

Concept	Measurement tool	Description
<i>Background characteristics</i>	<i>Background characteristics</i>	Age, ethnicity, education, employment, type of employment, age of impairment onset, marital status, health-insurance status, years in the U.S., generation in U.S., income, approximate weight and height, place of birth, type of residence, place of residence, number of people residing in home, home-ownership status, income, and number of children.
<i>Impairment</i>	Charlson Comorbidity Index English (Charlson et al., 1987)	Widely used assessment of comorbidity (de Groot et al., 2003; Farley et al., 2006). This instrument collects data on 19 diseases that combine with age to form a comorbidity index. Concurrent and predictive validity have been established (de Groot et al., 2003). It has excellent English and Spanish reliability (Hall et al., 2004).
<i>Functional Limitation</i>	Health Assessment Questionnaire II (HAQ; Bruce & Fries, 2003)	Employs 10 items to measure degree of difficulty with function in eight domains: dressing, standing, eating, walking, hygiene, reaching, grabbing, and activities. A score was calculated by summing the highest score in each domain and dividing it by 8 to obtain a score ranging from 0 to 3, with 3 indicating severe disability.
<i>Social Participation / Disability</i>	Craig Handicap Assessment and Reporting Technique—Short Form (CHART-SF) (Menter, et al., 1991; Whiteneck et al., 2004; Whiteneck et al., 1987)	Using 20 questions, the CHART-SF assesses the ability of people with impairments to fulfill social roles in six dimensions: physical independence, cognitive independence, mobility, occupation, social role participation, and economic independence (Whiteneck et al., 2001). This scale has been used in groups with multiple types of impairments and disease processes. Researchers have reported that the CHART-SF has demonstrated a high test-retest reliability of .93 for the total score. Test-retest reliability has ranged from .80 to .95 for the subscale measures (Dijkers, 1991). Scores on the subscales range from zero to 100 and the total score ranges from zero to 600. A score less than 75 on a subscale and less than 450 on the total scale indicates notable disability (Whiteneck et al., 2004). Test-retest reliability scores using one-way random intraclass correlations range from .81 to .89 (Walker et al., 2003).
<i>Pain</i>	McGill Pain Questionnaire (Melzack, 1975), which was developed to measure three major dimensions of pain: the pain rating index (PRI), the number of words chosen, and the present pain intensity (PPI).	The McGill is composed of three major sections that ask what the pain feels like (<i>quality</i>), how the pain changes with time (<i>change</i>), and how the strong the pain is at that present time (<i>intensity</i>). Test-retest reliability as well as content validity has been established (Melzack 1975; Siedlecki, 2009).
<i>Depressive Symptoms</i>	Center for Epidemiological Studies—Depression Scale, 10-item version (CESD-10; Andersen et al., 1994)	Measures depressive symptoms and is used to predict risk in clinical screening; it has shown good test-retest reliability. Respondents were asked to rate how frequently they experience a range of depressive symptoms. It has a score range of 0 to 30 with a cut-off score when screening for depression at 10.
<i>Life History Chart</i>	Life history charts (LHCs) (Scott & Harrison, 2011)	Used to gain insight into the timing of events in the lives of the men. They were asked to plot events across the x-axis and their level of significance across the y-axis. The LHCs gave the men the time to consider their meaningful life experiences prior to the interviews.

Table 2.

Concepts measured in Mexican American Men's Life Course Study.

Concepts	Quantitative Measure	Result
Impairment	Charlson Co-Morbidity Index	Mean=.131 Range 1 to 2
Mobility limitation	HAQ-II; Health Assessment Questionnaire-II	Mean = 1.71 Range = .63 to 2.63
Disability	CHART-SF	Mean = 480 Range = 404 to 597
Depression	CESD-10	Mean = 11.6 Range = 4 to 24
Pain	McGill pain questionnaire	Mean = 92.63 Range = 44 to 131

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