ABSTRACT

Title of Dissertation: COMING HOME AS "WOUNDED WARRIORS": IDENTITY, STIGMA, AND STATUS AMONG POST-9/11 WOUNDED VETERANS

Sidra Montgomery, Doctor of Philosophy, 2018

Directed by: Professor Meredith Kleykamp
Department of Sociology

Increased public attention on wounded and injured veterans of the Iraq and Afghanistan wars has popularized the term "wounded warrior." This defining phrase is used as both a colloquial term and an official status. This dissertation traces the symbolic meaning of "wounded warrior" in the lives of post-9/11 wounded veterans. Specifically, I examine how this socially constructed status is defined, its impact on the community of wounded veterans, and how it has come to shape the everyday experiences of post-9/11 wounded veterans.

I rely on two forms of qualitative data, content analysis and in-depth interviews, to capture public discourse and personal experiences of being a "wounded warrior." In the content analysis I use news media coverage from 2001 to 2013 to analyze the broader construction of wounded veterans as "wounded warriors." Secondly, I conducted in-depth

interviews with 39 wounded Iraq and Afghanistan veterans to examine how veterans see themselves and their injuries and how they craft their personal and social identity within the "wounded warrior" framework. In both sets of data I attend to the role of visibility, whether a veteran's injuries are readily seen, as a significant factor affecting both the portrayal and experience of veteran's status as a "wounded warrior."

Post-9/11 wounded veterans are a socially valued group, benefiting from civilians who want to "support the troops" after the hostile homecoming of Vietnam veterans. "Wounded warrior" is a status connected to material benefits, social esteem, and symbolic capital, but the definition of who qualifies shifts and changes depending on the context. Combat wounded veterans use social and symbolic boundaries to establish themselves as the *real* "wounded warriors." Wounded veterans employ social closure, a strategy of social stratification, *for distinction* using expectations and community norms to position themselves as the most worthy "wounded warriors", protecting the meaning of their service and sacrifice. The visibility of a veteran's injuries conditions their experience as a "wounded warrior", impacting their relationship to the wounded veteran community, the experience of stigma, and their own identity. Overall, I find that post-9/11 wounded veterans actively *shape* and are *shaped by* their status as "wounded warriors."

COMING HOME AS "WOUNDED WARRIORS": IDENTITY, STIGMA, AND STATUS AMONG POST-9/11 WOUNDED VETERANS

By

Sidra Montgomery

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Advisory Committee:

Professor Meredith Kleykamp, Chair
Professor Dawn Dow
Professor Jeffrey Lucas
Professor Melissa Milkie
Professor Kevin Roy

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DEDICATION

To my Dad,

who always believed in me, and told me

"education is something no one will ever be able to take away from you."

Who knew that I would go from my 6th grade paper about our family's experience with your brain injury to now my dissertation, also partially inspired by our lives.

Even when life threw you some pretty big curveballs,

you handled it with grace, humor, and choosing to see the bright side.

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This work wouldn't have been possible without the 39 veterans who let me into their lives, their homes, and their stories with open hearts. Interviewing is a sacred space for me—a time where I am granted a brief window into someone else's life. An interview is unlike any other conversation—it is vulnerable, curious, and raw. I am grateful that so many veterans allowed me to share time with them, trusting me to hear and care for their stories and their experiences as "wounded warriors." My greatest desire is that I honor your real life experiences with my research. I also had the help of several community organizers, women who ran non-profits and veteran service organizations that helped me find my way in the community. To everyone who took a chance on me, thank you.

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wouldn't be where I am today without you. I am grateful we've also had the chance to work as collaborative partners on other projects because it has taken our relationship to a different, even better, place. Not only have I come to see you as an amazing mentor but you are also an incredible collaborator—I think we balance each other well. I hope this is just the beginning of our collaborative work. Thank you for believing in me and telling me so. Thank you for always being in my corner.

To the members of my committee…

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My mentor and my friend…I have no adequate words to express what you mean to me. Your mentorship sustained me throughout graduate school, it was my lifeline during the highs and lows. You have always believed in me and reminded me that I should not doubt myself. I never felt alone during graduate school because of you, I always had someone who *knew* me for me and knew what this crazy journey was like. You are the greatest mentor. I am grateful that our paths crossed at Beloit and that you read my little paper and agreed to work with me. Patience, persistence, and perseverance *always*. I did it. I hope you share as much joy in the success and happiness of this milestone because you deserve a piece of this.

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To my counselors…

Graduate school is not easy. Life is not easy. Dealing with anxiety is not easy. At different points during my time in graduate school I have relied on three mental health counselors. Each one has helped me in that particular moment to ground myself, realize my potential, and reminded me that I'm going to be okay. Everyone needs to take care of their mental health, any stigma surrounding that is bullshit.

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every part of this journey. You always believe in me and you both show me that I can, and should, dream big. I love you…thank you for everything you've done for me. I hope I can continue to make you proud.

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Table of Contents

DEDICATION ..... **II**

ACKNOWLEDGEMENTS ..... **III**

TABLE OF CONTENTS ..... **IX**

LIST OF TABLES ..... **XII**

LIST OF FIGURES ..... **XIII**

A FEW BRIEF NOTES ABOUT LANGUAGE: ..... **XIV**

CHAPTER 1: INTRODUCTION **1**

CHAPTER 2: PLACING "WOUNDED WARRIORS" IN THE MILITARY INSTITUTION AND VETERAN COMMUNITY **10**

- U.S. MILITARY: A UNIQUE INSTITUTION 11
- VETERAN STATUS: HOW VETERANS ARE PERCEIVED IN SOCIETY 22
- "WOUNDED WARRIOR": A NEW VETERAN STATUS 27
- CONCLUSION 43

CHAPTER 3: CONNECTING PERSONAL TO THE SOCIAL: STRATIFICATION, BOUNDARIES, IDENTITY WORK, STIGMA, AND STATUS **45**

- INTRODUCTION 45
- STRATIFICATION AND SOCIAL CLOSURE 46
- BOUNDARIES: SOCIAL AND SYMBOLIC 50
- SOCIAL IDENTITY AND GROUPS 54
- IDENTITY AND IDENTITY WORK 57
- STIGMA 60
- CHALLENGING STIGMA 64
- CONCLUSION 66

CHAPTER 4: "WOUNDED WARRIORS IN THE MEDIA: A CONTENT ANALYSIS OF NEWS MEDIA COVERAGE OF POST-9/11 WOUNDED VETERANS **68**

- INTRODUCTION 68
- MEDIA FRAMES: CAPTURING MEANINGFUL PATTERNS 70
- MEDIA FRAMES OF VETERANS 72
- MEDIA FRAMES OF DISABLED/WOUNDED VETERANS 75
- MEDIA FRAMES ON PHYSICAL DISABILITY AND MENTAL ILLNESS 78
- METHODOLOGY 80
- FINDINGS 86
  - A Broken System: Medical Care for "Wounded Warriors" 87
  - Benefits and Deservingness 90
  - The Fight At Home: Veterans as Victims 92
  - All-American Supercrips: Wounded Veterans as Inspirational Figures 93
  - Injury Visibility: Unique Frames by Injury Type 96
  - "Wounded warrior" Amputees: Positive and Making Progress 97
  - PTSD: Negative Effects and Delays in Care 102
  - Traumatic Brain Injury: the "Signature Wound" 106
- DISCUSSION 111
- CONCLUSION 114

CHAPTER 5: METHODOLOGY AND RESEARCH DESIGN 115
DATA COLLECTION 117
SUBJECT RECRUITMENT 120
SAMPLE SELECTION & CRITERIA 123
SATURATION 126
INTERVIEW LOGISTICS 126
INTERVIEW GUIDE, REVISIONS, AND RATIONALE 129
DEMOGRAPHIC BREAKDOWN OF THE SAMPLE 133
DATA QUALITY 135
GROUNDED THEORY 137
OTHER METHODOLOGICAL CONSIDERATIONS 144

CHAPTER 6: BEING VISIBLE AND INVISIBLE: INTERACTIONS OF STIGMA, VETERAN STATUS, AND INJURY VISIBILITY FOR "WOUNDED WARRIORS" 151
ATTRIBUTION THEORY OF STIGMA 152
VISIBLY INJURED VETERANS AND THE STIGMA OF DISABILITY 154
"WOUNDED WARRIOR" STATUS AND PUBLIC ATTENTION FOR VISIBLY INJURED 158
INVISIBLY INJURED VETERANS: THE STIGMA OF THE UNSEEN 164
HIDING IN PLAIN SIGHT: ESCAPING THE STATUS OF "WOUNDED WARRIOR" 170
ARE YOU REALLY HURT? INVISIBLE WOUNDS AND BEING QUESTIONED AS A "WOUNDED WARRIOR" 172
CONCLUSION 178

CHAPTER 7: SOCIAL CLOSURE OF DISTINCTION: STRATIFICATION IN THE "WOUNDED WARRIOR" COMMUNITY 181
SOCIAL CLOSURE OF DISTINCTION 182
MATERIAL RESOURCES FOR "WOUNDED WARRIORS": FINANCIAL COMPENSATION AND OTHER BENEFITS 184
SYMBOLIC RESOURCES: THE STATUS AND ESTEEM OF BEING A "WOUNDED WARRIOR" 192
OUTSIDERS WITHIN: PERCEIVED THREATS TO THE "WOUNDED WARRIOR" COMMUNITY 198
CONCLUSION 204

CHAPTER 8: SOCIAL BOUNDARIES OF "WOUNDED WARRIORS": WHO IS WOUNDED? 206
COMPETING DEFINITIONS: BUREAUCRATIC VERSUS COLLOQUIAL NOTIONS OF "WOUNDED WARRIOR" 207
AUTHENTIC, PERIPHERAL, AND DEVIANT "WOUNDED WARRIORS" 215
RELEVANT STATUS CHARACTERISTICS: THE CREDENTIALS FOR BEING AN AUTHENTIC "WOUNDED" 216
THE SOCIAL HIERARCHY OF COMBAT WOUNDS 218
VERIFYING COMBAT EXPERIENCE: CONVERSATION AND CONTEXTUAL CLUES 230
CONCLUSION 234

CHAPTER 9: SYMBOLIC BOUNDARIES FOR "WOUNDED WARRIORS": WHAT MAKES A WARRIOR? 236
THE MEANING OF SYMBOLIC BOUNDARIES FOR "WOUNDED WARRIORS" 238
TAKING THE EMPOWERMENT STANCE: SHOWING INDEPENDENCE 244
HUMILITY AND THE ATTITUDE OF SERVICE 260
CONCLUSION 271

CHAPTER 10: CONCLUSION 274
THE RELATIONSHIP OF VISIBILITY AND VETERAN STATUS WITH STIGMA 275

PROTECTING MEANING AND CONTROLLING THE COMMUNITY: SOCIAL CLOSURE OF DISTINCTION 277
AREAS FOR FUTURE RESEARCH 279

APPENDIX A 287

APPENDIX B 290

APPENDIX C 306

APPENDIX D 310

REFERENCES 313

List of Tables

Table 1: Top Five Injury Themes by Article Count……...……101

List of Figures

Figure 1: Wounded Veteran Articles By Source ……. 89

Figure 2: Wounded Veteran Articles By Year……..90

A few brief notes about language:

Throughout this dissertation I purposefully write the term "wounded warrior" in quotations. There are two specific reasons for this. First, I approached this dissertation as a study of this new phrase, seeking to understand its meaning and impact on the lives of post-9/11 wounded veterans. I employ the quotation marks in hopes that it encourages a constant objective questioning of the term rather than a passive acceptance of it. Secondly, as you will read, most of the wounded veterans I have spoken with do not identify with this term. Out of respect for them I chose not to reify "wounded warrior" as an appropriate descriptor for this social group.

I use people-centric language when describing veterans and their wounds/injuries/disabilities in my writing. Rather than describe "Mark, a double amputee veteran…" I write "Mark, a Marine Corps veteran who is a double amputee…" While this description can be more cumbersome in terms of the volume of words, I strive to highlight wounded veterans as *people with disabilities* rather than seeing them as *disabled people*. The exception is in the content analysis chapter where I analyze the media's portrayal of wounds and groups of wounded veterans, prompting some different language use.

At the start of every interview my participants had to fill out a demographic form capturing basic information about themselves, their military service, and their injuries. I asked participants in an open-ended section to "describe all injuries/disabilities/conditions." Throughout the text I honor veteran's preferred

description of their injuries when applicable. For example, when I write about Susan I use "PTS" as opposed to Nathan where I use "PTSD."

During the consent process I gave participants the option to waive their anonymity allowing me to use their real name throughout my work. I felt it was important to give veterans I interviewed this option because some wounded veterans seek to share their truth and be open about their experiences. I thoroughly explained to each participant what it meant to waive their anonymity and I encouraged veterans who were on the fence to remain anonymous. This work contains a mix of pseudonyms and real names (first names only), and those who opted to use their real name are only designated in Appendix B.

Throughout this dissertation I switch my use of Iraq and Afghanistan veterans and post-9/11 veterans for language variation purposes.

Wounded, injured, and ill is the official Department of Defense language to describe the range of medical conditions considered for "wounded warriors." During my time in the field I was told that this language is used very purposefully and explicitly to be inclusive. In my writing I interchange my use of wounds, disabilities, and injuries for linguistic variation. My varied use of these words is not distinguished in any meaningful way in my writing.

Chapter 1

Introduction

The wars in Iraq and Afghanistan have produced a new generation of wounded, injured, and ill veterans known as "wounded warriors." This term has come to define post-9/11 wounded veterans—it is used colloquially, as a medical term, and as an official status. Transposing the symbolism of the warrior in military culture "wounded warrior" linguistically ties wounded veterans to a new fight—battling their injuries and fighting for recovery. Replacing 'disabled veteran', wounded Iraq and Afghanistan veterans have become a new class of wounded veterans. The rise of the term "wounded warrior" has also been coupled with shifts in the support infrastructure for post-9/11 wounded veterans—altering the social, cultural, and structural landscape of rehabilitation and reintegration. Many of today's wounded veterans are inundated with resources, programs, and opportunities specifically earmarked for post-9/11 wounded/injured/ill veterans.

Servicemembers' homecoming defines their service and the meaning of their veteran status as much as the war they participated in. Veterans learn to make sense of their service and their new role as a veteran in the shadow of its socially constructed meaning in society. Vietnam veterans faced a hostile homecoming, a tension still affecting the cultural acceptance and psychological health of its veterans. Wounded Iraq and Afghanistan veterans come home to a society that knows them as "wounded warriors", I ask: how does this impact the way these wounded veterans think of themselves, their service, and their sacrifices? This dissertation analyzes the symbolic meaning of "wounded warrior"—tracing how this social construct is defined, its impact

on the wounded veteran community, and how it shapes the everyday lives of post-9/11 wounded veterans.

Despite the significance of the veteran role in society, sociologists know little about how veterans understand or enact their veteran identity. Much of the literature on veterans in military sociology examines the socioeconomic or health outcomes of military service, measuring the relative quantifiable advantage or disadvantage of military service compared to their civilian peers (Cooney et al. 2003; Smith et al. 2012; Teachman 2004; Teachman and Tedrow 2007). An emerging line of research grapples with the significance of veteran status in small group settings, by employers, and the media (Algra et al. 2007; Hipes et al. 2014; Kleykamp and Hipes 2015; MacLean and Kleykamp 2014). While these studies give insight into the public perception of veterans, they neglect the *subjective* experiences of veterans and their veteran status. Veterans actively construct, contribute to, and communicate their identity as a veteran, a process shaping the social and personal consequences of veteran status in their lives.

Similarly, sociological research more broadly has overlooked the study of military veterans particularly, and of significance to this project, in the areas of identity and disability. While only 7 percent of the U.S. population has ever served in the military, military service occurs at an important point in the lifecourse—during the transition to adulthood (Elder 1986; Kelty et al. 2010; Martinez 2011). Both the unique aspects of the military institution and the conditions of veterans' service (war vs. peace time, combat vs. non-combat) can profoundly shape the lifecourse trajectories of those who serve (Dechter and Elder 2004; Kelty et al. 2010). Military veterans are an important group for scholars of identity because of their explicit attachment to a common institution that can highlight

or diminish certain characteristics and statuses. In disability studies, the lack of research on veterans is surprising given that veterans possess traditionally stigmatized disabilities coming from an honorable source—their military service. Wounded veterans offer a unique case study, providing scholars an opportunity to explore the consequences of an alternative construction of disability and stigma in society.

***

This dissertation bridges both of these existing gaps to examine the experiences of "wounded warriors." I use in-depth interviews with 39 post-9/11 wounded, injured, or ill veterans from San Diego, California and San Antonio, Texas as well as a content analysis of local and national news media to understand the significance of the "wounded warrior" construct in the lives of wounded veterans. I analyze how "wounded warrior" is constructed and defined and how veterans negotiate their identity as "wounded warriors", both as individuals and as a collective group. The context of "wounded warrior" shapes the social relationships, identity, and structural resources for the newest generation of wounded veterans. In my analysis I pay particular attention to the visibility of veteran's injuries, whether others can readily see their wounded status, as a significant factor affecting veteran's experiences as a "wounded warrior." This dissertation addresses four main research questions:

- How is "wounded warrior" defined and understood? What are its varied meanings, and for whom?
- How do post-9/11 wounded veterans navigate their social identity as a "wounded

warrior"? What factors influence their experience as a "wounded warrior"?

- What consequences does the categorization of "wounded warrior" have on the community of post-9/11 wounded veterans? How do wounded veterans construct and maintain a collective group identity as "wounded warriors"?
- How does visibility (of injuries) impact veteran's identification with the "wounded warrior" construct? How does visibility affect veteran's relationship to the larger wounded veteran community?

***

I find that wounded veterans experience their "wounded warrior" status as a privileged status in society, connected to material benefits, social esteem, and symbolic capital. Their status separates them from civilians, including other disabled civilians, and elevates them compared to other veterans, even fellow combat veterans. The social concern and care for wounded veterans is demonstrated in the news media's coverage of wounded veterans and is also highlighted by veteran's own accounts of their experiences as "wounded warriors." However, this socially valued status is more widely accessible than most people assume. The definition of who is a "wounded warrior" shifts and changes depending on the context, and in some cases a "wounded warrior" can be a veteran with non-combat or non-service related injuries. The discrepancy between the colloquial understanding of "wounded warrior", as veterans wounded in combat, and the working definition in the Department of Defense and other organizations, which considers a broader origin of wounds, creates tension in the wounded veteran community.

As a result, combat wounded veterans[1] engage in a *social closure of distinction*, employing social and symbolic boundaries to protect the meaning of their service and sacrifice, delineating themselves as the authentic, and therefore the most worthy, "wounded warriors" (Lamont et al. 2014; Murphy 1988; Parkin 1979). Wounded veterans construct and enforce social norms and expectations requiring a continual demonstration of the selfless strength of the warrior symbol—independence, humility, and selflessness—by those who are authentic. Wounded veterans thought to be acting greedy, entitled, or self-centered as "wounded warriors" are isolated from the community, seen as peripheral "wounded warriors" who are not fully deserving of the benefits of the status. Despite the outward appearance of "wounded warriors" as a cohesive group, combat wounded veterans distinguish themselves by the conditions of their military service, their wounds, and their willingness to continue to uphold the warrior ethos, creating layers of intragroup differentiation (Hogg 1996; Levine and Moreland 1990; Sanna and Parks 1997). Wounded veterans actively control and harness what it means to be a "wounded warrior" from inside their social community.

The public experiences of being a "wounded warrior" is largely conditioned by the visibility of a veteran's injuries and the recognition of those injuries as combat-related. At each level of social context I address—in media narratives, interactions with civilians, and community relationships among "wounded warriors"—wounded veterans with visible injuries are privileged as the celebrated "wounded warriors" and invisibly injured veterans find themselves stigmatized or questioned. Despite the fact that the majority of "wounded warriors" have invisible injuries, these veterans find themselves to

[1] The scope of this study only focuses on combat wounded veterans or veterans who were injured in conditions in which they were actively preparing for combat.

be contested members of the "wounded warrior" community. Invisibly injured veterans are under constant scrutiny from their wounded veteran peers about the legitimacy of their wounds due to the widespread belief that veterans will fake PTSD for benefits or attention. The social boundaries in the "wounded warrior" community benefit visibly wounded veterans who can easily prove the existence and nature of their wounds with little to no questioning. Invisibly injured veterans also anticipate a public stigma of their wounds, especially of PTSD and TBI, fearing their veteran status will only exacerbate the stigma of these conditions rather than alleviate it. For this reason, invisibly injured veterans prefer to hide their "wounded warrior" status unless it becomes necessary to reveal it. Visibly injured veterans, on the other hand, can use their status as a "wounded warrior" to dispel the stigma of their physical disabilities; a presentation strategy more easily accomplished by veterans with prosthetic limbs who align with the stereotypical images of a "wounded warrior." Visibility of injuries changes veterans' relationship with the "wounded warrior" community, the stigma experience of their wounds, and their own identity as a "wounded warrior."

***

In the chapters that follow I unpack the experiences of "wounded warriors", attending to different layers of social context within my analysis: the media, personal interactions, and community dynamics. First, I situate Iraq and Afghanistan wounded veterans within the origins of their military service: the military institution. In **Chapter 2: "Placing 'Wounded Warriors' in the Military Institution and Veteran Community"**

I overview the unique structural and cultural contours of the U.S. military, discussing the service of veterans in the Post-9/11 era, including contemporary research on the role of veteran status. I also discuss the history of wounded veterans, tracking the evolution of expectations for wounded veterans to live increasingly productive lives post-injury. The shifting definitions of "wounded warrior" from the Department of Defense and other organizations are also reviewed. **Chapter 3: "Connecting Personal to the Social: Stratification, Boundaries, Identity Work, Stigma, and Status"** outlines my theoretical framework with a progressive focus from the group to the individual level in sociological theory. I use the concept of social closure and boundaries/boundary work to show how groups separate themselves to create and maintain in-group advantages based on material and intangible rewards. Research on identity shows how personal and collective identity is accomplished, with special attention paid to the role of status, stigma, and identity work.

My content analysis is featured in **Chapter 4: "'Wounded Warriors' in the News Media: Analyzing Public Discourse on Post-9/11 Wounded Veterans."** This chapter contains the entirety of my content analysis data as a separate entity in the dissertation. I analyze the news media as one form of public discourse constructing an influential narrative about "wounded warriors." In this chapter, I review research on the primary media frames used to capture veterans and outline the portrayal of "wounded warriors." My data is a stratified sample between the years of 2001 and 2015 from four sources: The New York Times, The Washington Post, USA Today, and Union-Tribune San Diego. I analyzed the overall portrayal of post-9/11 wounded veterans as well as patterns of how specific injuries, like PTSD, TBI, and amputees, were represented.

Chapter 5: "Methodology and Research Design" describes the data collection and methods for my interviews with 39 Iraq and Afghanistan wounded veterans. I provide in-depth information on my research locations, recruitment strategies, interview guides, and my amended grounded theory approach to coding and analyzing the interview data. I also engage in a reflexive practice about my own position as a researcher and the limitations of my project.

Chapter 6 is the first of my findings chapters, titled **"Being Visible and Invisible: Interactions of Stigma, Veteran Status, and Injury Visibility for "Wounded Warriors."** This chapter parses out the relationship between stigma, status, and injury visibility for "wounded warriors", examining the everyday lived experiences of wounded veterans in the sample. I show how veteran status, as a highly esteemed status, conditions the interaction between visibility and stigma. Visibly injured veterans are able to deflect the stigma of their physical disability because of their veteran status, whereas the invisibly injured feel their veteran status will further stigmatize them. In **Chapter 7: "Social Closure of Distinction: Stratification in the 'Wounded Warrior' Community"** I argue that wounded veterans engage in social closure for distinction as they construct and uphold the idea of authenticity in the wounded veteran community. The primary task of this chapter is outlining three conditions that motivate social closure of distinction for post-9/11 wounded veterans: (1) material resources, (2) symbolic resources, and (3) threat of outsiders.

Chapter 7 outlines the *why* for social closure, but Chapters 8 and 9 discuss *how* wounded veterans accomplish closure through the use of social and symbolic boundaries. **Chapter 8: "Social Boundaries of 'Wounded Warriors': Who is Wounded?**

addresses what factors contribute to the specific meaning attached to wounds, how combat injured veterans imagine the social boundaries within the "wounded warrior" community, and how these boundaries serve a broader role in a social closure process of distinction. Lastly, in **Chapter 9**: "**Symbolic Boundaries for 'Wounded Warriors': What Makes a Warrior?"** I identify two primary symbolic boundaries that wounded veterans' use, empowerment stance and humility, to further distinguish their authenticity and their status as "wounded warriors". I trace how these symbolic boundaries are used to emphasize a masculine warrior ethos and police the boundaries of wounded veterans who do not follow these expectations. **Chapter 10: Conclusion** discusses the conclusions and implications of my research for veterans, military sociology, and sociology more broadly. I also suggest directions for future research and how wounded veterans provide a dynamic theoretical case study for future work in sociology.

Chapter 2

Placing "Wounded Warriors" in the Military Institution and Veteran Community

The experiences of "wounded warriors" are inextricably linked to the institution that produced them. The military is unlike any other social institution, requiring a total commitment from those who volunteer to serve and defend the country. Veterans serving in the post-9/11 era have done so during a time of prolonged war, fighting against terrorist groups in the Iraq and Afghanistan wars. Many veterans, especially those who served in the combat arms, have deployed multiple times in support of these efforts. The unique demands of military service are also matched by a distinctive institutional culture based on hegemonic masculinity, hierarchy, and discipline. Individuals, especially young adults, encounter the military institution at a particularly formative time in their life during the transition to adulthood. For "wounded warriors", their service not only shapes their experiences but also permanently changes their life course trajectory.

This chapter contextualizes the significant social, cultural, and institutional forces influencing the experiences of "wounded warriors." The combat-masculine orientation of the military carries through to the community of wounded veterans. Veterans draw upon social and cultural values from the military to create expectations for how they should be as "wounded warriors." As with every generation of war veterans, the context of the war they fought—its length, battlefield conditions, political support, and domestic homecoming—determine the relative consequences and significance of their veteran status. While wounded or disabled veterans are not a new social group, the term "wounded warrior" has created a new class of veterans, used exclusively for Iraq and Afghanistan veterans. The popularity and widespread use of this term has lead to a

divergence between who is technically a "wounded warrior" and who is truly a "wounded warrior", there isn't one definition of what constitutes a "wounded warrior." Post-9/11 wounded veterans become "wounded warriors", occupying a unique social status and position in the military community.

U.S. Military: A Unique Institution

The U.S. military is a unique social institution within the fabric of American life. Designed to protect and defend the nation, as well as promote peace and security throughout the world, the military occupies an unparalleled role in society. For much of its history, the military relied on a small group of career soldiers during peacetime, building the ranks through conscription or draft service to fight wars. Since 1973, the U.S. military has been an all-volunteer force, relying on benefits and mechanisms of recruitment and retention to sustain troop levels (Clever and Segal 2012). For the past 16 years the U.S. military has been engaged in its longest standing wars, in Iraq and Afghanistan, staffed exclusively by an all-volunteer force.

The military is best characterized as a "greedy institution", a term coined by Lewis Coser, that describes the intense commitment and ongoing demands of the institution (Coser 1974; Segal 1986). Coser defines a greedy institution as one that "seek[s] exclusive and undivided loyalty…[attempting] to reduce the claims of competing roles and status positions on those they wish to encompasses with their boundaries. Their demands on the person are omnivorous…" (Coser 1974: 4). The military requires its personnel to fully dedicate themselves to the institution, even giving up certain rights, to fulfill the missions and obligations of service. Segal (1986) articulated the unique constellation of demands facing military members and their

families: (1) risk of injury of death, (2) frequent geographic mobility, (3) frequent and extended separations, (3) residence in foreign countries, and (4) normative constraints. There are times where the military operates as a total institution, cutting off its members from all other social life both socially and structurally, most notably during boot camp (initial entry training), on deployments, or on naval vessels, such as ships and submarines (Goffman 1961). During military service, the military institution is more than a job or a workplace, it affects all aspects of an individual's day to day life and significantly impacts their spouse/family life.

Military service requires individuals to meet certain standards, including physical and mental health as well as age requirements—between the ages of 17 and mid-30s (depending on the branch and occupation) (Segal and Segal 2004). The majority of the force is young. As of 2015 65% of the active-duty force was under the age of 30, with 44% being under the age of 25 (DoD Demographics 2015). Therefore, military service usually coincides with the transition to adulthood, a pivotal time period in an individual's life course trajectory (Elder 1986; Kelty et al. 2010). The transition to adulthood is a formative time, it is a period centering on major milestones such as: higher education pursuits, marriage, having children, and career formation. The timing of military service overlaps with the timing of the transition to adulthood, making it an important institutional influence in the lives of those who serve (Kelty et al. 2010). Research on World War II veterans has shown that their life stage (early military service vs. later military service) as well as the timing of military service can affect education, work, and family formation in different ways (Dechter and Elder 2004). Military service is considered to be a defining event and/or process in the life course, one that has a lasting

impact on an individual's trajectory (Kleykamp 2012; MacLean and Elder 2007; Sampson and Laub 1996).

The long-term effect of military service is most often measured through research on quantitative outcomes, including income, educational attainment, and health (Cooney et al. 2003; Smith et al. 2012; Teachman 2004; Teachman and Tedrow 2007). The socioeconomic consequences of military service depend on the relative benefits of military service compared to civilian education and labor market conditions. World War II veterans, for example, generally experienced military service as an advantage that contributed to their higher socioeconomic status over their nonveteran peers. Benefits like the GI Bill and the VA home loans helped give WWII veterans an advantage in their early and middle working years (Smith et al. 2012). Research on Korean and Vietnam veterans show that for these veterans, military service wasn't beneficial for all, white veterans who served were at a disadvantage compared to their civilian peers (Angrist 1990; Cutright 1974). For veterans of the post-9/11 generation, not enough time has passed to extensively study and assess the long-term consequences of their military service. There is a growing gap in educational attainment between veterans and nonveterans where military service becomes a disadvantage (Teachman 2007). Kleykamp (2013) finds the positive benefits of post-9/11 military service varied: less educated veterans (high school graduates) out earn their civilian peers while more educated veterans (with at least some college) do not experience the same relative earnings boost.

Across all military conflicts and generations, the most consistent finding in the literature regarding veterans is the pervasive negative effect of combat exposure on a variety of measured outcomes (Brooks and Fulton 2007; Gimbel and Booth 1994;

Hendrix and Anelli 2010; Kleykamp 2009; MacLean and Elder 2007; MacLean 2010; Maguen et al. 2010; Ruger et al. 2002; Tanielian and Jaycox 2008; Wilmoth et al. 2010). Combat exposure is shown to negatively affect family life, marriage, mental and physical health, socioeconomic status, and general productivity. Wounded veterans are not merely exposed to combat, but they return home with substantial mental and physical injuries sustained during combat. The men and women who are severely wounded in combat today "need more intensive care than the most severely wounded service members from prior wars" (IOM report 2010: 97) and are more likely to have a multitude of traumatic injuries and issues (IOM Report 2010: 62; Krueger et al. 2012).

The military is a unique institution intersecting with the lives of millions of young Americans as they embark on the transition to adulthood. For "wounded warriors", military service not only shapes their pathways in work, education, and family life, it permanently alters it. Wounded veterans possess health issues that will continue to determine and shape their lives for the rest of lives. The unique structural aspects of the military institution are matched by a strong culture and social history, continuing to differentiate the military from other workplace or community environments.

Military Culture

The military's main purpose is to fight wars and protect the nation. Combat was, until recently, expected to be a man's job; an arena where men are made. The military is an institution created by men, more specifically white heterosexual men, and dominated by ideals of hegemonic masculinity. Hegemony is the 'ideal' and 'normal' social and cultural practices that are thought of as natural and innate but reinforce a power and

inequality. Hegemonic masculinity refers to a "particular idealized image of masculinity in relation to which images of femininity and other masculinities are marginalized and subordinated" (Barrett 1996: 130; Connell 1995). Military culture is inextricable linked with the ideals of hegemonic masculinity.

Little boys often emulate fighting and physical violence by playing with toy guns, soldier action figures, or other war paraphernalia as they learn what it means to be masculine and to 'be a man.' This common occurrence in the American socialization of boys demonstrates how masculinity, war, and the military are interconnected (Barrett 1996; Britton and Williams 1995; Hinojosa 2010; Hutchings 2008; Johnson 2010; Woodward 2000). Johnson (2010) describes the strong symbiotic relationship between masculinity and the military: "the construction of U.S. hegemonic masculinity is bound up in militarism, and the military is in the business of making men" (581). The institution of the military contributes to and reifies the functioning of hegemonic masculinity in larger society.

The military is a primary cultural site in the construction of masculinity. The military emphasizes and rewards masculine characteristics like physical strength, strong work ethic, teamwork, aggressiveness, heterosexuality, toughness, courage, discipline, absence of emotion, and endurance (Barrett 1996; Hinojosa 2010; Hutchings 2008; Johnson 2010; Woodward 1995). Valued personal qualities and physical conditions of masculinity in the military are exalted through the symbols of 'warrior' and 'hero', two powerful and pervasive military symbols. Wounded veterans, then, become a troubling symbol of masculinity: revered for their heroism in combat, yet disabled because of it.

The masculine strength that allowed them to serve and fight in combat becomes compromised by the very execution of that role.

Dunivin (1994) characterizes military culture defined by a 'combat masculine-warrior paradigm' (CMW) that affects all facets of the military institution. Combat is the primary purpose of the institution; it is the "core activity" that "defines its very existence and meaning" (Dunivin 1994: 533). Combat is also central to the way veterans conceptualize and understand their service, especially for veterans serving in a time of war. Combat experience is a requirement for becoming a 'true' or 'tested' servicemember; meaningful military service becomes conditioned on one's proximity to war (Lembcke 2013; Vest 2012). Wounded combat veterans are highly regarded in the military context given the clear demonstration and fulfillment of the warrior role in combat.

Even though the military still operates within a CMW paradigm, the institution has been required to adapt to an evolving model of military culture, one that allows for the inclusion of diverse groups into military service, including the recent full integration of women in combat roles (Cronk 2016; Dunivin 1994). With the integration of diverse groups, such as racial and gender minorities, there is significant cultural and social pushback from insiders and outsiders citing concerns about reduced military readiness and effectiveness despite a lack of supporting evidence (King 2013; Segal and Kestnbaum 2002). Contentious debates over military accession policies reveal the strong hold of the CMW paradigm in the institution's foundation, diversity threatens the meaning and privileges of military service historically reserved for white men. Professional closure based on "ascriptive characteristics that have not been demonstrated

to be related to performance" is a function of a military culture rooted in hegemonic masculinity (Segal and Kestnbaum 2002: 444). Despite the legal integration of most minority groups, including the opening of combat roles to women and new (and currently changing) policies on transgender individuals serving in the military, there is still a significant cultural push towards social exclusion in service of preserving the military's traditional cultural ideals.

Military culture is also influenced by the institution's structure—a rigid hierarchy and chain of command that is one of society's largest bureaucratic structures. Each service branch is divided between enlisted personnel and officers, and every servicemember has a rank, a designated place in the hierarchy. Enlisted personnel make up the majority of the active-duty force, around 82%, and do the day-to-day tasks and technical work (DoD Demographics 2015). As enlisted personnel move up the enlisted ranks they take on more and more leadership responsibilities and help to advise and support the officers that oversee them. Officers, a smaller percentage of the force (around 18%) must have at least a Bachelor's degree and engage in management work and leadership responsibilities (DoD Demographics 2015; Segal and Segal 2004). The military operates through a chain of command system, with progressive layers of leadership and rules dictating the flow of information. The rank structure and enlisted/officer divide affects social life, with policies limiting fraternization and socializing across the chain of command. Officers and enlisted are not to socialize outside of work for any purposes, and servicemembers are generally advised to associate only with those who are a rank above or below themselves. Rank determines every aspect of an individual's relationship to the institution.

The military also emphasizes discipline and control. In the initial training, whether it is boot camp for enlisted personnel or officer candidate school for officers, discipline is a focal point of training and a requirement for military members. Discipline and good conduct are seen as essential for mission readiness and uniformity; the mission always comes first. The deep-rooted stigma of mental health problems stems in part from the mission-oriented mindset of the military. Military members are expected to be able to fulfill the mission at any moment and mental health problems are often hidden for fear of being stigmatized or being kicked out of the military (Tanielian and Jaycox 2008). Rituals and symbolic gestures are also central to military culture, reinforcing a rich history of service, sacrifice, and patriotism. Ceremonies, like change of commands and formal dinners, as well as gestures, such as saluting and standing at attention, are part of everyday life in the military. Rituals are cultural markers that reinforce order, especially rank, and tie servicemembers to the institution's history. These deeply rooted traditions in the military can make institutional cultural change difficult, as servicemembers are expected to draw on symbols of the past to demonstrate their current commitment to the institution.

While military culture can be described in a holistic way, each service branch has its own culture based on its contribution to the broader military mission. The U.S. Army, the oldest and largest service branch, is focused on ground combat and emphasizes the interdependence of the team. The Marine Corps, the smallest branch with the highest proportion of young personnel, is known for being "first in the fight", an expeditionary force with fierce pride and loyalty built among its Marines. The U.S. Navy provides defense on land and sea but has a culture focused on technical skills and education. The

U.S. Air Force also has a strong emphasis on technical skills and technology with their application of military power, but focuses more on air and cyber defense (VA 2017). Despite serving in the same U.S. military, servicemembers experiences vary based on their rank, occupation, and service branch.

Military culture is a mixture of its history, the structure of the institution, and the generations of those who serve. Military culture has a strong hold on the community, even as policies and methods of warfare have changed. Veterans are products of the military institution, and for many, military service comes during a pivotal moment in the course of their lives as they transition to becoming an independent adult. Wounded veterans' service significantly impacts the course of their lives, altering their mental and physical health and wellbeing. One cannot understand veterans or the experiences of "wounded warriors" without understanding the social and cultural landscape of the military institution.

Post-9/11 Military: An All-Volunteer Force at War

The terrorist attacks on September 11th kicked off what has lead to more than a decade of war with an all-volunteer force, one that still continues. While Operation Iraqi Freedom (OIF) officially ended in December of 2011, the U.S. still has troops stationed in Iraq as well as in Afghanistan supporting the ongoing mission of Operating Enduring Freedom (OEF) and other countries fighting ISIL terrorists. In total, more than 2.7 million have deployed, some repeatedly, in support of the Iraq or Afghanistan wars, with the Army shouldering over half of these deployments (Baiocchi 2013; Brown 2015). It is not only the length of these wars that has challenged the U.S. military, but also the

unconventional warfare and the lack of a distinct battlefield. Improvised Explosive Devices (IEDs), mortars, urban/residence environments, and the use of women and children by the enemy blur the lines between combat and non-combat roles. As a result of unconventional tactics the injuries seen from the Iraq and Afghanistan wars are more severe and more complex than in previous wars. Wounded veterans are surviving injuries that were fatal in the past due to advancements in medical technology and increased efficiency in battlefield evacuation. The ratio of wounded to killed has increased from 1.7:1 in World War II, to 2.6:1 during the war in Vietnam, and to 7.3:1 in the Iraq and Afghanistan wars (Hurt et al. 2011).

The all-volunteer force serving today is the most diverse military force in U.S. history. Women comprise 15.5 percent of the active-duty force and 17 percent of active-duty officers (DoD Demographics 2015). Although women were not officially allowed to serve in combat-designated roles until 2015, women still served successfully in combat-related capacities in Iraq and Afghanistan. The military began deploying special teams of women, like the Marine Corps and Army's Female Engagement Teams (FET), because of cultural sensitivities in Muslim communities (McCollough 2012). The U.S. military is also more racially diverse, with over 30 percent of active duty members identifying themselves as a racial minority, not including those of Hispanic origin. The "Don't Ask, Don't Tell" policy was repealed in 2011, the policy allowed those who identified as homosexuals to serve but barred them from being open about their sexual orientation. In the last two years further restrictions have been lifted, allowing women's full participation in combat roles as well as policies that allow open service for transgender

service members (Cronk 2016; DoD 2016)[2]. The AVF also led to increases in older personnel, who serve longer, and are more likely to be married and have children (Clever and Segal 2012; PEW Report 2011).

Even with increasing diversity among the ranks and the military better reflecting the diversity of the population, the military remains something of a separate sphere. Military members and their families often feel part of an isolated institution with less than one percent of the American population currently serving in the military (PEW 2011). The growing gap between those who fight the nation's wars and those with no connection the military has reinvigorated concerns about a civil-military divide. An even smaller group of servicemembers are wounded in war, further isolating their experiences as they return to civilian life with injuries and disabilities.

A 2011 PEW report, which surveyed both veterans and civilians, found that 84 percent of post-9/11 veterans feel the public does not understand their sacrifices in military service, and 71 percent of civilians agreed with that statement. In 2011, then First Lady Michelle Obama and Second Lady Dr. Jill Biden made it a priority to address this gap with the founding of Joining Forces, a White House initiative designed to rally the support of everyday Americans in helping the military and veteran communities (Joining Forces 2017). Another isolating effect that reinforces the military-civilian divide is the fact that the majority of all-volunteer force recruits come from military families (Standler and Merrill 2000). Pentagon reports from 2012-2013 showed that over 75 percent of new recruits in every service branch had a close relative who had served in the

[2] As of August 2017, the pentagon is revising policies related to transgender servicemembers open service in the U.S. military, including coverage of their gender transition related medical care, at the direction of President Trump.

military (Thompson 2016). The volunteer military has been argued to be a military caste system, with fewer and fewer American families shouldering the civic responsibility of military service.

Despite a palpable sense of division in the country between military and civilians, Americans think highly of those who have served in the post-9/11 era. 91 percent of Americans say they felt pride for military members and 76 percent say they have personally thanked someone for their military service (PEW 2011). Even when support for the nation's involvement in the Iraq and Afghanistan wars has waned, Americans continue to back the servicemembers making sacrifices and serving their country. The military is consistently one of the highest rated public institutions, 78 percent of Americans say they have a lot of confidence in the military (Pew 2011). Post-9/11 military members and veterans experience high levels of public support and regard even though veterans continue to feel more isolated by their military service.

Veteran Status: How Veterans are Perceived in Society

Every servicemember who leaves the military becomes a veteran. Veteran status is a social and legal designation acknowledging a person's military service (Burdett et al. 2012). Military and veterans are a protected class in American society, honored with commemorations for their service and provided special benefits to recognize their sacrifices. The public regard for servicemembers and veterans has fluctuated over time, dependent on military engagements, conscription requirements, and political support. While World War II veterans came home to a nation that celebrated them and provided a record level of benefits for all who served, Vietnam veterans absorbed the brunt of the public's dissatisfaction with the war and experienced varying levels of public backlash

for their service. After the Vietnam War, the military became an all-volunteer force, increasing the prestige and honor of those who choose to serve in the military (Severo and Milford 1989).

Since the Gulf Wars in the early 1990s, political figures and the general public have echoed the message to *"support the troops"* regardless of the popularity of the war, bringing a high sense of regard for military and veterans in society (Kleykamp et al. 2017; Maclean and Kleykamp 2014). Iraq and Afghanistan veterans, serving in wartime conditions for well over a decade, have experienced widespread civilian and political championing--a "sea goodwill" from the public (Carter and Kidder 2015). Even with a polarized political environment, veterans are the rare social group with bipartisan support; public condemnation of veterans or veteran benefits has become a social taboo. Recent research found some evidence of social desirability bias towards veterans, that certain groups overstate their support of veterans because it is the socially acceptable answer, but their true feelings are not as strong as their stated ones (Kleykamp et al. 2017).

Since World War II, veterans are have become the symbol of national heroes, celebrated beyond just their immediate period of service. World War II was the first time all veterans received a comprehensive benefits package for their service (including the GI Bill and VA home loan program), not just those who were wounded or killed. These benefits cemented the special status of veterans in American society. Veteran benefits have gradually increased over time and extend into civilian society with veteran hiring preferences for federal government work and other state-specific benefits (Kleykamp and Hipes 2014). Support for veterans is popular, 62 percent of the public says the

government does not do enough to support veterans returning from war (PEW 2011). Despite numerous benefits and a public narrative of 'deservingness', there are contradicting and competing perceptions of veterans (Kleykamp and Hipes 2015). On the one hand veterans are lauded as heroes who possess valued qualities and skills, but on the other hand, veterans' military service, especially in combat, may have damaged them mentally or physically, forging concerns they are unstable or potentially dangerous to society (MacLean and Kleykamp 2014). "Wounded warriors" are the epitome of this paradox given solidified status as wounded combat veterans.

The broad public perception of veterans, captured through research on media portrayals, falls into three archetypes: veterans as heroes, victims, or violent/dangerous people (Algra et al. 2007; Gerber 2012; Katzman 1993). In the most recent study, Kleykamp and Hipes (2015) analyzed the elite print media coverage of Iraq and Afghanistan veterans from 2003 to 2011. They found that veterans were unquestionably portrayed as deserving of recognition, benefits, and public praise, but their deservingness was constructed through their victimization. Iraq and Afghanistan veterans were characterized as victims in an overwhelming majority of the articles (87 percent). They were cast as victims of war, from mental or physical injuries sustained during combat, or victims at home, from mismanaged or inaccessible bureaucracies like the VA (Kleykamp and Hipes 2015). Despite cries from veteran advocacy groups, like Iraq and Afghanistan Veterans of America (IAVA) that veterans were portrayed as "ticking time bombs", Kleykamp and Hipes found that only 6 percent of articles in their sample portrayed veterans as dangerous or violent. If veterans' violence was the focus, it was often portrayed as the result of trauma experiences from war, another way in which veterans

become victims of their own experiences. Highlighting the negative consequences of war, for example post-traumatic stress rather than post-traumatic growth, may be a necessary public narrative to justify the continued high-level of social and material benefits afforded to veterans (Calhoun and Tedeschi 2014; Kleykamp and Hipes 2015).

Even in the face of potential negative stereotypes, the positive association of veteran status has been shown to override or neutralize potentially stigmatizing statuses on an individual level. MacLean and Kleykamp (2014) used an experimental design to test the relationship between varying conditions of military service and stigmatized conditions (mental health issues, substance abuse, violent behaviors). They found that while civilians hold negative stereotypes about war veterans, they are counteracted by the symbolic capital of being a veteran. This analysis reveals that veterans are not only considered a deserving group, but that individual civilians see veterans positively above and beyond known negative behaviors. Hipes et al. (2014) also conducted an experimental study that found veterans were viewed more positively than civilians, measured by influence and social distance in fictitious interpersonal interaction scenarios. Veterans with PTSD were less likely to influence their partner in the experiment conditions, but did not suffer from greater social distance than others. These studies support the idea that the public goodwill towards veterans could supersede the common negative stereotypes (Hipes et al. 2014; Kleykamp and Hipes 2015; MacLean and Kleykamp 2014). Veterans themselves have reported experiencing a pull between being seen as heroes on a pedestal, yet also suffering from stigmatized health conditions. Feistein's study of Vietnam-era veterans seeking mental health treatment at the VA shows the difficulty for veterans grappling with the public lauding of their service as

‘heroic’ with the reality of their non-combat related mental health issues (2013). Ultimately finding that the veterans themselves succumbed to self-stigma despite the availability of a positive veteran identity. This is one of the few studies that examines the subjective experience of veteran status and brings into question how veterans are perceived by others versus how they view themselves.

Other significant research on the meaning of veteran status focuses employment and hiring. Veteran status is theorized as a “signaling” status because it is conveys information about an individual that goes above and beyond what is available for those without military service. Prior military service can indicate “a certain degree of mental and physical preparedness for work in a structured environment”, something appealing to potential employers (Teachmen 2004: 714). Veteran status may be a positive sign because it suggests someone who has met the recruitment (and possibly retention) standards, as well as someone who has skills, education and training. It can also signal soft skills that are not easily measured, such as discipline, motivation, self-sacrifice, courage, or other characteristics that employers might associate with military service or veterans. Kleykamp tested the veteran signal using an experimental audit method to determine how employers would respond via call-back to fictitious veteran’s resumes matched with comparable non-veteran resumes (2009). She found that employers responded differently based on the intersection of a veteran’s race and transferability of skills. Some veterans had an advantage and others a disadvantage in comparison to their nonveteran peers. Based on these results, Kleykamp argues that military veteran job applicants may be evaluated based on a combination of accumulated human capital (i.e. transferability of skills) and other information signaled by their veteran status, especially

for racial minorities (2009). Veteran status may be more immediately beneficial for some groups than for others, and again, may offset negative stereotypes (this time about race) for those possessing the status.

Research on veterans, especially post-9/11 veterans, shows how they are perceived positively in society. Veterans are a rare social group that experience prolonged and pervasive public support, even during times of financial strain, among disparate political ideologies, and under expectations that their service may have damaged them. Veterans have a unique role in society, one that sociological research is only beginning to examine in detail. Much of what we know about veteran status analyzes how others react to or interpret this status, but little research focuses on veteran status from the veteran's perspective. How do veterans construct and employ their veteran identity? What factors influence this construction? How do groups of veterans co-create meaning for a veteran identity or status? And do veterans interpret their veteran status (positively or negatively) in the way others perceive them (positively or negatively)? This dissertation is a first step in filling that gap through the examination of a specific type of veteran: the wounded veteran, or as they are now known, "wounded warriors."

"Wounded Warrior": A New Veteran Status

"Wounded warrior" is a new term coined in reference to Iraq and Afghanistan veterans. It has become the defining phrase for this new generation of wounded veterans—operating as both a socially designated status in the public sphere and an official medical classification for the military. "Wounded warrior" is used exclusively for Iraq and Afghanistan veterans or those who have served in the post-9/11 era; it has not

been used to describe other eras of wounded veterans, like Vietnam veterans. Previous generations of wounded veterans were commonly referred to as 'disabled veterans' if their injuries persisted long-term beyond their military service (Gerber 2012; Linker 2011). The phrase "wounded warrior" was first used by Wounded Warrior Project (WWP) in 2002, which has since become one of the largest non-profit organizations that serves post-9/11 wounded veterans (WWP 2017). WWP was started by an injured veteran who handed out backpacks with toiletries and other care items to servicemembers recovering from their injuries in the hospital. Eventually the non-profit grew to incorporate many programs and services designed to support and empower today's wounded veterans.

The Department of Defense also adopted the phrase "wounded warrior" for use within its own rehabilitation programs for servicemembers who are recovering from severe injuries. The U.S. Army's rehabilitation program was created in 2004 to respond to the needs of combat-injured servicemembers that were overwhelming Walter Reed hospital. The program was originally called the Disabled Support System but was quickly changed to the Army Wounded Warrior Program (AW2) in 2005 to "reflect the warrior ethos and spirit" of severely wounded soldiers (US Army 2008). Each service branch uses the label "wounded warrior" in their in-house rehabilitation programs for servicemembers with severe injuries: the Marine Corps' Wounded Warrior Regiment (WWR), the Navy's Wounded Warrior Safe Harbor (NWW), and the Air Force Wounded Warrior Program (AFW2) (U.S. Air Force 2017; U.S. Army 2017; U.S. Marine Corps 2017; U.S. Navy 2017). Between 2006 and 2007, the phrase gained traction in the mainstream media and became the dominant descriptor for Iraq and Afghanistan

wounded veterans. It is so commonplace in today's dialogue it needs no explanation of what it means.

The rise of the term "wounded warrior" paralleled a growing support structure for post-9/11 wounded veterans as they returned from combat and integrate in civilian society. Many non-profit or veteran service organizations serving post-9/11 wounded veterans also adopted "wounded warrior" or "warrior" in their organization name or mission/purpose. The social, cultural, and structural landscape of rehabilitation and reintegration for today's wounded veterans far surpasses what was available for previous generations. Thousands of civilian organizations extend the rehabilitation and recovery resources from the military and VA. In 2016, WWP invested $213 million dollars in programs and services for post-9/11 wounded veterans and Homes for Our Troops funded $20 million for their homes and programs (HFOT 2017; WWP 2017). Many of today's wounded veterans are inundated with resources, programs, and opportunities specifically designated for post-9/11 wounded/injured/ill veterans. Examples of these resources and opportunities include: adapted sports and sporting events, special attendance at events, mortgage-free adaptable housing, wounded veteran retreats and trips, caregiver support, as well as scholarships and other financial assistance.

"Wounded warrior" has become more than just a catchy, descriptive phrase, it is deeply entrenched in the portrayal and understanding of today's wounded veterans. This label distinguishes post-9/11 wounded veterans from other generations of wounded veterans, creating a new, separate class of injured veterans. It also ties itself to the warrior symbol, a sacred icon in military culture (Dunivin 1994). To understand the importance and implications of "wounded warrior" as a new framework, it is essential to review the

historical chronology of how America has cared for its wounded veterans. Financial provisions for disabled veterans wounded in war have always been given; it is the expectations for veterans lives post-injury that have shifted over time. The concept of a "wounded warrior", someone who continues to fight even after they are wounded, crystalizes the evolution of a historical shift expecting wounded veterans to become increasingly more productive members of society.

History of America's Wounded Veterans

From its earliest beginnings, the government has provided for American military members who were wounded in combat. One of the first legislative acts in the American colonies was to establish pensions for veterans who were wounded and disabled in combat (McVeigh and Cooper 2013; VA History; Van Ells 2001). Pensions were designed to compensate for the loss of future productivity and earning capacity in the labor market, and disabled veterans weren't expected to work or be contributing members of society (Van Ells 2001). The current disability rating system, formulated as a percentage, represents "the deviation between the productive capacity of an imagined healthy and normal person and the residual capacity of the disabled veteran" (Hickel 2001: 240). For ratings higher than 30 percent, dependent and family circumstances allow for higher monthly payments (VA Federal Benefits 2013). An established financial compensation benefit for the disabled combat veteran has been consistent over time, but the approach to treatment and expected outcomes for the post-war lives of these veterans have changed. What started with pensions for disabled veterans in the Revolutionary War has expanded to today's integrative and individualized rehabilitation programs that

include care for invisible injuries like post-traumatic stress disorder and traumatic brain injury.

Soldiers wounded in America's first wars, the Revolutionary War and the War of 1812, were given pensions to compensate for their loss and inability to labor. Soldiers with limb loss and other serious disabilities were provided up to half-pay for the rest of their lives. Some veterans were given land grants, which could be sold for cash if one so desired, as compensation for their injuries and wounds. Besides these financial benefits, veterans received little else, forcing them to rely on family and friends as the primary sources of care and support (McVeigh and Cooper 2013; VA History; Van Ells 2001).

The Civil War in the United States was the deadliest war in American history; new estimates claim the potential loss of life around 750,000 Americans (Hacker 2011). Amputations from bullet wounds and other battle injuries comprised nearly 75 percent of all surgeries performed on the Civil War battlefields. Many soldiers who survived their amputations did not survive postsurgical infections, which was a common occurrence during this time period (Pasquina and Cooper 2009). Disabled men who served in the war were able to receive a pension, based on their rank and degree of disability (Logue and Blanck 2010; McVeigh and Cooper 2013; Van Ells 2001). At the time of World War I, the U.S. had spent over 5 billion dollars on Civil War pensions (Linker 2011). Beyond pensions, additional resources provided to help disabled and injured veterans. Amputees were given free prosthetic limbs, and national homes for disabled veterans provided room and board as well as some medical care for those in need (Pasquina and Cooper 2009; VA History; Van Ells 2001).

Wounded combat veterans of the World War I generation were the first to experience government support that went beyond medical care and pensions. This conflict marked the start of comprehensive rehabilitation programs for wounded servicemembers (Linker 2011). In addition to pensions (for veterans injured in combat), disabled veterans had access to life insurance and occupational training (VA History). However, this new rehabilitation effort was not yet streamlined--three different agencies provided support for the wounded, leaving veterans navigating a patchwork of institutions (Linker 2011; VA History; Van Ells 2001). The need for a consolidated government organization for veterans' services prompted to the establishment of the U.S. Department of Veterans Affairs in 1930, which is now the second largest department in the U.S. government behind the U.S. Department of Defense (VA History).

World War I represents a turning point in the history of wounded veterans, injured veterans were actively encouraged to become productive and work again (Linker 2011). Posters from military hospitals during this time highlight the shift in focus to rehabilitation, suggesting "usefulness" and "getting back to work" for permanently wounded soldiers through crafts and other activities (Pasquina and Cooper 2009). The goal was to ensure that a soldier's disability was a not handicap, disabled veterans "usefulness" would benefit their own well-being and allow them to continue as productive (i.e. laboring) members of society (Linker 2011; Pasquina and Cooper 2009). Linker argues that this "ethic of rehabilitation" for disabled and wounded veterans began in World War I in the hopes of eliminating the need for a pension system (2011: 1). The focus on complete rehabilitation for disabled veterans increased expectations, "war wounds in themselves are not enough to earn respect. The maimed veteran who earns

accolades is the one who makes good, applying his (and now her) military skills to fight for a full recovery" (Linker 2011: 1). The work of the military ethic to fight and persevere through all circumstances does not end when one is injured, it continues in the expectations of rehabilitation.

It is also worth noting that during and after World War I there was greater awareness of what is now known as PTSD. Labeled as "shell shock" (also many other historical labels), the symptoms of PTSD were thought to be a character flaw, showing soldiers who could not handle war. Mental health issues like PTSD were not officially recognized as injuries or compensated for until after the Vietnam War. World War I veterans did not receive any formal rehabilitation or readjustment services for mental health conditions related to their military service (Finley 2011; Scott 1992; Van Ells 2001).

The end of World War II ushered in widespread prosperity in America, also bringing a new wave of veteran benefits. The 1944 Servicemen's Readjustment Act provided funds for higher education (GI Bill), home loans with no down payment (VA Home Loan), and unemployment compensation for all veterans. This gave millions of Americans who had served in the war a boost, making it easier to access to the American Dream (VA History; Van Ells 2001). Financial compensation as well as medical and rehabilitation care for disabled veterans continued. PTSD or other mental health issues were still not recognized or compensated in any official capacity (Finley 2011). World War II veterans returned home as celebrated heroes to a flourishing economy and a generous benefits package, creating a generation of veterans who remained ahead of their civilian peers for most of their lives (Segal et al. 2012). Scholars have pointed to the

prosperity of World War II veterans as an aberration. Van Ells (2001) describes the impact this had on next generation of war veterans in the Korean and Vietnam conflicts: "…the process of veteran readjustment went so smoothly that many Americans came to believe that a nontraumatic postwar period was normal" (247).

The benefits and compensation established for World War II veterans continued for Korean and Vietnam War veterans, but many programs (such as the GI Bill) saw reduced financial support and increased restrictions (VA History). Medical attention for wounded and disabled veterans shifted towards a more comprehensive model of rehabilitation. The number of amputees from the Vietnam War prompted the creation of a therapeutic adaptive skiing clinic, and several specialty spinal cord treatment centers (largely for paraplegia) (Pasquina and Cooper 2009). Disability pensions after the Vietnam War were further refined, with differences in compensation based the degree to which one's injuries prevented full employment (Boyle 2009). Mental health issues with returning combat veterans came to the surface again, with many Vietnam veterans being described as having "post-Vietnam syndrome" (Finley 2011: 95). The VA established special Vet Centers in 1979 that provided rehabilitation counseling because they realized that many veterans were still experiencing problems in civilian life (VA 2013). Post-traumatic stress disorder was not recognized as a disability by the Department of Veterans until after its inclusion in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980. In addition, cancers and other illnesses associated with Agent Orange, an herbicide used during the Vietnam War, were not recognized as a combat disability for compensation until several years later (Finley 2011; Scott 1992).

Veterans of the most recent conflicts, the Gulf War and the Iraq and Afghanistan wars, continue to receive the benefits that were established in the generations that came before them. Standard benefits for all veterans include: the GI Bill (revamped under President Obama for the Post-9/11 GI Bill), VA home loans, and a hiring preference in the federal government (VA 2012; VA History). Over the last two decades, benefits for disabled veterans have expanded, including greater recognition and compensation for PTSD and TBI. In addition to disability pensions and vocational rehabilitation programs, disabled veterans can apply for housing and automobile grants to purchase or modify their home or car to accommodate their disability (VA 2012). The VA recently created a program that provides financial support and resources for spouse or family caregivers of wounded veterans (VA 2012). DoD and the VA have established new centers specializing in rehabilitation care for veterans with polytrama (multiple traumas, VA definition), traumatic brain injuries and physical wounds like amputations and burn injuries (VA 2012).

The military's rehabilitation programs are designed to help wounded service members reach one of two outcomes—to return to active duty or transition to the civilian world (U.S. Air Force 2017; U.S. Army 2017; U.S. Marine Corps 2017; U.S. Navy 2017). While returning to active-duty after major limb loss is not a new phenomenon in American history, it has been a rare occurrence until now. For injured, ill, and wounded post-9/11 service members many of these "wounded warrior" military rehabilitation programs actively encourage them to return to active duty (Pasquina and Cooper 2009). Between 17 and 20 percent of Iraq and Afghanistan service members with major limb loss stayed on active duty after recovering from their injuries (Gambel 2008; Pasquina

and Cooper 2009). In the 1980s, only 2.3 percent of amputees returned to active duty post-injury (Stinner et al. 2010). The ability to remain on active duty is driven by the service member's desire and the military's evaluation process determining if they are fit for duty. Advancements in surgical procedures and prosthetic development in addition to the military's structural design to keep more wounded service members has aided in the increasing normality of this occurrence; an entirely new phenomenon among this generation of war veterans (Pasquina and Cooper 2009).

When war breaks out, a nation must be prepared to care for those who survive but come back wounded. Providing for the wounded has been a central tenet of the American government, regardless of the conditions (conscripted or volunteer) of that service. Reviewing the history of care and provisions for America's wounded veterans reveals two major changes across time: (1) a widening aperture of who is considered wounded, and (2) increasing infrastructure for recovery and rehabilitation. PTSD and other invisible injuries are now officially recognized as disabilities of military service, disabilities that warrant compensation and dedicated rehabilitation programs. Generations of war veterans struggled with these issues but never received formal help, support, or acknowledgment of their injuries. Now all deploying servicemembers receive medical screening for PTSD and other related issues. In addition to the wider inclusion of war injuries, the rehabilitation infrastructure for military and veterans has grown and encompasses both broader and more specialized care. Those who are wounded in the military receive rehabilitation and recovery care in several areas, including for medical, occupational, social, and recreational needs. Alongside this expansion of recovery services comes an increasing expectation for the future lives of wounded veterans. No longer is "disabled

veteran" considered a quasi-retirement status, today's recovery programs are designed to prepare wounded veterans for being productive and proactive members of society.

Wounded Warrior: Who's a "Wounded Warrior", and When?

It is impossible for post-9/11 wounded veterans to avoid to the label "wounded warrior." The phrase is everywhere—on military hospital parking signs, in media news stories, and in almost every military or non-profit that serves wounded veterans. "Wounded warrior" is the full realization of what Linker calls the "ethic of rehabilitation" that began in World War I. Wounded, injured, and ill servicemembers are not only expected to recover, but they must be "warriors" in the face of their wounds. While the "wounded warrior" label originates in recovery, it follows wounded veterans long after their wounds heal. Wood, a prominent military journalist, asked 'when does one stop being a wounded warrior?' with no answer in sight (2015). Iraq and Afghanistan wounded veterans are known as "wounded warriors", but the definition of "wounded warrior" changes depending on the context. "Wounded warrior" is a medical classification, social status, and colloquial designation—carrying slightly different meanings in different situations.

The first time most wounded, injured, or ill servicemembers will be known as "wounded warriors" is upon entrance in the military's rehabilitation programs. Each service branch has it's own recovery program for servicemembers who are injured and require long-term intensive medical care (longer than 30 days). These comprehensive rehabilitation programs were established or revamped between the years of 2004 and 2005, incorporating the name "wounded warrior." The goal of a rehabilitation program is

to help wounded servicemembers reach one of two outcomes: return to active-duty or transition out of the military. Each program is designed to provide coordination between medical and non-medical care and resources to aid servicemembers in a full recovery and rehabilitation. Every enrolled service member is assigned to a care provider, who is responsible for coordinating and managing their individualized recovery process. Participants are required to establish a rehabilitation plan that guides their day-to-day activities during recovery and addresses holistic components of their lives (U.S. Air Force 2017; U.S. Army 2017; U.S. Marine Corps 2017; U.S. Navy 2017).

Each service branch has different criteria for who qualifies as a "wounded warrior" to be enrolled in the program and receive services. The Air Force and the Army have the most restrictive definitions, while the Navy (including Coast Guard) and Marine Corps have the least restrictive criteria. To qualify for the Army's AW2 program a soldier must have suffered from wounds, injuries, or illness that occurred in the line of duty after September 10, 2001. Their Army disability rating (from the Integrated Disability Evaluation System or IDES) must be (or anticipated to be) at least 30 percent in one or more of a list of specified conditions[3] or they must receive a combined 50 percent disability rating for any other combat/combat-related condition (U.S. Army 2017). While the Air Force has no requirement for a minimum disability rating for the AFW2 program, a service member's injuries/illnesses must be rated as "seriously injured (SI)" or "very seriously injured (VSI)" on a casualty report, or they must be recommended for a complex medical condition. Airmen who have been referred to the

[3] Post-traumatic stress disorder, behavioral health conditions, traumatic brain injury, severe loss of vision/blindness, severe hearing loss/deafness, fatal/incurable disease with limited life expectancy of one year or less, loss of limb, spinal cord injury or paralysis, and burns or permanent disfigurement.

IDES system for PTSD, TBI, or other mental health conditions are also eligible for enrollment in AFW2 (U.S. Air Force 2017). Marines are eligible for the Marine Corps Wounded Warrior Regiment if their medical conditions require treatment longer than 90 days (U.S. Marine Corps 2017). Lastly, the Navy and Coast Guard program, Safe Harbor, defines a "wounded warrior" as any service member that has a serious illness or injury[4] that requires long-term care and an evaluation board to determine if they are fit for duty (U.S. Navy 2017).

While all of these programs perform a similar function and serve the same mission, they each have a different definition for who is considered a "wounded warrior." It is important to note that these programs are not restricted to combat injuries, it is based on the severity of injury. Servicemembers could have PTSD from a car accident, sexual assault, or combat experiences, it is not the origin of their PTSD but the rated severity that qualifies them for the program. With a rapid decline in combat injuries over the past few years, especially following the end of the Iraq War in 2011 and dwindling troop levels in Afghanistan, program eligibility requirements have expanded. The Air Force AFW2 program used to only serve those who had designated combat/hostile injuries, but now has opened to incorporate a wider definition of 'wounded' (U.S. Air Force 2013; U.S. Air Force 2017). Similarly, the Army AW2 program had a minimum threshold of a 50 percent IDES Army disability rating, now lowered to 30 percent (U.S. Army 2013; U.S. Army 2017). The "wounded warrior" military support structures built for a nation fighting two wars are forced to flex and pivot as less combat-injured servicemembers are

[4] OIF/OEF related casualties, shipboard accidents, liberty accidents (MVAs, motorcycle accidents), serious medical and psychological conditions (cancer, severe PTSD), high-risk non-seriously wounded (case-by-case), families in crisis, and special interest.

coming off the battlefield. Many of the "wounded warrior" rehabilitation programs are currently filled with non-combat injured servicemembers as fewer and fewer combat injuries are occurring (Montgomery 2017).

Non-profit and veteran service organizations that serve "wounded warriors" are connected to the military rehabilitation system through the service-branch recovery programs. They are not officially endorsed by the military, but they are incorporated into the recovery program to help fulfill treatment goals. This is the first exposure that most wounded veterans have to community support organizations, and for most, this is how they continue to hear about available resources outside of the military and VA. Using the Army AW2 program as an example—enrolled wounded, injured, or ill servicemembers are required to establish their Comprehensive Transition Plan (CTP). With their care coordinator the soldier sets short-term and long-term goals, establishes regular meetings between the care team and the soldier/family, and conducts self-assessments in six areas (spiritual, career, emotional, family, physical, and social) (U.S. Army 2017). Non-profit and VSOs can help to fulfill requirements of recreational therapy or skill-building. A kayaking organization can be approved to provide adaptive kayaking classes in the hospital swimming pool area. Wounded servicemembers enrolled in the program can get 'credit' for their comprehensive transition plan by participating or trying kayaking. Hospitals and medical centers usually have offices or advocates connecting these organizations to the "wounded warriors" and their families.

The "wounded warrior" rehabilitation programs bridge the military, VA, and civilian organizations. Wounded Warrior Project, mentioned earlier, is the largest and most recognized non-profit organization serving post-9/11 wounded veterans, but

thousands of others have cropped up nationwide. Many of the new organizations serve only "wounded warriors" or post-9/11 wounded veterans and have different definitions (from DoD) of who qualifies as a "wounded warrior." Some organizations require veterans to have a purple heart, others will only serve those with designated combat-injuries, and some only require servicemembers to have injuries that occurred after September 11th, 2001. There is great variety in the purpose and utilization of wounded veteran charities and organizations, but some skew towards representing visibly injured "wounded warriors" because of the eye-catching nature of their injuries. A GAO report from 2012 revealed organizations were trying to take advantage of wounded veterans to raise funds. These organizations would request visibly wounded veterans for their events, expressing that "TBI patients did not 'look the part'", which required individual military "wounded warrior" programs to guard against exploitative organizations (Pincus 2012). Wounded veterans are most often connected to these outside non-profit organizations through their military medical recovery program, other organizations, or their wounded veteran friends/word-of-mouth.

When wounded servicemembers medically retire or separate from the military, they transition to the Department of Veteran Affairs system of care. Many receive disability benefits from the Department of Veteran Affairs and continued medical care. The VA is one of the rare organizations that does not use the phrase "wounded warrior" in any capacity. Instead, the VA established a Polytrauma System of Care (PSC) that specializes in treating veterans with multiple traumatic injuries, usually the result of blast-related events. The PSC aims to provide a "patient-centered, interdisciplinary approach" to care through nationwide rehabilitation centers, network sites, and clinics.

Typical polytrauma injuries some combination of TBI, amputations, burns, spinal cord injuries, visual damage, PTSD and other medical conditions (VA 2012).

The phrase "wounded warrior" has also emerged as an official status in the federal government. There is an expedited claims process for "wounded warriors" applying for Social Security disability benefits and many federal government agencies (such as the DIA and Homeland Security) participate in an offering "wounded warrior" internship programs through the DoD Operation Warfighter Program (DIA 2017; Homeland Security; Social Security Administration). The federal government also has a "wounded warrior tax credit" for businesses that hire long-term unemployed veterans with service-connected disabilities (White House 2011). While some of these "wounded warrior" opportunities have specific criteria for which wounded veterans are considered eligible (following the Army's definition), others are more general and only require a service-connected disability and service in the post-9/11 military (Homeland Security; White House 2011).

"Wounded warrior" is the defining term for wounded veterans of the Iraq and Afghanistan generation. Like wounded veterans before them, "wounded warriors" receive financial compensation and medical care from the military and the VA, however the amount and the sources of those benefits have continued to expand. There isn't a single definition of "wounded warrior", conditions for consideration as a "wounded warrior" are depend on the context. Colloquially "wounded warrior" is thought to be a veteran who was wounded in combat, but technically, other wounded veterans qualify as a "wounded warrior." This dissertation examines how wounded veterans think of

themselves as “wounded warriors” and how the shifting definitions of “wounded warrior” impacts them and their community.

Conclusion

Wounded veterans of the Iraq and Afghanistan generation are coming home to a society that knows them as “wounded warriors.” “Wounded warrior” is more than a just new term, it signifies a shift in the way wounded veterans are conceptualized and treated, with implications for how these veterans come to understand themselves, their injuries, and their service. In the same way that the tumultuous homecoming and reception of Vietnam veterans was a significant social context for veterans’ reintegration, “wounded warrior” serves as the significant context for wounded Iraq and Afghanistan veterans. The notion that one must be a wounded warrior extends an “ethic of rehabilitation”, which began during World War I. A respectable wounded veteran is one that earns “accolades” and continues to use the military ethos in his/her recovery towards living an active and productive life (Linker 2011:1). The national sentiment to “support the troops” has made wounded Iraq and Afghanistan war veterans the most visible and accessible symbols of wartime sacrifice and heroism in post-9/11 America. Wounded veterans must learn to live with their injuries and disabilities while also navigating a new identity and social role as a “wounded warrior.”

This chapter contextualized the military experience, veteran status, and the history of wounded U.S. veterans to better understand the social location of today’s wounded veterans. Sociological research on veterans focuses on the external value of veteran status, either by quantifying the relative advantages (or disadvantages) of military service compared to civilian peers or examining civilian interpretations of veteran status. Yet

veterans live within their own veteran identity, actively crafting personal meaning and public presentations of their identification as a veteran. How veterans think of their veteran status will continue to influence the trajectory of their identity and shape the meaning of their service, a remnant connection to the military institution. The case of "wounded warrior" presents a unique opportunity to study a new identity in the veteran community and examine personal and collective identity work at the crossroads of military service, veteran status, and disability.

Chapter 3

Connecting Personal to the Social:

Stratification, Boundaries, Identity Work, Stigma, and Status

Introduction

To unpack the significance and implications of the "wounded warrior" construct in the lives and community of post-9/11 wounded veterans I rely on several layers of sociological theory in social psychology, symbolic interactionism, and stratification. I entered this project using broad sensitizing concepts of identity, stigma, and status, which guided my entry into the field but also allowed me to stay open the process of inductive theory generation. Through this research I found that wounded veterans not only manage their own personal identity as a "wounded warrior", but they also actively participate and shape the communal meaning of "wounded warrior" in an effort of social closure. As Chapter 2 overviewed, Iraq and Afghanistan wounded veterans are a unique group, not only set apart from their civilian peers through their military service, but also from their fellow veterans because of their injuries sustained in combat. As a result, wounded veterans receive material benefits, social esteem, and cultural recognition tied to their status as "wounded warriors." These social conditions (overviewed in more detail in Chapter 7) influence the composition of their personal and collective identity as "wounded warriors" because it is a socially valued status. Combat wounded veterans employ social and symbolic boundaries to accomplish social closure, distinguishing them as the authentic, worthy wounded veterans within the community of "wounded warriors." The constructed sense of authenticity reinforces identity expectations that enable veterans

to distance themselves from the stigma of their wounds (physical disabilities and mental illness) and align with their high-status position as veterans.

This chapter is organized with a progressive focus from groups to individuals, starting with broad stratification literature and ending with research on individual stigma management. First, I discuss the concept of social closure as a mechanism of social inequality among groups. Then I take up research on boundaries and boundary work to show how groups use boundaries to define their identity and distinguish themselves from outsiders. Next, I attend to social identity research on group dynamics and the differences between intergroup and intragroup differentiation. The concept of identity work unveils how both individuals and groups accomplish the construction and management of identity, and finally, stigma research introduces the challenges of identity work with the possession of a negative social status. In analyzing the experiences of post-9/11 wounded veterans as "wounded warriors", I show the relationship between an individual's identity and the collective group identity, demonstrating how this connection works to define and control resources, meaning, and significance of this newly developed social classification.

Stratification and Social Closure

Social closure is a process of stratification rooted in the work of Max Weber describing how groups monopolize resources through exclusionary social practices. Weber explained social relationships as either "open" or "closed" to outsiders based on how status groups limit and regulate membership, an idea that became the foundation for social closure theory (1978: 43). Weber's work on *Class, Status, Power* understands multiple forms of social conflict in modern society, based on social and material

distinctions used to create inequality. Any group attribute, Weber argued, can be used as a mechanism of exclusion including race, language, and religion. Weber's work is most concerned with identifying the processes of how status-groups distinguish themselves from one another through domination, subordination, inclusion, and exclusion not only as a form of stratification but also as a way to legitimize social inequality (1978). In the case of "wounded warriors", wounded veterans use their status as *combat wounded* veterans to distinguish themselves from civilians, other combat veterans, and other types of wounded veterans. "Wounded warrior" is a self-contained identity and social role defined by the military institution and society more broadly, but wounded veterans also act to construct their own identity as a "wounded warrior", further restricting the identity from within the community.

Social closure is defined as "a process of subordination whereby one group monopolizes advantages by closing off opportunities to another group of outsiders beneath it which it defines as inferior and ineligible." (Murphy 1988: 8). Groups close off social and economic opportunities to others, reserving the benefits for themselves, by legitimizing their privilege through social justifications (Parkin 1979). Social closure functions through socially constructed processes of inclusion and exclusion used by groups to maintain or create social advantages. Social groups benefit from enacting social closure in three main ways: (1) it reinforces internal group norms and values, (2) constructs boundaries to marginalize outsiders, and (3) monopolizes resources, status, and other socially valuable means for insiders. Social closure is a process that produces and reinforces stratification among groups, contributing to development of social inequality. Parkin and Murphy both expand on the theoretical development of the social

closure concept. Parkin defined two directions of social closure, exclusionary and usurpationary, whereby groups can enact closure from the 'top down' or the 'bottom up' (1979). Murphy established three types of closure (principal, derivative, and contingent) dependent on the relationship between closure and other social structures, such as established laws or economic conditions (1988).

The initial emergence of social closure primarily focused on social class and class relations, framed within the context of Max Weber and Karl Marx's work. Recent sociological literature on social closure is taken up in the study of occupations, higher education, and professions. Collins' (1979) work on credentialism in *The Credential Society* is an extension of social closure theory, he argues that education credentials, including degrees and professional standards, are a mechanism for controlling access to professional occupations. Credentials are couched as fair and objective assessment mechanisms yet they can be used to enact social closure privileging ingroup members. Credentialism in education and occupations has continued to be an area of study for sociologists focused on stratification and inequality (Bol and Weeden 2015; Roscigno et al. 2007; Weeden 2002). Weeden's research analyzes occupational closure, showing how occupational restrictions (such as licensing, credentials, and unionization) are related to variations in earnings among occupations (Bol and Weeden 2015; Weeden 2002). Race, sex, and age discrimination in the workplace has also been understood through the lens of social closure, uncovering how discrimination manifests through socially justifiable means (Roscigno et al. 2007; Segal and Kestnbaum 2002). Segal and Kestnbaum (2002) argue that the military has used professional closure to exclude race, gender, and sexual

minorities from service based on (de-bunked) myths of military effectiveness and readiness.

The direction of sociological research on social closure has focused more on closure employed for monopolizing financial and material benefits than for cultural values or social recognition. Collins' research on credentialism did point to the significance of culture in controlling material production, however little research has taken up the study of social closure for use in dominating meaning and social value among groups. In their article titled *"What is missing? Cultural processes and casual pathways to inequality"* Lamont et al. (2014) argue the need for research to parse out cultural processes and their contribution to social inequality. Cultural processes address "the distribution of both material and non-material resources *as well as* recognition", defining recognition as "acknowledgement, validation, legitimacy, value, worth, dignity" (584). With this perspective, social inequality is not just achieved through measures of quantifiable gain but also through contests of meaning between and within groups. Weber originally sought to understand *all* forms of social domination through mechanisms of inclusion and exclusion. Greater emphasis must be placed on the social closure for *meaning and value* as well as material goods (Ridgeway 2014). Ridgeway states that in the quest to understand the distribution of power and resources "we forget how much people care about their sense of being *valued* by others…how much they care about public acknowledgement of their worth" (2014: 2). Wounded veterans enact social closure for social distinction, to reclaim the meaning of their service and sacrifice. In doing so, they demonstrate their worthiness for the intangible respect and social esteem as well as the tangible material benefits of being a "wounded warrior."

Boundaries: Social and Symbolic

Social closure emerged from the study of social class relations, stratification, and material inequality. The study of group boundaries, which shares some similarities with the concept of social closure, originated from symbolic interactionism and social psychology. Symbolic interactionism understands society to arise from the social, our "selves cannot exist without society and society cannot exist without selves" (Thoits and Virshup 1997: 109). Theorists of symbolic interactionism see interaction as the basis of society. Interaction generates shared meanings in the form of language and symbols used to understand the world around us and ourselves (Blumer 1969; Mead 1934). Social psychology crosses the borders between sociology and psychology to examine how people's thoughts, feelings, and behaviors are shaped by interactions with others. In contrast with social closure, the study of group boundaries emphasizes the accomplishment of meaning within the process of group distinction. Group boundaries are understood as a process of stratification that generates inequality, but scholars who study boundary work are driven to uncover the meaning groups and individuals bring to the process rather than just measuring the outcomes or means of social closure. Groups use boundaries for multiple purposes: building internal cohesion, defining outsiders, creating meaning, and monopolizing opportunities, resources, or status (Lamont 1992; Lamont and Molnar 2002; Wray 2006). Research on group boundaries studies *why* groups use boundaries as much as *how* they do.

Groups are an important part of social life; they not only help us understand who we are, but they provide a context for how others understand us. A significant amount of our identity is drawn from our association with groups, whether it is a religious

affiliation, professional identity, or a local sports club (Stryker and Burke 2000). Groups are defined through physical, social, and symbolic boundaries that work to establish who is 'in', part of the group, and who is 'out', not part of the group (Lamont and Molnar 2002; Lamont et al. 2015). Physical barriers or cues can discernibly define the boundaries of a group, like an identification badge or a meeting space, but groups are also defined through social and symbolic markers. Social boundaries are "objectified forms of social differences" and symbolic boundaries are "conceptual distinctions made by social actors to categorize objects, people, practices, and even time and space" (Lamont and Molnar 2002: 168). Social and symbolic boundaries are sometimes one in the same, but they can also be distinctly different; Lamont and Molnar describe symbolic boundaries as a "necessary but insufficient condition for the existence of social boundaries" (2002: 169). Boundaries can be an extension of obvious differences among categorical groups, but they may also "introduce difference into what might otherwise be experienced as similarity" (Wray 2006: 9). Boundaries are observed at multiple levels, from small-localized groups to broader national discourses (Lamont and Molnar 2002; Pachucki et al. 2007). Symbolic boundaries work as invisible lines of division and demarcation—a privileged knowledge that is known only from within the group. Sometimes these symbolic boundaries are intentionally set and enacted, other times they are built seamlessly into the cultural fabric of social life as taste and habitus (Bourdieu 1984).

Boundaries reinforce 'insider' and 'outsider' distinctions—simultaneously building group cohesion and creating inequality by exclusion. Groups maintain power through the mechanism of selectivity and exclusivity, and boundaries are "an essential medium through which people acquire status and monopolize resources" (Lamont and

Molnar 2002: 168). Social markers bind group members together while excluding others, helping a group to maintain control over their identity and group membership; this creates power that privileges the in-group members and can be used to discriminate against outsiders. Boundaries are enmeshed in relevant social context, built from the social and cultural background made available to groups. Lamont's comparative work on social class, race/ethnicity, and immigrants cross-nationally shows how people engage in similar processes of boundary work using different culturally accessible meanings (1992; 2000). Wray describes that boundaries are not merely cognitive or conceptual categorizations, but they are established in the practices, organizations, and institutions of social life (2006). It is impossible to understand social and symbolic boundaries of a group without awareness of the context they occur in. In the case of "wounded warriors", the military institution and the historical understanding of 'war wounds' is a significant context that shapes the contours of wounded veterans boundary work. The values in the military culture—masculinity, physical strength, and the warrior ethos—become particularly important for the boundaries and expectations used by combat wounded veterans in the "wounded warrior" community (Chapter 2).

Sociological research shows that groups employ boundaries to elevate their status, even in cases where the social group is not considered privileged or is actively stigmatized. In her study of poor fast-food workers, Newman (1999) details how these workers use their ambition and work ethic to contrast themselves against other poor people, mainly those who are unemployed or rely on the welfare system. Despite a disadvantaged social position and work in a stigmatized job (what she calls "McJobs"), the workers she studied used their identity as the working-poor to provide an identity

boost compared with those who are poor and not working. Even in situations where there isn't a tangible benefit or opportunity, symbolic boundaries can be used to increase a group's status or an individual's self-esteem. In her study of the pro-anorexia online community, Yeshua-Katz analyzes how group boundaries are used to resist their doubly stigmatized status (stigmatized for their eating disorders and for promoting unhealthy behaviors) (2015). In-group members maintain boundaries by calling out users who are "wannarexics" and publicly vilifying them, leading Yesha-Katz to conclude that the more stigmatized the group, the more boundary work matters for maintaining identity control (2015). Research on the deaf community analyzes how lines of distinction are drawn between different factions of the community: those who are deaf, those who use sign language, and individuals with cochlear implants. Deaf culture is built on the premise that deaf individuals have a unique perspective that is tainted by hearing aids or devices, therefore individuals with cochlear implants are not full members of the deaf community. Maintaining a culture promoting deafness is a way for deaf people to resist stigmatization, privileging the experiences of the in-group by pushing away those who reach for the hearing world (Jones 2002). Boundaries are observed in every aspect of social life, revealing the social similarities and differences that rank "finely graded categories of worthiness to individuals and groups" (Wray 2013: xxvi-xxvii). Boundaries not only capture the material stratification of society, but the social and cultural logic of inequality.

The concept of group boundaries and social closure are overlapping in some ways, but are not necessarily the same. Both concepts focus on how groups define and distinguish themselves from one another by privileging members of the in-group in

contrast with outsiders. Social closure and group boundaries can be accomplished in an effort to monopolize resources, whether concrete material resources or status related. Boundaries and boundary work is driven by social and cultural distinctions, emphasizing the meaning of social separation between groups. Boundaries are not always formed to isolate resources for a particular group; sometimes groups use boundaries as meaningful distinctions of difference, not necessarily for the purpose of economic exclusion or domination. Social closure, in the sociological literature, has been studied primarily under the pretense of the (re)production of material inequality. Social closure describes a process of tightening—groups closing off opportunities, resources, and privileges for the purpose of social exclusion and internal group advantage. Combat wounded veterans use social and symbolic boundaries to define their identity, what it means to be an authentic "wounded warrior", to control and limit access to the benefits of the status in a social closure process of distinction.

Social Identity and Groups

I have overviewed how groups distinguish themselves from one another, but what can explain how people build a collective identity as a group? What factors matter in establishing a social identity as a group member? How can we understand behaviors and norms in the wounded veteran community built within the socially constructed status of "wounded warrior"? Social identity theory, pioneered by Henry Tajfel and John Turner, is a social psychological theory of large-scale social groups and intergroup relationships (Hogg 1996; Tajfel and Turner 1979). As members of a social group, individuals draw on the group identity for personal self-concept and self-definition. Membership in a social group and the associated social identity "both describes and prescribes one's attributes as

a group member" once people see themselves as part of the group (Hogg 1996: 67). When a social identity becomes salient to a situation, people are expected to act in accordance with accepted ingroup behaviors and norms to align themselves with ingroup membership while distancing themselves from outgroup members. Collective identity is dependent on group members' identification with their group, a connection distinguishing themselves from other groups or personal identities.

Group behavior and identity is motivated by two processes, self-enhancement and uncertainty reduction, with the idea that groups continually "strive to be both better and distinct" (Hogg et al. 2004: 255). People act for self-enhancement, promoting their own self-esteem and status, by positively evaluating and distinguishing their own group affiliation in comparison to other groups. This builds a positive personal and social identity. Secondly, categorization reduces uncertainty by creating social expectations and prescribing behavior for how members of the group should think or act. Hogg et al. states, "categorization ties self-definition, behavior, and perception to prototypes that describe and prescribe behavior, and thus reduces uncertainty" (2004: 256). In other words, our group memberships and social affiliations help us to make sense of the social world and ourselves by organizing our identities.

Collective group identity has largely been theorized as a process of internal group agreement emphasizing similarity and unity among group members. Groups are theorized as entirely cohesive entities, united by similarities, only differentiating themselves against dissimilar others (Hogg 1996; McGrath et al. 2000; Sanna and Park 1997; Stryker and Burke 2000). The sociological study of group identity has centered on *inter*group differentiation, focused on the difference between 'us' and 'them', yet social groups are

not homogenous entities. Little research has explored the idea of *intra*group differentiation, such as how social groups that maintain a collective identity with internal separation among group members or what factors influence group stratification (Hogg 1996; Levine and Moreland 1990; Sanna and Parks 1997). Combat wounded veterans do not conceive of all wounded veterans as "wounded warriors", their social identity is built on intragroup differentiation as the authentic "wounded warriors."

One explanation for internal group differentiation arises from social categorization theory and the idea of prototype. A prototype is a recognized shared norm or common ideal representation of the group used by group members to judge their subjective adherence to the collective identity. Disagreement over the prototype or diverse representations of prototypes can create factions within groups (Hogg 1996). Sani and Reicher theorize that 'schisms' in groups are more likely to occur in conditions of identity threat, demonstrating how women's priesthood was characterized as threatening the social identity of the Church of England. Deviants are also seen as disruptions to group homogeny, especially if the deviants are thought to be ingroup members, this is known as the "black sheep effect" (Hogg 1996; Marques and Paez 1994). Intragroup differentiation is less understood, yet important aspect in collection identification processes.

Another theory that can contribute to the understanding of internal dynamics in social groups is status characteristic theory (SCT). SCT shows how social inequalities become salient within group interactions by creating social hierarchies that affect group dynamics and functioning (Berger et al. 1977; Ridgeway 2001). Status characteristics are categorized as diffuse or specific and influence an individual's respect and esteem related

to performance and evaluation based interactions in groups (Ridgeway 1993). Diffuse statuses shape both general and specific expectations within the group related to that status, whereas specific statuses generate targeted expectations and evaluations (Berger et al. 1972). SCT illuminates the way in which status shapes group interaction, showing how individuals respond to other important social statuses within group settings, affecting internal roles and hierarchies (Ridgeway 2001). Ridgeway describes the significant of this connection, "inequality processes at the micro level work together with those at the macro level to create the mutually sustaining patterns of inequality among social groups in society" (2014: 5). In the military-related interactions, the most salient status characteristics are rank, occupational specialty (job), combat experience, length of service (Chapter 2). Diffuse characteristics such as race, gender, and sexual orientation may also matter in military interactions, especially given the masculine orientation of the institution (Dunivin 1994; Segal and Segal 2004). Wounded veterans possess a lingering attachment to the military institution because of their wounds and disability benefits, but they also are separated into a new and distinct veteran community. The status characteristics that matter for "wounded warriors" may differ from active servicemembers, affecting internal group differentiation and contributing to the social construction of the collective "wounded warrior" identity.

Identity and Identity Work

Identities are part of how individuals come to understand themselves within society. Self-concept is specifically defined as the "the sum total of individual's thoughts and feelings about him/herself as an object" (Gecas and Burke 1995: 42). Self-concept is an all-encompassing and holistic definition of the self. Identity is more specific and

narrow, defined as "who or what one is" through the "various meanings attached to oneself by self and others" (Gecas and Burke 1995:42). An identity can be derived from role-based identities (i.e. manager), social category-based identities (i.e. African-American), group membership-based identities (i.e. a baseball player), as well as individual characteristics or personality traits (i.e. funny) (Burke and Stets 2009; Gecas and Burke 1995; Owens et al. 2010). Identities are embedded within our social relationships to one another arising from social interactions, and they become part of our broader self-concept. Identities are the glue of social life, providing order and guiding expectations for social interactions and giving meaning to our lives through feelings of belonging and purpose.

Establishing and maintaining one's identity is a continually accomplished task that happens through "identity work" (Schwalbe and Mason-Schrock 1996; Snow and Anderson 1987). Actions, or the 'doing' of identity establishes these expectations to the self and others through "signaling, labeling, and defining" (Schwalbe and Mason-Schrock 1996: 115; West and Zimmerman 1987). Research on identity work has included broad identities, those based in race and gender (Khanna and Johnson 2010; Storrs 1999; West and Zimmerman 1987), as well as specific identities such as the homeless (Snow and Anderson 1987), immigrants (Killlian and Johnson 2009), inmates (Opsal 2011; Phlean and Hunt 1998), and skateboarders (Dupont 2014). From the symbolic interactionist perspective, the moments of interaction between self and others is the most fertile space for identity work because of the give and take of human interaction. People negotiate their identities with self-presentation strategies, language use, and they receive feedback from others through reflected appraisals (Cooley 1902; Mead 1934). Identity is a

continual negotiation process between self and society, a process always in flux (Blumer 1969; Mead 1934).

The concept of identity work is used to understand how individuals accomplish a specific identity, but it can also illuminate the collective process of identity construction. Schwalbe and Mason-Schrock explicitly theorize about identity work from a subcultural perspective, examining the identity work "people do together to create the signs, codes, and rites of affirmation that become shared resources for identity-making" (1996:121). Schwalbe and Mason-Schrock outline four processes of subcultural identity work: *defining, coding, affirming, and policing* (1996). *Defining* is the process of creating a meaningful social representation, answering the question: who is part of this subculture/identity? This is linked to the creation and maintenance of group boundaries, deciding who should be an insider versus an outsider. *Coding* refers to the 'rules' that must be followed to lay claim to an identity. Identity codes are "practical knowledge about how to show that you belong to a group or category or have particular qualities" (Schwalbe and Mason-Schrock 1996: 125). Codes can also establish power relations within the identity and can be used to identify those who's truly an insider. *Affirming* is the creation of opportunities and interactions to solidify claims to an identity, which can range from opportunities to affirm one's identity to oneself, to other identity holders, or to larger audiences. *Policing* refers to the maintenance of group boundaries, protecting the identity by enforcing the line between insiders and outsiders (Schwalbe and Mason-Schrock 1996). This framework details the architecture of how groups manage their identity from within.

The ‘work’ of identity work becomes even more complicated when individuals occupy multiple, conflicting statuses affecting their identity. How do individuals negotiate competing expectations and identities? How do groups manage statuses that are incongruent or difficult to reconcile? Post-9/11 wounded veterans occupy a new social category as “wounded warriors” with two competing and consequential statuses attached—being a war veteran and being wounded or disabled. While these veterans potentially have a stigmatized or “spoiled identity” because of their injuries and disabilities, they are also afforded a privileged status, as national heroes, because of their service and sacrifices in war (Goffman 1963: 3). Stigma is a major social force affecting identity formation and self-presentation in multiple ways.

Stigma

Stigma is “an attribute that is deeply discrediting”, which has negative consequences for an individual’s self-esteem and social relationships (Goffman 1963: 3; Hatzenbuehler et al 2013). Stigma occurs when people or members of a group possess, or are believed to possess, an attribute or characteristic that is devalued in society. Stigma is socially constructed and dependent on the social context; it is not an innate or inherent defect, but something that arises from assigned meaning. Physical disability and mental illness/mental health issues are two of the most recognized stigmatized statuses, but research has also tied stigma to certain race/ethnic groups, sexual orientation, occupations, and other statuses (Link and Phelan 2001). Goffman acknowledges differences in the social experience of stigma by whether the stigma is concealable. Physical disability is what Goffman categorizes as a discredited stigma because it is something that is immediately known and visible to others, while mental illness is a

discreditable stigma, because it's a stigmatized status that isn't readily apparent to others (1963). Wounded veterans both physical disabilities and invisible wounds, like TBI and PTSD. In fact, explicit attention has been drawn to the "invisible wounds of war" for Iraq and Afghanistan veterans acknowledging that not all wounds are visible (Chapter 2, and see Chapter 4).

Physically disabled individuals are stigmatized because society is built for the able-bodied person (Thomas 2010). The external body is an important symbol of value in American society and for those who live with a disability, the noticeable difference in their body form and function is stigmatized and negatively stereotyped. Disability is commonly associated with weakness, dependence, inferiority, lack of productivity, and lack of sexual appeal (Esmail et al. 2010; Green et al. 2005; Janus 2009; Link and Phelan 2001). Disability can become an all-consuming label, one that erases and masks the multitude of other complicated identities an individual has. In her study of blind women, Hammer noted that many of the women she interviewed discussed how they are always labeled or referred to as a "blind woman" where their blindness overtakes every other quality they possess (2012: 417). In this way, the disability becomes the only thing others see about a disabled person, which "obliterate[s] other aspects of individuality", a classic feature of stigma (Jenks 2005: 417; Goffman 1963).

Readily visible discredited stigma, like physical disability, requires the stigmatized to confront and manage their stigma in social situations. In studies of wheelchair users, Cahill and Eggleston report that interactions in public are equally physically and emotionally challenging (1994). People with physical disabilities engage in the tasks of day-to-day life, but must also contend with the varied reactions of others,

including but not limited to staring, ignoring (not making eye contact), extra attention or the excessive desires of others to "help" (Bonanno and Esmaeli 2012; Cahill and Eggleston 1994; Cahill and Eggleston 1995; Green et al. 2005; Taub et al. 2004). Individuals with visible stigmas not only have to handle their own emotions in social interactions, but also the reactions of others as well (Cahill and Eggleston 1994). People with physical disabilities adopt common strategies for managing social interactions with a stigmatized status, including deflection and normalization (Cahill and Eggleston 1994; Green et al. 2005; Hammer 2012; Taub et al. 2004). Both of these strategies are aimed at achieving the same goal—lessen the importance of the disability and heighten the importance of the person or other identities in that particular context (Hammer 2012). The stigmatization of disability in society often leads to social isolation and marginalization in the lives of many disabled people, because of the labeling, stereotyping, and separation that people with disabilities experience in society (Green et al. 2005; Jahoda et al. 2010; Janus 2009).

Mental illness and mental health issues are one of the most established areas of research on stigma. Historically, individuals with mental illness (or suspected mental illness) were thought to be "crazy" or "mad", a contributing factor to the ongoing stereotypes that people with mental illness are instable, irrational, unpredictable, and dangerous. Other common stereotypes of the mentally ill include uncontrollable, criminal, and unkempt (Phelan et al. 2000; Sieff 2003; Thoits 2011; Wahl 2003). Part of what fuels the stigma of mental health issues is the perception that these conditions are within the individual's control. With physical injuries or disabilities, the problem is readily identifiable and its origin is rooted in an identifiable dysfunction of the physical

body. The negative stereotypes of mental illness are often conflated with individual character flaws, such as weakness, or defects of the self, such as lack of self-control, demonstrating the connection to myth of an internal locus of control. Mental illness is considered one of the most highly stigmatized statuses—akin to addiction, prostitution, and criminal status (Link et al. 1989).

As Goffman pointed to, mental illness is a discredible stigma, meaning it is something that can be kept hidden from others. Individuals with mental health issues have more control over whether and when they disclose their stigmatized status. However, each new situation or social relationship can present a dilemma—leading to an anticipated stigma (Frable et al. 1998; Quinn and Chaudoir 2009). Anticipated stigma is the fear of being stigmatized once the concealed identity is known. The stigma of mental health problems has been correlated with direct social consequences, like discrimination or social rejection; though the mere expectation of these negative effects is also psychologically harmful to the individual. Research has shown that the stigma of mental illness is associated with decreases in self-esteem and feelings of self-efficacy, and it increases the feeling of social distance from others (Link et al. 1997; Thoits 2011). The stigma of mental illness is associated with negative outcomes in many areas of life—employment, income, housing, relationships, and their sexual activities (Link 1982; Link et al. 1989; Markowtiz 1998; Shih 2004). While the impact of other stigmas is shown to vary by other statuses such as race, class, or gender—mental illness stigma has a more consistently negative effect regardless of other sociodemographic statuses (Quinn and Chaudoir 2009). As I overviewed in Chapter 2, the military has a particularly storied history with recognizing, validating, and legitimizing mental illness resulting from the

trauma of war. Veterans with invisible injuries or veterans with PTSD still experience the pervasive stigma of mental health problems in the military environment (Tanielian and Jaycox 2008).

Challenging Stigma

Research on stigma has shown how stigmatized individuals can work to manage stigma by challenging or deflecting the stigma they experience. Engaging in cognitive or behavioral work to resist stigma requires the person to acknowledge their stigmatized status, but is also positively correlated with higher levels of self-esteem (Corrigan et al. 2006; Link and Phelan 2001; Thoits 2011). Thoits defines resistance as "opposition to a harmful force or influence", work that involves "intentional, agentic responses" from the individual (2011: 11). She explores two primary forms of resistance, challenging and deflecting, using mental illness stigma her example case. Deflecting is a way for individuals to shift the attention away from their stigmatized status and minimize their "spoiled" attribute, resisting the acceptance of the stigma and its stereotypes (Goffman 1963). By deflecting the individual can rationalize "that's not me" on the basis that their stigma doesn't encompass their full identity, their case isn't severe enough, or they don't meet the criteria to possess the stigma (mental health issue versus mental illness). Challenging stigma differs from deflection because it involves an element of confrontation with the goal of changing the perception of the stigma. It is not only a way to claim, "that's not me", but to act upon it by working to change others' understanding of their status or identity (Thoits 2011).

Research on a wide-range of stigmatized groups shows how people resist stigma through deflection and challenge in their own cognitive processes and interactions with

others. The most common strategies include: resistant thinking (refusing to internalize a stigmatized label), educating others or speaking out against the stigma, overcompensation displayed through the presentation of self, and emphasizing positive or highly-valued statuses (Campbell and Deacon 2006; Thoits 2011). In a study of childless women in South India, Riessman (2000) found that social class moderated women's ability to resist stigma, but women of different classes found ways to challenge stigma internally through resistant thinking or externally by speaking out against their stigmatized status. For physically disabled people, Green et al. (2005) noted the strategy of one of their participants to maintain a positive demeanor, a way to deflect pity or sorrow from others for his disability. For women who were recently released from prison, Opsal (2011) showed how they use narrative identity work to re-build themselves and deflect the stigma of criminal status. Many gravitated towards building themselves up as good mothers, a culturally valued identity, to repair their identity (Opsal 2011).

Much of the research on stigma resistance looks at how individuals create and accomplish these strategies, neglecting how social groups may play a role in this process. How do social groups work collectively to form positive public identities that resist or challenge stigma? While Thoits does point out a collective form of resistance to stigma, it centers on advocacy work and collective action (2011). Formal advocacy work against stigma is different than organic identity work that is produced by a social group. The conditions under which individuals and groups manage stigma derived from a socially valued status (like combat veteran) has yet to be explored. Chapter 2 overviewed some research on the interplay between veteran status and stigma, but these studies used experimental methods to analyze others perceptions rather than looking at how

individuals negotiate their own conflicting statuses. How post-9/11 wounded veterans resist the stigma of physical disability or mental illness transcends individual utility, going beyond the defense of "that's not me." Wounded veterans challenge stigma by predicating their own behavior on the behavior or other wounded veterans—"that's not me, I'm not one of *those* wounded veterans." While this provides personal benefits for an individual's identity work to be seen as more than a stigmatized status, it relies on an adherence to group expectations and standards that preserves the stigma for some members of the group. Wounded veterans use group boundaries to separate the true, authentic "wounded warriors" from the rest, with social expectations that challenge yet reify stigma. The "wounded warrior" context provides a unique opportunity to examine variations in the experience of stigma, including how and when status and social context can counteract stigma.

Conclusion

The theoretical framework of this dissertation is comprised of theories that examine the making of identity, both in groups and for individuals, and how groups cordon off the advantages resulting from a valuable social status to benefit the self and group members. This research draws connections between inequality/stratification, identity, stigma, and status showing how post-9/11 wounded veterans craft, negotiate, and enact their status as "wounded warriors." Iraq and Afghanistan wounded veterans are a uniquely positioned group—possessing material rewards, high levels of social esteem, and symbolic value while also occupying stigmatized conditions resulting from their military service. I advance sociological research on the process of social inequality developed through group identities, the relationship between stigma and status, and the

subjective understanding of the veteran identity from the perspective of Iraq and Afghanistan veterans. The study of wounded veterans provides fertile ground for expanding our understanding of the complex and dynamic interplay of identity, status, and group-level inequality both between and within groups.

Chapter 4

"Wounded Warriors" in the Media:

A Content Analysis of News Media Coverage of Post-9/11 Wounded Veterans

Introduction

What does it mean to be a "wounded warrior?" The first way to understand "wounded warrior" as a symbolic and meaningful social category is to analyze its use in the most widely available medium of public discourse: the media. As a nation, the United States is highly connected—most Americans have instant access to many forms of media and media content is an important form of public discourse that reflects, reinforces, and constructs social meaning in society (Berns 2004; Gamson and Herzog 1999). Systematic analysis of media coverage reveals media frames, patterned interpretations and meanings that create images, expectations, and stereotypes that influence everyday life (Gans 1979). How the media frames wounded post-9/11 veterans is the first undertaking of this dissertation within the larger exploration of "wounded warrior" as a meaningful status.

With an increasing distance between civilian society and those who volunteer to serve in the military, the media fills in as an important, often exclusive, source of information about the military, war, and veterans (Pew 2011). Veterans are the living reminder of war, and how the media portrays veterans can define the nation's relationship with the particular conflict. The media has become a lens through which a largely disconnected public views and understands these wars and the wounded veterans it produces. While the social context in which wounded Iraq and Afghanistan veterans experience rehabilitation and reintegration has greatly changed compared to past

generations, the historical portrayal of veterans and wounded veterans shapes how veterans are framed today.

In this chapter, I analyze how the national and local news media narrate the experiences of wounded Iraq and Afghanistan veterans as "wounded warriors." I classify and categorize both broader themes in the media's coverage and the specific portrayal of different types of 'wounds.' The reporting on post-9/11 wounded veterans is focused on life at home as veterans navigate their medical recovery and lives post-injury. The primary subject of the media's attention is wounded veterans' medical care, specifically negative critiques of the military and VA healthcare systems and praise for the civilian organizations that have stepped up to fill in the gap for this deserving social group. Wounded veterans are portrayed as victims of a medical system that is underprepared and overwhelmed, emphasizing the long wait for healthcare and disability benefits. In the midst of all the negative attention, wounded veterans also emerge as inspirational figures. Veterans who have triumphed over physical injuries are admired for their ability to be resilient in the face of extreme challenge. The coverage of different wounds reveals the contrasting, unequal portrayal of amputees and veterans with PTSD or TBI. Amputee "wounded warriors" are associated with positive outcomes while veterans with PTSD are bound by an overriding negative portrayal. TBI is labeled as the "signature injury" of the Iraq and Afghanistan wars, yet it is emphasized as an understudied, unknown injury. This analysis is the first to chart the news media's portrayal of wounded Iraq and Afghanistan veterans.

Media Frames: Capturing Meaningful Patterns

Most people access some form of media every day—85 percent of American adults use the Internet and Americans watch an average of 2 to 3 hours of television a day (Smith 2013). Today's technology, with smartphones and computers, make it effortless to engage with the news of the day, even as it's happening. For the majority of Americans, getting the news is part of their every day life--over 83 percent of Americans check the news every day and 78 percent use some form of the Internet to get their news (Pew 2010). In American society the news is an essential part of a democratic society, an objective product that helps citizens to stay informed. The media, like any other social institution, is vulnerable to society's imperfections. Social scientists characterize the news as "the exercise of power over the interpretation of reality" (Schlesinger in Gans 1979: 81). The news media's selective presentation of current events, social problems, and issues is captured by framing and discourse analysis.

Framing is defined as "selecting and highlighting some facets of events or issues, and making connections among them so as to promote a particular interpretation, evaluation, and/or solution" (Entman 2004: 5). Media framing gives the audience a selective presentation of an issue, phenomenon, or event, providing a pre-packaged interpretation of the facts. What's presented through frames is as important as what's left out or what's missing from news reporting. Gamson and Herzog define frames as an "organizing idea" that is an "active mechanism that guides people to 'see' and interpret an event in a particular way" (1999: 249). To study framing is to study a process of constructed meaning (Gamson et al. 1992). How information is presented can influence how people perceive and define social issues—for instance, different portrayals of

veterans with PTSD affected whether people perceive PTSD as caused by external circumstances or internal attributes (Griffin and Sen 1995). Even though frames can be problematic they are also necessary because "without them, it would be impossible to see anything at all through the incoherent jumble of facts and events presented to us" (Gamson and Herzog 1999: 249).

Social scientists study media frames through content analysis, a methodology that is the "systematic, objective, quantitative analysis of message characteristics" (Neuendorf 2002: 1). Sociologists have studied media frames on a diverse range of news worthy issues such as the cultural ideals of mothering, obesity and other health issues, and important national events like Hurricane Katrina to name a few (Barnett 2006; Milkie et al. 2016; Saguy and Gruys 2010; Tierney et al. 2006). While the media is only one form of public discourse, it holds a very powerful position in society because it "provides the most generally available and shared set of cultural tools" (Gamson and Herzog 1999: 250). Media stereotyping and oversimplification can lead to an inaccurate or one-dimensional understanding of the issues or events that shape the contours of national discourse. In a society that is saturated with media, the media is an institution that "constantly make(s) available suggested meanings" which are easily and widely accessible (Gamson and Modigliani 1989: 3). This is true in the case of veterans, a social group whose portrayal can shape their reception and legacy in society. This research asks two main research questions: (1) How are the experiences of "wounded warriors" captured by the news media? (2) How are different injuries of post-9/11 wounded veterans portrayed by the media?

Media Frames of Veterans

Veterans, especially those who are wounded, are the human face of war when they return home. How the media portrays these veterans helps to define the nation's relationship with each conflict, a process that is ongoing for Iraq and Afghanistan veterans as the wars continue. The media depictions of veterans' experiences capture narratives about war, the military institution, and veterans who served. With less than one percent of the general population currently serving in the military and only seven percent of the U.S. having ever served, the media becomes a way for the public to access the experiences of military and veterans, especially during a time of war (Martinez 2011; Pew 2011). How veterans are portrayed in the media can influence the way the civilians understand the impact of war and the institutions involved, such as the military, the VA, and the U.S. government (Griffin and Sen 1995). Civilians are not the only ones that rely on the media as a window into war, Kleykamp and Hipes point out that veterans also use the media as a way to understand their own status as veterans: "media coverage of veterans' issues may convey as much to veterans about how they think civilians feel about them, as it conveys about veterans' experiences to civilians" (2015: 365). The media's construction of veterans provides valuable information for veterans and civilians alike to make sense of their veteran status, both in the aftermath or war and for decades to come.

Previous research examining veteran portrayals in news and popular media identify three consistent reoccurring frames that construct veterans in a contradictory way: veterans as heroes, veterans as victims, or veterans as a problematic/dangerous population. It is not uncommon for veterans to be characterized by more than one of these

frames at the same time (Algra et al. 2007; Gerber 2012; Katzman 1993; McCartney 2011; Pittman and Osborn 2000). Veterans are heralded as heroes to their nation, true patriots willing to sacrifice their own lives to protect the nation. Military and veterans are iconic symbols of a hero in society. Heroism is attached to the actions and intentions of military members, especially during times of war. As much as veterans are exalted in their heroism, they are also portrayed as victims of the trauma of war and victims of government institutions that fail to provide adequate support when they come home. The victim and hero narratives are often connected, reinforcing and escalating each characterization. Veterans have continued to be portrayed as dangerous, violent, and unpredictable, especially those who have experienced war. Violent acts committed by war veterans at home and abroad are publicized in the press, further perpetuating the stereotype that veterans are violent (Algra et al. 2007; Gerber 2012; Katzman 1993; McCartney 2011).

Veteran's portrayal is inextricably linked to the social context and historical timeframe of their military service. The broader national sentiments and narratives of war can affect how veterans are constructed in the media. The success of World War II, heralded as the "last good war", and the reintegration triumphs for that generation of war veterans made it easy for veterans to be portrayed as heroes. Whereas, under the ambiguity and controversy of the Vietnam War veterans were portrayed negatively—typically as 'crazed' veterans or victims of anti-war protestors (Boyle 2009; Gerber 2012; Katzman 1993; Lembcke 1998). Although de-bunked by Sociologist Jerry Lembcke, Vietnam veterans were shown to be spit on when they returned home, an image that still sticks with that generation of veterans (Lembcke 1998). Recent research has begun to

examine how post-9/11 veterans are portrayed after over a decade at war serving in an all-volunteer force (Fong 2013; Kleykamp and Hipes 2015).

The long-standing history of veterans being portrayed in contradictory and opposite ways—as heroes, victims, and villains—continues for the next generation of veterans (Kleykamp and Hipes 2015; McCartney 2011). Kleykamp and Hipes (2015) have produced the first and only systematic analysis of American media coverage of Iraq and Afghanistan veterans. Examining elite media coverage in the United States from the beginning of the Afghanistan war in 2003 through the end of 2011, they sought to identify media frames to better understand how the media's reporting on post-9/11 veterans contributes the public understanding of the Iraq and Afghanistan wars. Their findings, that veterans were both portrayed as victims and deserving heroes, aligns with the historical precedent of these contradicting characterizations for veterans (Algra et al. 2007; Gerber 2012; Katzman 1993). Kleykamp and Hipes argue that these frames are dependent on one another to produce a central narrative about veteran's role in society: veterans' deservingness for government support and resources is built on the perception that they are victims, both in war and at home (2015). Despite growing concerns from veterans and veteran advocacy groups that post-9/11 veterans are being portrayed as dangerous "ticking time bombs", they found that only six percent of news articles in their sample portrayed veterans as violent or dangerous (Kleykamp and Hipes 2015). McCartney (2011) analyzed the media frames of British soldiers serving in Iraq and Afghanistan, arguing the prevalence of the victim frame is detrimental to future recruitment and retention of military personnel, decreasing overall support for the military in British society.

These studies of Iraq and Afghanistan veterans confirm that the media portrayal of veterans continues to follow the predictable pattern of frames established by the literature. It also begins to articulate the relationship among these portrayals, demonstrating how the media can influence civilian support towards or against the war, its troops, and the continued sustainment of veterans benefits. For example, the construction of veterans as victims may have disparate consequences—on the one hand harming short-term recruitment efforts, while on the other hand justifying the high level of veterans benefits in society (Kleykamp and Hipes 2014). The portrayal of veterans in the media constructs and reinforces broader narratives about military service through a limited framework of stereotypes.

Media Frames of Disabled/Wounded Veterans

Wounded veterans, or "wounded warriors", present an even more specific case for studying the media's construction of veterans. Wounded veterans have made tangible personal sacrifices in war beyond their time in service—Does this make them more deserving? Are wounded veterans seen as even greater victims? Does the trauma of their war experiences heighten their risk for being portrayed as violent?

The historical portrayal of wounded and disabled veterans in the media is similar to the portrayal of all veterans—marked by a tension between conflicting depictions. Injured and disabled veterans are portrayed as heroes, having sacrificed themselves in war, and yet they are also feared due to their experiences in combat and the uncertainties of their disabilities and conditions (Boyle 2009; Gerber 2012; Norden in Gerber 2012). David Gerber, who has written extensively on disabled veterans, aptly describes this

contradiction: “on the one hand, the veteran's heroism and sacrifices are celebrated and memorialized and debts of gratitude, both symbolic and material, are paid to him. On the other hand, the veteran also inspires anxiety and fear and is seen as a threat to social order and political stability” (1994: 546). The anxiety and fear was heightened after the Vietnam War, but there has always been an underlying tension surrounding the experiences of veterans who have experienced trauma in war (Gerber 1994; Lembcke 1998).

The unease of psychological or physical damage in war produces an exaggerated fear that transposes itself onto every returning veteran, not just those who are actually wounded. Gerber describes how historically the “veterans problem”, i.e. what society should do about returning veterans, “served to cast doubt on the mental stability of every demobilized man, able-bodied or physically disabled. Every veteran was a potential ‘mental case’, even if he showed no symptoms” (1994: 549). After the Vietnam War, returning veterans were all thought to be crazy—suffering from drug and alcohol addictions, had a potential for violent and aggressive behavior, or were general outcasts of society (Beamish et al. 1995; Boyle 2009; Lembcke 1998). The domestic conflict around the Vietnam War and the concern about veteran’s homecoming still affects that generation of veterans. Even for current veterans, Kleykamp and Hipes found that post-9/11 veterans were primarily depicted as “damaged” by their physical injuries or mental health issues; only 27 percent of the news articles in their sample *did not* mention physical or mental health issues (2015). While most war veterans are not injured, physically or psychologically, the public’s fear and the media’s focus on these veterans propels an unrealistic image that returning veterans are damaged. The widespread idea

that war ‘damages’ veterans leads to an overemphasis on negative effects and an underrepresentation of the neutral or positive effects of military service during a time of war.

The uncertainty surrounding the recovery and acceptance of the disabled veteran in society is also linked with the social construction of masculinity. Hegemonic masculinity is associated with power, status, and prestige whereas a disability is associated with weakness, passivity and dependence in American society. Men with disabilities face significant challenges in reconciling their identity and their masculinity with their disability, and it seems that for veterans, society does as well (Charmaz 1994; Gerschick and Miller 1994). After World War II women were encouraged to help re-masculinize the returning men by reclaiming their roles as mothers and wives (Boyle 2009; Gerber 1994; Norden in Gerber 2012). Reintegration and the effort to become ‘normal’ again for wounded veterans dependent upon fulfilling the expectations of masculinity: becoming an independent, productive, and contributing citizen of the country, even in the face of disability. In a culture that values individualism and privileges the able-bodied, disabled veterans have to reclaim their masculinity and overcome their disability to escape the stigma of being dependent (Boyle 2009; Gerber 1994; Norden in Gerber 2012). The media’s focus on veterans as heroes, particularly for wounded veterans, may help wounded veterans to recuperate their masculinity in the eyes of the public and defray concerns about psychological damage. However, a continued pattern portraying wounded veterans as victims could infantilize them, harming individual and group efforts to show their independence post-injury and avoid social pity.

In the media, wounded veterans are used as a more extreme and exaggerated case of how war negatively affects the lives of those who serve. Wounded veterans are both feared and pitied for what they have experienced in war. However, the potential for a heroizing frame is greater given their demonstrated service *and* sacrifice for the country. Iraq and Afghanistan wounded veterans may be more likely to experience positive framing given the volunteer nature of their service at a time when military service is a rare experience.

Media Frames on Physical Disability and Mental Illness

Differences in the framing of physical disability versus mental illness may illuminate how "wounded warriors" with different types of injuries could be portrayed in the media. The media is a significant source of information about mental illness and physical disabilities, especially for people who do not know someone living with these issues (Diefenbach 1997; Klin and Lemish 2008; Sieff 2003). Unfortunately media coverage has been shown to negatively impact individuals with these stigmas by featuring more negative than positive frames, especially for those with mental illness (Clogston 1990; Klin and Lemish 2008). The narrow focus and distortion of the media's content has the power to shape the public's view of these conditions, reinforcing rather than challenging stigma.

Clogston outlines several "models" of disability frames that are used in the media, documenting both traditional and progressive portrayals (1990). The negative frames for people with disabilities include portrayals of weakness, dependence, being disadvantaged and in need of costly accommodations or social support. Progressive portrayals of people

with disabilities focus on their legal rights and identification as a group/community that deserves more recognition. The supercrip frame is a common positive portrayal of people with physical disabilities as 'superhuman.' Supercrips are disabled people who make achievements that are framed as awe-inspiring for everyone, especially people without disabilities. The inspiration, although positive on the surface, is criticized for further "othering" disabled people by conditioning their achievements on their disability (Annaham 2009; Misener 2012; Silva and Howe 2012). The supercrip frame dominates media coverage of disabled athletes, especially college and Paralympic athletes (Berger 2008; Misener 2012; Silva and Howe 2012). Given the military's emphasis on physical strength and "wounded warriors" service in war, physical disabled "wounded warriors" are a social group primed to be the veteran version of a supercrip. This is especially applicable given veterans access to world-class medical benefits, including advanced prosthetic limb care, mobility equipment, and adapted sports gear.

Media representations of people with disabilities as helpless or disadvantaged negatively impacts self-esteem for disabled people, but the supercrip/positive frames encourage more confidence even when disabled people find that portrayal to be unrealistic or over the top (Zhang and Haller 2013). While people with physical disabilities must endure narrow and limiting portrayals of themselves in media sources, they do have a documented positive frame that can provide a self-esteem boost, countering the traditional stigma of disability.

The media coverage of mental illness, on the other hand, is overwhelmingly negative. In comparison to physical disabilities, mental illnesses are covered less and covered more negatively (Klin and Lemish 2008). Individuals with mental illness were

usually framed as violent, dangerous, criminals, or unpredictable (Stuart 2006). Across several studies, scholars found a consistent media narrative linking mental illness with violence and crime, exaggerating the true relationship between these two factors in society (Diefenbach 1997; Klin and Lemish 2008; Sieff 2003; Stuart 2006). Purtle et al. (2016) specifically studied the portrayal of PTSD, not exclusively to coverage of military veterans, in the New York Times between 1980 and 2015. They found that 50% of the articles focused on PTSD in the military population and that PTSD was more negatively framed for military veterans. The negative portrayal of PTSD commonly involved substance abuse or criminal court cases where the perpetrator had PTSD. While articles about PTSD increased over time, the focus on treatment options declined and prevention and protective factors for PTSD were rarely discussed (Purtle et al. 2016). The pervasive stigma of mental illness is reproduced in media coverage presenting a distorted view of individuals living with these conditions. "Wounded warriors" have traumatic experiences resulting from their participation in combat, an environment defined by violence and trauma. While veterans service may explain or alleviate negative stereotypes about PTSD or other invisible injuries, it could be used by the media to further stigmatize them.

Methodology

To examine media discourse on "wounded warriors", wounded veterans of the Iraq and Afghanistan wars, I conducted a content analysis of four print news media sources: *The New York Times, USA Today, The Washington Post, and The San Diego Union Tribune.* These sources were intentionally selected to examine how journalists at both the national and local levels portray "wounded warriors." *The New York Times* and

USA today were selected as representations of national newspapers. Both of these newspapers were selected for their consistently high levels of distribution (both print and digital editions), and because of their important role as influential national sources of news (Lulofs 2013). Both newspapers are within the top three newspapers by circulation in the United States, including digital traffic (PEW 2013; PEW 2015). *The Washington Post* and *The San Diego Union-Tribune* were selected as two state/district level sources located near major military hospitals where "wounded warriors" are treated. *The Washington Post* is a newspaper based out of the DC metro area, located near the epicenter of American politics and next to the Walter Reed National Military Medical Center (WRNMMC) in Bethesda, Maryland. The WRNMMC has historical and contemporary significance as the cornerstone of the military's care for the wounded. *The San Diego Union-Tribune* is based out of San Diego, CA. San Diego is home to several Navy and Marine Corps bases as well as the Navy Medical Center San Diego (NMCSD). Many wounded veterans from my interview sample have spent time recovering at WRNMMC in Bethesda, MD or the NMCSD in San Diego, CA. The majority of my interviews were conducted in San Diego, and including *The San Diego Union-Tribune* furthers the connection between my interview data and the content analysis. These four newspapers create a sample that captures variation in national and localized discourses on the framing of post-9/11 wounded veterans.

Sample

I aggregated newspaper articles from *The New York Times, USA Today, The Washington Post,* and *The San Diego Union-Tribune* between the dates of September 11,

2001 to December 31, 2013. These articles were accessed and collective through the archive database software Factiva. The search string used to identify articles was:

> (wounded and veteran* or disabled and veteran* or injured and veteran* or disabled and service member* or wounded soldier* or injured solider* or disabled soldier* or wounded warrior* or wounded veteran* or disabled veteran* or injured veteran* or wounded service member* or disabled service member* or injured service member* or invisible wounds) and (military or Iraq or Afghanistan or OEF or OIF or Global War on Terror or GWOT or Army or Navy or Air Force or Marine or Veterans Affairs or active duty) NOT (veteran* w/1 WWI or WWII or World War I or World War II or Korean War or Vietnam or Vietnam War or Gulf War or Civil War)

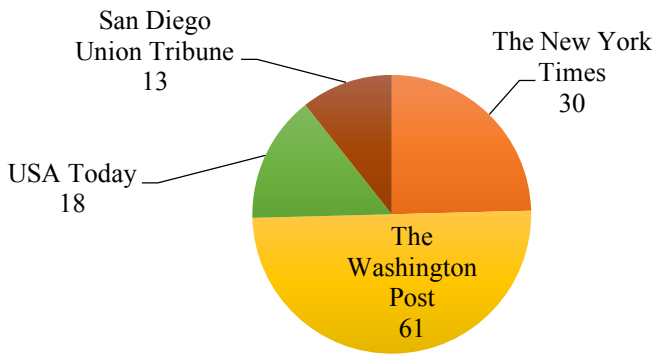
This search string was designed to collect articles that capture the characterization of the wounded OEF/OIF veteran experience and public narratives on what it means to be a "wounded warrior." These search terms must be in the headline or lead paragraph of the article to be included in the sample. Only newspaper/printed sources were searched. Factiva allows the option to include online website components (such as Washingtonpost.com and Washington Post Newspaper), but preliminary searches indicated that many articles in the newspaper and online versions are the exact same article. Factiva does not include any visual images or videos that were originally printed/posted with the article, therefore my work does not account for or include an analysis of these image/visual representations.

An initial search produced 518 articles with the majority coming from *The Washington Post* (47.7%), followed by *The New York Times* (30.7%), *The San Diego Union-Tribune* (11.4%) and *USA Today* (10.2%). Duplicate articles, subjective sources (editorials, opinion, letters to the editor, obituaries), and articles that were not about wounded Iraq and Afghanistan era veterans were taken out of the sample (n= 310). A total of 248 articles became the sample for this content analysis. To create a stratified

sample for coding and analysis I selected every other article from each newspaper source using a chronological list format to cut my article sample in half. This ensured my sample was still representative of the article density from each newspaper source and the distribution and variation across time. Two additional articles were removed from the sample because they were authored by Jayson Blair, a former New York Times reporter, who was exposed for fabricating and embellishing his reporting (Barry et al. 2003).[5] A total of 122 articles were coding and analyzed for this content analysis.

In the final sample, 50 percent of the articles were from *The Washington Post*, 25 percent from *The New York Times*, 15 percent from *USA Today*, and 11 percent from *The San Diego Union-Tribune* (percentages were rounded up). Figure 1 shows an article count by source.

Figure 1: Wounded Veteran Articles by Source[1]

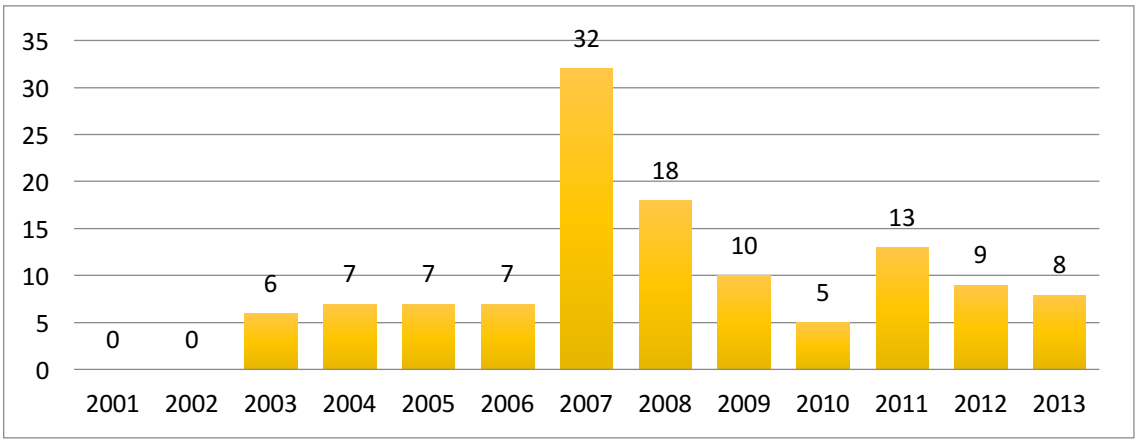


Looking at the distribution of articles by year reveals some interesting patterns. No articles from 2001 or 2002 were included in my sample, and there was a consistent level of articles through 2006 (See Figure 2). The media's reporting on wounded veterans

[5] Both articles removed from my sample were found to contain falsified information. Before the start of each article there was a statement from the New York Times about Jayson Blair and his false statements and plagiarism.

spiked in 2007 because of the *Washington Post* article titled "*Soldiers Face Neglect, Frustration at Army's Top Medical Facility*" exposing the deteriorating conditions at Walter Reed's Building 18 which housed wounded soldiers. The article was published on Sunday, February 18th, which is relatively early in the year, explaining the large spike in articles focused on wounded veterans during 2007. Twenty-eight sources referred to the Walter Reed scandal, representing around 23 percent of my total sample. After a decline of articles in 2009 and 2010, there was another small jump of articles in 2011. During that year it was clear that President Obama was moving towards ending the Iraq War and pulling out the majority of troops, which eventually happened in December of 2011. Increased discussion about the Iraq war "ending" and troops coming home may have prompted journalists to focus back on the experiences of wounded troops.

Figure 2: Wounded Veteran Articles By Year



Coding and Analysis

After narrowing the final sample for analysis, I reviewed the preliminary list of codes crafted based on important findings from the literature and an informal scan of "wounded warrior" coverage in the news media. Starting from this initial list of codes, I engaged in a process of open coding with 25 randomly selected articles to test and refine

my codes. In open coding, articles are read line by line and codes are assigned (from the list) or generated to capture the main themes. I completed the initial coding process by using physical copies of each article and coding by hand. My goal in open coding is to break apart the data into as many pieces as the researcher can identify (Corbin and Strauss 2008). Based on the open coding process I refined my list of codes, reducing the quantity of codes and narrowing the focus of each theme. The final list of codes can be found in Appendix A.

All articles were coded using Nvivo Qualitative software, including a re-coding of the 25 articles used for the open coding process. Each article was given a source classification of the newspaper source and the year it was published. Articles were coded using the following seven themes relating to the portrayal "wounded warriors": (1) descriptive adjective use, (2) benefits, (3) injuries including type, circumstances, and experiences, (4) generations of veterans, (5) organizations and actors, (6) treatments (medical and other), and (7) veteran frames. These themes are meant to be broad areas of exploration to examine how wounded veterans from the Iraq and Afghanistan generation are being discussed in print media sources. Some codes were influenced from previous literature on veterans and their portrayal by the media, like Kleykamp and Hipes (2015) codes of deservingness and victimization. The three common stereotypes of veterans in media (heroes, victims, and violent) were represented in different sections of the coding list (Algra et al. 2007; Gerber 2012; Katzman 1993). Veterans as heroic figures are represented in 'veteran frames' with the codes "Inspiring or Inspirational" and "Sacrifice/Price of Freedom" alongside "veterans as victims." Veterans as violent or a dangerous population was included under 'injury themes' as the code "violence." A

second round of open coding was conducted within particular categories of injuries to parse out injury visibility: PTSD, TBI, mental health, and burn injuries. These open codes were specifically designed to capture what was being said about that injury each time it was mentioned in the article.

Findings

Wounded, injured, and ill servicemembers over the last decade were most commonly referred to as "wounded", "wounded warriors", or "injured." Wounded was the most prevalent descriptor, with 95 instances of wounded (service member(s), veteran(s), soldier(s), marine(s), or troops) recorded. "Wounded warrior" or "wounded warriors" appeared 41 times across the 122 articles in the sample. Injured was the next most common description used, either injured service member(s), veteran(s), or combat injured. Disabled service member/veteran, a phrase that has fallen out of popular use was only counted 25 times in the sample. In specific labels for injuries, the "signature wound/injury" dominated media coverage with 47 appearances, while "invisible wounds of war" only had 4. Polytrauma, a term used in the Department of Veteran Affairs to describe multiple traumatic injuries, was used 11 times. Reporters primarily used "wounded warrior" as an official term rather than a colloquial name for wounded veterans, typically used in "Wounded Warrior Battalion" (or other DoD wounded warrior programs) or to describe "Wounded Warrior Project." Even though "wounded warrior" was not the most dominant descriptor, it is clear that "wounded" is the prevailing language used to describe this specific group of Iraq and Afghanistan veterans.

The media's focus on "wounded warriors" is about their experiences at home rather than at war. Wounded veterans' medical care, their benefits, and lives post-injury are central themes. 45 percent of the articles reported on the need to fix or improve care for wounded veterans because of the shortfalls and gaps in the institutional systems tasked to care for them. Although it was several years after the war in Afghanistan and Iraq started, the 2007 Walter Reed scandal likely influenced a greater shift in focus to the medical care of wounded veterans. The initial breaking story prompted subsequent stories and a political windfall of presidential actions and congressional committees to rectify the problems exposed by journalists. Had this scandal not happened, it is possible that there would have been less focus, or less negative focus, on veterans medical care. Veterans are portrayed as victims of taxed military and VA healthcare systems. Outside civilian organizations and non-profits are framed as a positive source of help, emphasizing veterans' deservingness of the special benefits and services they provide. Lastly, a minority of articles portrayed "wounded warriors" as the ultimate inspirational figures—showing their achievements and progress in the face of their injuries. The typical inspiring "wounded warrior" figure is a veteran with physical, visible injury like a major limb amputation.

A Broken System: Medical Care for "Wounded Warriors"

Almost half of the articles in this sample related to the challenges and problems faced by the systems caring for wounded servicemembers and veterans. These themes were initially captured with the codes "Need to Fix or Improve Care" and "Gaps or Shortfalls in Care" but were combined because most articles (45 out of 55) connected

both issues. The articles about the struggling military and VA medical systems primarily focused on the disability evaluation and claim system, the diagnosis and treatment of wounds (mostly PTSD and TBI), and the 2007 Walter Reed scandal. Reports commonly discussed the systematic federal review of veterans care through presidential commissions, task forces, or congressional inquiries, especially during the fallout of the Walter Reed scandal during President Bush's tenure in office. A Washington Post article headlined *Overhaul Urged in Care for Soldiers; Dole-Shalala Commission Wants Bush to Act Quickly* overviews recommendations from a Presidential Commission on wounded veterans care resulting from the revelations about Walter Reed facilities. The article overviews some of the six recommendations "*intended to transform a troubled system for military health care and veterans' assistance that has left some injured soldiers languishing for years and resulted in inequitable and inconsistent disability benefits"* (July 26, 2007). Findings about the military health care system highlighted in the media reinforced and emphasized the *problems* of the system, rarely discussing the proficiencies.

Wait times for wounded servicemembers and veterans were also a frequent topic, reporters described the statistics but also highlighted the real-world impact on veterans lives. Articles usually distinguished between the DoD disability evaluation system and the VA disability benefits, sometimes covering both, but more often it was the military's process that was highlighted as inadequate. The Iraq and Afghanistan wars have only produced a handful of quadruple amputees, but Todd Nicely is one of them. An article featured his testimony in front of the Senate about his wait time to be processed out of the military:

> *Todd Nicely attended the hearing in the Dirksen Senate Office Building, walking in and out of the hearing room using prosthetic legs. He had to wait almost 70 days for paperwork confirming that he had lost four limbs to be approved, delaying his release from the military and holding up plans to prepare for the next phase of his life. The papers were signed this week, after Murray made inquiries to Deputy Secretary of Defense William J. Lynn III, Crystal Nicely testified. "It should not take my talking with a United States senator to make that happen," she said. "More importantly, what about all the other wounded Marines who have not had the chance to ask for that kind of help?" (Washington Post, July 28, 2011).*

The particular issue of wait times, and stories like Todd's, are used to show how broken the military healthcare system is. Bureaucratic red tape that hampers "wounded warriors" recovery once they are home. The VA's disability system and their long wait times were also the subject of several stories. In 2009, the San Diego Union Tribune ran a story "*Tracking Vets' Care to Receive Major Fix, More VA Funding, New System Vowed.*" This article discussed the national-level problems at the VA, but it also featured a local San Diego veteran's story waiting seven months for a VA appointment where he found out he had cancer (April 10). While there were a couple mentions of VA wait-time improvements, the articles overwhelmingly focused on the negative effects of an ineffective system that leaves veterans uncertain about their medical care and future financial security.

Another prominent theme was the need to improve the process of diagnosis and treatment, especially for invisible injuries like PTSD and TBI. The military's inability to identify servicemembers who are suffering from mental health problems and mild TBI was an established concern. In a 2007 USA Today article, the military's treatment of brain injuries was the major focus, the headline reading "*Military prodded on brain injuries; Memo cites gaps in spotting cases*." The article opens with *"The pentagon lacks a comprehensive plan to identify and treat tens of thousands of troops who may suffer*

from traumatic brain injury, the signature wound of the Iraq war, according to a previously undisclosed Defense Department memorandum obtained by USA Today" (March 8). Traumatic brain injury was most often the focus of diagnosis problems, but mental health issues and PTSD were also highlighted as a problem for the military. In a 2012 article about Defense Secretary Leon Panetta's order to review how each service branch handles mental health care, he was quoted as saying *"There are still huge gaps in terms of the differences, in terms of how they approach these cases, and how they diagnose the cases, and how they deal with them, and, frankly, that's a whole area we have to do much better on…"* (June 15). Articles about honing and fixing the diagnosis and treatment of these injuries was not limited to the beginning of the wars, it was raised as an issue throughout the timeline of my sample. As with other themes on veteran's medical care, the focus was entirely negative. There were only rare mentions of solutions or praise for the military health care system in diagnosing and treating the wounds of war. Even when improvements with diagnosing or treating injuries were mentioned it was usually predicated on the need for even more progress. These news articles portray a military and VA care system that is not living up to the task of caring for its own veterans who have been to war. Wounded veterans were the subject of these articles, but only because they were part of the system.

Benefits and Deservingness

The deservingness of "wounded warriors" was most often connected to articles about organizations providing benefits, services, and opportunities for post-9/11 wounded veterans. 34 percent of the articles (n=41) portrayed veterans as a deserving social group.

The positivity surrounding the outside/civilian support for wounded veterans is in stark contrast to the substantially negative portrayal of the military and VA healthcare systems. Programs like Give an Hour, which provides free and accessible mental health counselors for veterans, or a new TSA service for "wounded warriors" that lets them get through airport security with less scrutiny were framed through veteran's deservingness. Words like *honor, dignity, respect, and inspiring* were frequently used in these stories. The deservingness explicitly came through in quotations from community members, organizers, or politicians who praised these benefits and services.

Another benefit tied to deservingness was the establishment of new medical centers, specifically built to serve a new generation wounded veterans. The construction of a new amputee care center was the focus of a 2007 Washington Post article. A quote from a wounded veteran provided the initial set-up for the deservingness:

> *The project won a hearty endorsement from Staff Sgt. Ramon Padilla, an injured Army soldier touring the facility yesterday. "Screw the expenses," he said. "Do what you have to do to help soldiers recover better and to have a healthy life." Then the article ended with another way to frame deservingness, Hirsch said project workers were motivated by seeing on a daily basis the injured troops who will use the facility. "That gave you the intangibles of why we're building this building," Hirsch said. "Everybody on the project has been working with great feelings of satisfaction"* (September 13).

Deservingness for wounded veterans was mostly constructed through the context of tangible services and benefits, especially those that augment the struggling military healthcare system. In demonstrating the utility and necessity of these benefits, it reaffirms that wounded veterans are a deserving social group and highlights the positive contributions of civilian organizations.

The Fight At Home: Veterans as Victims

The portrayal of wounded veterans as victims (39 percent of articles, n=47) was primarily centered on their lives at home as they navigate lengthy bureaucratic processes and encounter a disconnected civilian public. The military's disability evaluation system and the drawn-out waiting periods for VA benefits was the main context for framing wounded veterans as victims. The Walter Reed scandal was also a major contributor to framing veterans as victims of the very institutions that are supposed to help them recover. Headlines like "*Influx of Wounded Strains VA; Claims Backlog Besets Returning U.S. Troops*" (Washington Post, October 3, 2004), and *"The New Walter Reed: Less Than 'World Class'?"* (Washington Post, September 13, 2009) hint at how veterans are portrayed as being vulnerable to the larger institutions tasked with caring for them. Often the media extended the metaphor of "fighting" to veterans fighting at home for the health care and benefits they earned (New York Times, March 29, 2007).

Another way veterans became framed as victims was in their relationship with a disconnected civilian public that doesn't understand their experiences. Glimpses into the public reactions to wounded veterans show how veterans become victims in the eyes of the very public they served. A 2007 Washington Post was article about a soldier's father, Mike, who made it his personal mission to "*protect the morale of wounded soldiers…tell them that the sacrifices have been worth it*." One wounded veteran shared how much that meant to him:

> *Sam Floberg, 29, was one. A member of the Army Reserve from Fargo, N.D., he lost a leg when a grenade exploded near him in Afghanistan. When I arrived at Mologne House on Monday, he and Sparling were chatting in the lobby with the widow of a reservist who had been killed in the same grenade attack. "Back when the war first started, I could go through an airport and people would say, 'Thanks for your service,' " Floberg said. "Now you go through an airport and when*

> *people see you've been wounded, they avert their eyes. Thanks to people like Mike, coming back here is like being in a safe haven" (June 27).*

The article describes wounded veterans at the mercy of an increasingly distant public, bolstered by the strangers who come in to help them—reinforcing the idea that wounded veterans experience social suffering from society's reaction to them. Pity was another form of expression that victimizes veterans in their own experiences, a common sentiment from unknowing civilians. In an article about an HBO documentary called "Alive Day", an HBO executive was quoted:

> *"More of these severely wounded are coming home," Nevins says. "It's sort of a sad sweetness. They survive. But what kind of future do you have at 21 when your legs have been blown off and your dreams are deflated?" (USA Today, September 5, 2007).*

After describing some of the wounded veterans in the documentary and the role of actor James Gandolfini as the interviewer, the article ended with this statement. The quote I have highlighted shows how pity can be used to victimize wounded veterans within their own sacrifices, prompting readers to feel bad for them as if their lives are completely ruined. "Wounded warriors", as will be shown in later chapters of this dissertation, strongly resist others' pity or being seen as a victim in their own lives (Chapter 6, Chapter 9). The focus of wounded veteran's suffering in the media isn't at war—it's at home.

All-American Supercrips: Wounded Veterans as Inspirational Figures

17 percent of articles included a portrayal of wounded veterans as inspiring or inspirational, a public form of 'awe' at their military service, recovery process, and lives post-injury. The word "honor" came up frequently, in 52 percent of the articles, when inspiration was evoked—both *to honor* wounded veterans and that *it is an honor* to

help/acknowledge them. A short New York Times article describing President Bush's 2003 visit to Walter Reed military hospital ended with him describing the soldiers he visited as "*five of America's finest citizens*" (January 18). The inspiring frame used to describe wounded veterans was shown throughout the sample timeframe—from the beginning and as the Iraq and Afghanistan wars continued on. A 2011 Washington Post article titled *"Two wounded warriors conquer marathon together"* featured the story of veterans who pushed one another to complete a marathon despite the fact that *"between them, they had one leg and three full arms"*; a story focused on the marvel of their achievements in sport despite the loss of multiple limbs (October 31). USA Today dedicated a lengthy article to wounded veterans who become motivational speakers, directly telling the audience how they should feel in the title: *"Defending America, then inspiring her; Wounded veterans of Iraq and Afghanistan become motivational speakers, sharing stories of valor and survival before riveted audiences*." Again, the focus was usually on amputees and other visibly wounded veterans, including Bryan Anderson an Army Veteran who is a triple amputee and JR Martinez, an Army veteran and burn survivor who was on Dancing with the Stars (April 13). These veterans become "wounded warrior" version of supercrips, their inspirational quality is born from achievements despite their physical disabilities.

Wounded veterans' positive attitude comes as another source of inspiration in the media. Veterans who face unimaginable circumstances yet still maintain their perspective and positivity are praised. The positive focus also enhances the argument for "supporting the troops" regardless of citizens support of the war. Inspiring stories about "wounded warriors" help to reinforce the deserving and victim frames: further emphasizing the

unjustness of veterans as victims and validating their deservingness even more. A 2005 article in USA Today about treatment options in recovery starts with one veteran's story:

> *Even though he's in pain every day, it doesn't seem to occur to U.S. Army Capt. Jonathan Pruden to feel sorry for himself. The bones in his right foot were shattered by a bomb in Iraq. He has no feeling in his left leg below the knee. He can get around on crutches, but that irritates his leg and shoulder injuries, so he spends 90% of his waking hours in a wheelchair. But if you ask him, he'll tell you how much better off he is than the other guys. "A lot of guys in my unit and other units are more severely injured," he says. "They've lost limbs, their eyesight. Unfortunately, it seems like hundreds of guys are coming back now that are paralyzed. I'm fortunate"* (May 11).

The contrast between the severity his injury and his remarks about being "fortunate" provoke an emotional response from the audience: inspired that someone in his circumstances can have that kind of attitude. "Wounded warriors", in particular, are in a position that lends itself to narrative triumphs used for inspirational stories in the media.

Their grit and perseverance is taken as further proof that they are "wounded warrior" supercrips; their attitude in the face of their victimization in war defies conventional expectations. This framing heroizes veterans because of their attitude and their achievements post-injury, rather than their military service or the circumstances of being wounded. This extends the ethic of rehabilitation where "war wounds in themselves are not enough to earn respect. The maimed veteran who earns accolades is the one who makes good, applying his (and now her) military skills to fight for a full recovery" (Linker 2011: 1). Wounded veterans who experience immense pain, depression, or struggle in their recovery may not be seen as worthy "wounded warriors"—an expectation that is also mirrored in the community dynamics of post-9/11 wounded veterans (Chapter 9).

Injury Visibility: Unique Frames by Injury Type

To understand how the media frames particular kinds of "wounded warriors" I analyzed the three most prevalent injuries featured in the articles: amputees, PTSD, and TBI. Each of these is a distinct type of wound affecting different systems of the body and mind. Amputees represent the visibly wounded veterans in the media while PTSD and TBI are the invisible wounds of war. By analyzing references to each of these injuries separately I was able to capture the similarities and differences between these wounds of war (see Table 1). Each injury had overlapping themes connected to the broader narrative about the nation's care for/of "wounded warriors" but there were also unique frames distinguishing each injury. In this section I focus only on the unique frames that emerged for amputees, PTSD, and TBI. Amputee "wounded warriors" were largely portrayed in a positive way, affirming the progress they make in recovery and their lives post-injury. Their negative experiences with their injury were framed as temporary or time-bound during recovery. PTSD was largely portrayed negatively, reporters focused on the profound negative effect PTSD had on the lives of wounded veterans including problems with homelessness, substance abuse, and suicide. The stigma of PTSD still lingers and the delay in care was raised as a major problem for those who suffer from PTSD. Lastly, TBI is the "signature wound" of the Iraq and Afghanistan war but was highlighted as an injury that scientists and medical professionals know the least about. The discussion about TBI remained very clinical with descriptions of symptoms and questions about science (or lack thereof) rather than featuring the personal impact (positive or negative) of the injury on wounded veterans. Below I elaborate more on the unique framing of these injuries in the media's portrayal of "wounded warriors."

Table 1: Top Five Injury Themes by Article Count

Amputee (n=40; 32.8%)		PTSD (n=32; 26.2%)		TBI (n=32; 26.2%)	
Life After Injury (Positive)	14	Improved Care	12	Need to Improve Care	11
Outside Help from Orgs.	12	Living with Injury (Negative)	10	Injury Mention (Neutral)	9
Recovery (making progress)	10	Need to Improve Care	10	Living with Injury (Negative)	8
Improved Care	8	Delay of Care	7	Improved Care	8
Living with Injury (Negative)	7	Stigma	6	Need to Better Understand	8

Note: Only first mention of theme was coded per article; Discussed themes highlighted in gray

"Wounded warrior" Amputees: Positive and Making Progress

The media's coverage of visibly injured "wounded warriors" is centered on amputees. These veterans have truly become the "poster children" of the Iraq and Afghanistan wars (Linker 2011: 1). Almost one-third of the articles (n =40) mentioned amputees or an amputee veteran, more than any other injury. Amputee "wounded warriors" were portrayed more often and more positively than any other 'kind' of wounded veteran. The media's attention to amputee veterans is disproportionately high compared to their real presence in the "wounded warrior" community. As of 2015, there were 1,645 servicemembers who experienced amputation of a major limb in comparison to hundreds of thousands of servicemembers who have been diagnosed with TBI or PTSD (Fisher 2015; Tanielian and Jaycox 2008). Amputees make up less than .01 percent of the more than 52,000 servicemembers who are designated as Wounded in Action (WIA), even less when accounting for rates of PTSD and TBI. Amputee "wounded warriors" were portrayed by the media in a positive way, demonstrating their progress in recovery, post-service life/outcomes, outside help from organizations, and the improved care and facilities for wounded Iraq and Afghanistan veterans. There was some

discussion of negative effects from the injury, mainly depression, but this was portrayed as a temporary issue in recovery rather than an enduring problem.

Life After Injury: Positive

The media focused on the accomplishments and future goals of amputee veterans, portraying a positive life after they recovered from their injury. Sometimes it was a central focus of the article while other times it was an afterthought. 35 percent (n=14) of the forty articles referencing amputees had at least one mention of an amputee's accomplishments or future goals/plans. In an article about prison inmates training service dogs for disabled veterans, Roland Paquette's story is an extensive focus of the article. He is being matched for a service dog and is used to show how these dogs can impact the lives of wounded veterans. He served in Afghanistan and lost his leg to an explosion during a mission. The article provides more detail on his injuries, his issues, and his training with his new service dog. It ends, describing the future for Roland and his family:

> *In about 10 days, Mr. Paquette and Rainbow will take off for their new life together, first in Albuquerque and then in San Antonio, where Mr. Paquette and his wife, Jennifer, and their daughter, Kristen, 17, and son, T. J., 11, are moving for his new job with an intelligence and security firm (New York Times, October 31, 2006)*

The article highlights his family life and his new job as a positive end to the story, a next chapter beginning his post-military life. Even when the article isn't solely focused on a veteran's story, amputees still are portrayed alongside their successes and potential future accomplishments. In an article about Segways for amputees, Jeffery Adams future is bright:

> *After spending 6 ½ months at Walter Reed Army Medical Center, Adams returned home on crutches to finish a degree in chemical engineering. Three years later, Adams is all smiles – and he is much more mobile, thanks to his new Segway (Washington Post, May 15, 2008).*

Similarly, Mark Zambon a double amputee has a major physical accomplishment highlighted without much fanfare in the article's mention of him:

> *He received laser hair removal to eliminate the problem, as well as for sweat reduction and treatment to heal painful scars. Afterward, he climbed Africa's tallest mountain (UT San Diego, September 23, 2012).*

The emphasis on the positive life outcomes was the most prevalent theme for amputee wounded veterans. "Wounded warriors" with amputations are portrayed as having overcome hardships during recovery and still advancing in life after their injuries. Veterans were highlighted for their physical accomplishments as well as their work or education goals/plans.

Even when amputees were shown to be struggling with their injuries, it was framed as temporary. Depression, anxiety, or other mental health issues were contextualized as a normal part of recovery, something veterans were able to get over. In the context of their positive accomplishments, the depression of recovery continues to slide in the review mirror. An example of the quick shift from depressed to recovering from a 2009 Washington Post article:

> *Army Sgt. Natasha McKinnon, who lost part of her left leg in a bomb blast in Iraq, said the struggle she faced during her transition from able-bodied soldier to dependent amputee civilian left her depressed and unmotivated. "I was psychologically drained. I was on depression meds," she said. "But after riding, I felt my mood improved. Mentally and emotionally, I just got gradually better and better" (December 25).*

Unlike veterans with PTSD, no amputee veterans were described as having periods of homeless, problems with substance abuse, or contemplating suicide. The negative trauma

amputees experience is bounded by their positive accomplishments and the progress they make in their recovery.

Recovery: Making Progress

Another theme that was unique to amputee/visibly-injured veterans was the portrayal of their progress in recovery. One quarter of the articles (n =10) about amputees gave examples of the progress they have made while recovering from their injuries. Another way in which visibly injured veterans are portrayed positively: incremental progress through their recovery. The progress is centered on physical milestones, mostly for lower-limb amputees: getting fitted for prosthetic limbs, walking, and running. A couple articles mentioned wounded veterans who had lost one of their arms using new shooting simulators to help them in their physical and mental recovery. Another quote about Natasha McKinnon shows both the positive life accomplishments and her progress in recovery through the equestrian program, the article's central focus:

> *She said the riding also helped retrain muscles that had atrophied after months of hobbling around Walter Reed Army Medical Center on crutches. McKinnon, 27, a sophomore at North Carolina State University who is studying to become a veterinary surgeon, said that riding with her prosthesis helped her accept it. "My recovery would have taken longer without the riding program," she said (Washington Post, December 25, 2009).*

The article describes a specific aspect of her recovery—regaining muscle strength and adjusting to her prosthetic limb. In one of the two articles about immigrant "wounded warriors" who were amputees, a circumstance that was not highlighted for PTSD or TBI veterans, the then President Bush commented on a veteran's recovery and progress:

> *"I remember coming here a couple of months ago to pin the Purple Heart on a fellow who lost both legs and one arm," Bush said. "Today, I saw him walking. What makes this story even more profound is he lost both legs and one arm not as*

> *a citizen of the United States, but as a soldier fighting for the United States. Today, I saw a citizen of the United States walking" (Washington Post, December 19, 2003).*

Another clear demonstration of the progress amputee veterans make during their recovery process: from wheelchairs to walking. When recovery for visibly wounded veterans is shown in a positive way it affirms the effectiveness and quality of care in the military's recovery programs. It also reflects positively on veterans resilience and ability to overcome mental and physical hardships resulting from combat.

Visibly Injured Veterans: Symbols of Inspiration

The media's coverage of amputee "wounded warriors", the representative figure of visibly injured veterans, was largely positive and focused on the future. Veterans were connected with their current successes and future goals/opportunities in regards to family, work, and education. Amputees were portrayed alongside their accomplishments and progress, both in recovery and in their lives. The small and large milestones of recovery for amputee "wounded warriors" were documented by the media's coverage, especially for lower-limb amputees using prosthetics and walking again. The negative impact of their injuries was usually portrayed as fleeting, most commonly bouts of depression that were overcome with physical triumphs. The media narrative of amputee veterans follows a broader stereotype of disabled people as supercrips (Silva and Howe 2012). The supercrip provides inspiration where the "inspirational currency is not at all about inspiring *other* people with disabilities; it is, rather, about inspiring non-disabled people" (Annaham 2009). The ability for disabled people to continue on with their life despite their handicap is cast as a "touching" storyline, one that can deny the real-life issues and

difficulties of navigating the world with a disability (Smith 2009). The coverage of amputee "wounded warriors" follows this narrative pattern, using their sacrifice to continue serving the public in a new way—through inspiration.

PTSD: Negative Effects and Delays in Care

Iraq and Afghanistan veterans are living in an era where post-traumatic stress disorder is an accepted and natural consequence of war. The advocacy efforts of many Vietnam veteran groups ultimately led to the inclusion of PTSD in the 1980 Diagnostic and Statistical Manual of Mental Disorders (DSM), the official publication of the American Psychiatric Association (Finley 2011). This action also allowed the Department of Veterans Affairs to officially classify PTSD as a disability that veterans can receive compensation for (Scott 1992). The wars in Iraq and Afghanistan have shown that the military has an increasing awareness of PTSD, TBI and other "invisible wounds" of war. The military and the VA have taken steps towards earlier diagnosis and treatment of service members and veterans who show signs of invisible wounds (Friedman 2013). Estimates of PTSD in the post-9/11 military and veteran population vary but range between 11 and 20 percent (VA 2016; Tanielian and Jaycox 2008). Thirty-two articles, nearly a quarter of the sample, discussed PTSD specifically. The unique framing of PTSD as a war injury was focused on the negative impact of PTSD on the lives of veterans and servicemembers, including the stigma of a PTSD diagnosis. Also, there was a substantial focus on the delay of care for PTSD from the military and the VA healthcare system.

Living With PTSD: Negative Effects

30 percent of the articles that discussed PTSD included at least one reference to the negative impact of PTSD for veterans. The symptoms of PTSD that were reported in this set of articles were sleeplessness, anxiety, nightmares, flashbacks, and hypervigilance. This caused veterans to experience problems in their lives like suicidal ideations, depression, substance abuse problems, homelessness, self-isolation, and fear of public places. Typically, PTSD was associated with these very negative outcomes, even in short introductions: *Jennifer Crane, 28, was a Navy veteran with post-traumatic stress disorder who became addicted to drugs and was homeless after leaving the Navy in 2003 (New York Times, November 2, 2011)*. Another example, immediately after the article introduced Kevin Owsley, a veteran who is being treated for PTSD and TBI from his combat experiences, the article turns to *"Unable to hold a job, Mr. Owsley supports his family on disability payments. This week he told his Veterans Affairs doctor he was fighting back suicidal impulses, something he has struggled with since his return" (New York Times, January 8, 2009)*. These two examples show how veterans with PTSD are described by the very negative effect PTSD had in their lives, contrasted with the way amputee veterans are described by their post-injury accomplishments. The articles on PTSD mostly focused on these negative outcomes, rarely highlighting the positive recovery or turn-around for veterans who suffer from PTSD.

The stigma of PTSD is also an issue that was raised as a separate concern. Six articles directly addressed the stigma of how it hinders the lives of wounded veterans from seeking help or being open about their struggles. A UT San Diego story about the first woman who is an Iraq Veteran to join San Diego's Military Order of the Purple

Heart detailed her struggle with her injuries and the backlash she has faced. Serving in Iraq in 2003, she suffers from TBI, PTSD, and back problems. She describes fellow servicemembers doubting she had been wounded in combat, noting that it might be better if she had a missing limb, saying maybe everyone would understand the gravity of her injuries then. She says that even though she's getting treatment for her PTSD, her symptoms are still problematic in her everyday life (UT San Diego, April 29, 2013). Another article touched on the limitations of the military culture and military leaders, directly speaking to the stigma:

> *[statement from advocate at Veterans For America] "There's a trickle-down problem with the message, and that is that there's still a pervasive stigma around mental health treatment in the military, along with a lack of confidentiality," he said. "For those who still doubt the legitimacy of these wounds, they often are quite abusive of fellow soldiers or people in their units" (New York Times, February 13, 2008).*

The negative effect of PTSD and its continued stigmatization in the military environment are a main focal point of the reporting on PTSD in the news media.

Delays in Care: Waiting for Benefits

Another prominent theme for wounded veterans with PTSD is the delay of care and benefits. Even though this theme was present for other injuries, like TBI and amputees, it was most strongly attached to veterans who have PTSD. The discussion centered on VA benefits, both healthcare and disability ratings, rather than the military medical system. In an example that illustrates both PTSD themes, a *New York Times* article on March 9, 2007 details the detrimental impact of waiting benefits:

> *Many new veterans say they are often left waiting for months or years, wondering if they will be taken care of. Unable to work because of post-traumatic stress disorder and back injuries from a bomb blast in Iraq in 2004, Specialist James*

> *Webb of the Army ran out of savings while waiting 11 months for his claim. In the fall of 2005, Mr. Webb said, he began living on the streets in Decatur, Ga., a state that has the 10th-largest backlog of claims in the country. "I should have just gone home to be with family instead of trying to do it on my own," said Mr. Webb, who received a Bronze Star for his service in Iraq. "But with the post-traumatic stress disorder, I just didn't want any relationships." After waiting 11 months, he began receiving his $869 monthly disability check and he moved into a house in Newnan, Ga. About three weeks ago, Mr. Webb moved back home to live with his parents in Kingsport, Tenn.*

The long wait for disability benefits coupled with the negative effect of his injuries led wounded veteran James Webb to be homeless until his monthly disability payments came through. In an article about disabled Iraq War veterans suing the VA over delayed and denied disability claims, there is a similar story of another veteran's wait:

> *Steve Edwards, an Army sergeant who returned from Iraq in 2005, said he almost lost his house while he waited 14 months without income for disability compensation for post-traumatic stress disorder. "The system is broken," he said Monday (USA Today, July 24, 2007).*

Delayed care and benefits are described as a pressing issue for Iraq and Afghanistan wounded veterans, delineating not only the negative effects but also the aggravation veterans feel throughout the process. The long wait and bureaucratic hurdles are framed as unacceptable, an issue that needs to be rectified for the nation's "wounded warriors." PTSD veterans are framed as the quintessential example of Iraq and Afghanistan veterans who struggle when they return home.

PTSD: Reinforcing a Stigma?

The heavy focus on the negative consequences of PTSD for post-9/11 wounded veterans may be an attempt to document the seriousness of this mental illness. For decades PTSD was experienced by combat veterans but not taken seriously or written off as a personal deficiency. The media may be trying to make-up for this by documenting

some of the real problems veterans with PTSD face as they return home from war. At the same time, this overly negative focus can be problematic if there are not regular positive stories to counter the current narrative. Veterans with visible injuries are covered more frequently and more positively, which portrays their lives post-injury in a more hopeful way. Wounded veterans who have PTSD are not provided the same positive end to their story. Readers walk away with the impression that PTSD veterans struggle with homelessness and substance abuse, rarely hearing about their triumphs in overcoming these significant issues. Veterans with PTSD can and do recover from their mental health injuries and go on to lead productive and fulfilling lives. Without coverage of those stories, the media runs the risk of reinforcing the stigma of PTSD by emphasizing the negative aspects of these experiences.

Traumatic Brain Injury: the "Signature Wound"

Traumatic brain injury is another kind of invisible wound highlighted in the media coverage of "wounded warriors." Over the last two decades benefits and medical treatment for wounded veterans have expanded, including a greater recognition of TBI. The common use of mortars and improvised explosive devices (IEDs) in the Iraq and Afghanistan wars has lead to an increasing awareness of how these blasts can affect the brain. TBIs can range from mild to severe and debilitating, affecting a wide range of cognitive and bodily functions. PTSD and TBI have been branded as the "signature wounds" of the Iraq and Afghanistan war (DoD 2013; NPR 2012), but my sample shows that TBI is truly the "signature wound"; 20 percent of the articles (n=7) about TBI called it a "signature wound", while only one article about PTSD used that phrasing. Over

360,000 servicemembers have been diagnosed with a TBI, 82 percent with a mild TBI (DVBIC 2017). TBI was discussed in thirty-two articles, 25 percent of the overall sample. Unlike PTSD, which focused heavily on the negative impact of the injury and the delays in care, TBI was portrayed in a neutral, matter of fact way when it was discussed. The focus was on the clinical symptoms of TBI rather than the personal impact of the injury on the lives of veterans. TBI was also uniquely framed as an injury that needs better science and medical analysis, something that still needs to be understood.

Life with a TBI: Symptoms of the Injury

When journalists describe wounded veterans living with a traumatic brain injury they present the symptoms of cognitive impairment in a straightforward way. The negative impact of the injury is not extrapolated to poor outcomes, like homelessness is with PTSD. Most often when TBI is mentioned no symptoms or negative effects are described. Nearly 30 percent of the articles that reference TBI describe as a neutral fact ('veteran has TBI'), and 25 percent explain more about the negative impact on a veteran's health. When TBI is mentioned in passing, there are no specific details on the impact of the injury:

> *Her husband, Ted Wade, 33, lost his right arm and sustained a traumatic brain injury in a roadside bombing in Iraq in 2004 while serving with the 82nd Airborne Division. His wife takes care of him, but it's unclear whether his injuries are severe enough to make her eligible for the VA aid (Washington Post, March 3, 2011).*

> *Moten said that many of the soldiers have post-traumatic stress disorder and traumatic brain injuries, and that the massage and other spa treatments are an important part of aiding in their physical and mental recuperation (Washington Post, June 4, 2009).*

Both of these examples do not give any specific information about traumatic brain injuries or the experience of wounded veterans with TBI.

When symptoms are explained, it is descriptive in nature and rarely connected with the impact on the veteran's life, overall wellbeing, or productivity. TBI's are most often portrayed as causing headaches, dizziness, irritability, difficulty concentrating or formulating thoughts, and memory loss. In a New York Times article about advanced brain scans, one veteran's experience is detailed:

> *Nick Colgin, 26, an Army veteran with a brain injury from the war in Afghanistan, who was not involved in the study, said he would like very much to have one of the sensitive M.R.I. scans, to better understand his injury. After a blast in 2007, he developed problems with speech, balance, thinking and focusing his eyes. For a while, he could not write his own name. But nothing showed up on his M.R.I. He has improved gradually and is now attending the University of Wisconsin at Stevens Point, but he still has severe headaches (June 2, 2011).*

Even though Nick's symptom, not being able to write his own name, sounds alarming—the whole paragraph is written in a benign way. The impact of his brain injury is not connected to his struggle or feelings of despair in the same way that veterans with PTSD are portrayed. The account remains neutral, describing medical symptoms without delineating the broader impact on Nick's life. Another example shows the same pattern, describing TBI in a mild way:

> *Although victims often show no outward sign of the injury, it can affect brain functions dealing with short-term memory, problem solving and sleep, and cause nausea, dizziness and headaches. Treatment often involves pulling a soldier out of combat temporarily or permanently, and treating the symptoms (USA Today, January 18, 2008).*

Each of these cases focuses on mild TBI, specifically brain injuries that are experienced but go undetected from conventional medical screenings. Unlike PTSD, articles that

reference TBI frame the injury's effects as medical symptoms that are largely disconnected from significant negative outcomes for "wounded warriors."

It's Complicated: The Need for Better Science

Another way the framing of TBI differs from other injuries in the news media is the call for more robust science and technology to understand TBI. 25 percent of the articles that mentioned TBI emphasized that it is not well understood and needs more scientific study. While post-9/11 veterans are experiencing the most advanced diagnostic techniques and care for TBI, the full effects of blasts and concussive events on the brain are still unclear. The science behind traumatic brain injuries was the main focus of several articles. In a 2007 article titled "Military Prodded on Brain Injuries; Memo Cites Gaps in Spotting Cases", a newly released DoD memo shows how the military lacks a comprehensive plan to diagnose and treat TBI. The memo stated: *There remains a need to better understand the unique characteristics of blast-associated TBI and to reduce the health risk and complications from mild or moderate forms of brain injury*. The memo also noted that the military's best work was on severe cases, but mild TBI was not being caught (USA Today, March 8, 2007).

The concerted effort of the military and the U.S. government was highlighted in the articles, sharing actions such as increased research funds for TBI, the establishment of new care facilities, and government task forces designed to address the problems. After one report from an Army task force that found "major gaps in care", Senator Patty Murray shared a comment that summarizes the media's coverage of TBI:

> *"There is clearly a problem when the most common injury of the war is the least understood," said Sen. Patty Murray, D-Wash. "This task force is a long-overdue*

> *step forward in diagnosing and understanding the signature wound of this war" (USA Today, January 18, 2008).*

The media is eager to dub TBI the 'signature wound' of the Iraq and Afghanistan wars but also frames TBI as something that is not fully understood. Again, the focus on TBI is medical and scientific in nature, like it is a puzzle that is yet to be solved. This is demonstrated in the New York Times article "Advanced Brain Scan Reveal Veterans' Brain Injures":

> *"This sort of mild traumatic brain injury has been quite controversial," said Dr. David L. Brody, an author of the new study and an assistant professor of neurology at Washington University in St. Louis. "Is it due to structural abnormalities in the brain, chemical dysregulation, psychological factors or all three? We show that at least in some there are structural abnormalities" (June 2, 2011).*

The article continues to emphasize that this new study with advanced scans is *"by no means definitive"* and *"only a small first step"* in studying TBI. The media portrays TBI as a prevalent, yet understudied wound for "wounded warriors."

TBI: To Be Determined

The media's narrative of TBI leaves the impression that this injury is still a question in many ways—a common injury, yet the least understood. Traumatic brain injury is portrayed differently than the other commonly discussed invisible wound, PTSD. The media legitimizes the medical diagnosis of TBI by focusing on the symptoms and the science behind brain injuries. However, these articles lack depictions of how TBI actually affects the day-to-day lives of wounded veterans who have this injury, including those with severe TBIs. In the media, TBI remains an abstract consequence of combat with little attention to the significance of this injury in the lives of veterans. The post-9/11

generation and the VA medical system will continue to deal with the effects of TBI, including how their TBI will interact with the aging process. Amputee veterans are framed positively and PTSD is associated with negative outcomes, but coverage of TBI lies somewhere in the uncertain middle.

Discussion

The news is a critical source of information about the wars in Iraq and Afghanistan and the lives of those who volunteered to serve. With less than one percent of the U.S. population serving in the military, most Americans do not have a personal connection to post-9/11 veterans or "wounded warriors" (Pew 2011). The news media not only shapes the public narrative about wounded veterans, but it may be the only connection between civilians those who were wounded in war, giving the public a glimpse into the lives of "wounded warriors." Coverage of post-9/11 wounded veterans focuses on their experiences at home, primarily the quality and effectiveness of their medical care. Dedicated attention to wounded veteran's health care is connected to a broader national responsibility, "to care him who shall have borne the battle", causing outrage when these promises are not fulfilled (VA History). The 2007 Walter Reed scandal directed even more attention to wounded veteran's medical care elevating the issue and putting pressure on government officials to fix these problems.

Overall, I found that the VA and military were framed in a negative way, positioning "wounded warriors" as victims of overwhelmed and underprepared institutions. Even as the U.S. was a decade into war, these stories persisted. Reporters focused on problems with the health care and benefit wait times, rarely highlighting any

praise for veteran's medical care. The media narrative about veterans lives frame their experiences in a way that directs public attention towards their medical care, but away from other issues including their experiences in the military and their lives post-injury. In this way, the media keeps "wounded warriors" wounded by dedicating the majority of print space to their medical recovery.

Following the work of previous scholars, I also found that "wounded warriors" were framed as a deserving, yet victimized social group (Kleykamp and Hipes 2015). Wounded veterans were most frequently characterized as victims of the uphill 'battle' they fight at home for medical care and benefits while living in a civilian society that doesn't understand them. Their deservingness was connected to the opportunities and benefits for their "wounded warrior" status, reinforcing that this particular group of veterans is worthy of special treatment compared to other groups. Outside resources fill a needed gap left by the faltering military healthcare system. "Wounded warriors" are a hyperbolic example of the deserving/victim framework: wounded veterans are portrayed as *more* worthy because of their wounds and sacrifices in war, but also as a *more* tragic victim of war and inadequate institutional treatment.

At the same time that wounded veterans are portrayed negatively, held back by bureaucratic red tape and their medical problems, they also emerge as heroic figures in a smaller section of articles. "Wounded warriors" become the newest supercrips, upheld as inspirational figures valued because of their physical accomplishments and their positive attitude (Annaham 2009). Most of the stories invoking the supercrip frame were about wounded veterans with visible injuries. This builds a positive stereotype around visibly injured veterans, a frame that leads to "wounded warrior" becoming a dominant public

status for amputee and other visible inured veterans (see Chapter 6). The positive stereotyping reinforces veterans who participate in physical activities and those continue to embrace the military ethos throughout their recovery. The supercrip frame privileges a particular expression of being a "wounded warrior" leaving out veterans who struggle with their injuries, chose not to participate in physical events, veterans with invisible injuries, or those who move on from their veteran identity. Although only representing a minority of articles, this frame builds the expectation that wounded veterans should be perennial figures of inspiration and motivation for the American public.

This study also addresses the 'wounds' that "wounded warriors" possess, analyzing how the media frames three of the most frequently covered injuries: amputations (amputees), PTSD, and TBI. Going along with the supercrip stereotype amputee "wounded warriors" were portrayed positively, describing the progress they made in recovery and highlighting their post-injury work and education accomplishments. PTSD, however, was framed in a negative way. Journalists focused on the extremely negative consequences of veterans suffering from this mental illness, including homelessness and substance abuse with little attention to any positive recovery stories of veterans with PTSD. Wounded veterans living with TBI were described in a clinical way by their symptoms with less focus on any negative or positive outcomes after their injuries. TBI was labeled the "signature injury" of the Iraq and Afghanistan wars but reporting emphasized how little doctors and scientists know about it. The disparate framing of wounded veterans 'wounds' can leave lasting impressions on how the public will react to veterans with these injuries. PTSD is already stigmatized in society, yet continues to be portrayed negatively in the media's coverage of Iraq and Afghanistan

veterans. Veterans themselves report feeling concerned about the stigma they will face if they disclose their PTSD status, so instead they opt to hide it from strangers and acquaintances (see Chapter 6). Our continued narrative around war wounds justifies the collective associations made with these injuries, stratifying the social meaning of different wounds and the lived experiences of "wounded warriors."

Conclusion

It is important for scholars to continually track media frames, particularly coverage of veterans. Media narratives are part of a larger public dialogue grappling to make sense of war and the veterans who served, a mechanism of collective memory making (Tinsely 2015). Each generation of war veterans have come home to a nation that memorializes their service in different ways. Given the ongoing nature of the Global War on Terror, we are only at the beginning of understanding the legacy of the Iraq and Afghanistan generation, and "wounded warriors" have emerged as an important, new figure in that dialogue. How the media reports on the state of veterans can impact public support of veterans and operations of the military institution, such as the recruitment and retention of future generations of warfighters. For most Americans, their only exposure with the military and veterans is through the news. In their first decade of service, post-9/11 wounded veterans were largely framed by the continual problems they faced upon returning home.

Chapter 5

Methodology and Research Design

This research seeks to understand the *subjective experiences of wounded veterans as "wounded warriors"*, a task that is impossible without the use of qualitative methods. My research questions center on how Iraq and Afghanistan veterans create, define, and protect the meaning of their veteran status under the socially constructed status of "wounded warrior." Qualitative methods allow researchers to explore complex questions with rich, in-depth data (Ambert et al. 1995; Matthews 2005; Ragin and Amoroso 2011; Sofaer 1999). Interviews are a particular form of qualitative method, giving the researcher a window inside the subject's world from "the perspective of the people being studied" (Ragin and Amoroso 2011: 123). This study is the first to trace the lived experiences of wounded Iraq and Afghanistan veterans within the "wounded warrior" construct, attending to issues of identity, norms, and boundary work.

The bulk of research on post-9/11 wounded veterans has been focused on the medical and psychological consequences of war and combat for this generation, a line of research largely pursued by medical scientists and psychologists (IOM 2010; Krueger et al. 2012). Social science research on the post-9/11 generation of veterans is still emerging, and more qualitative research is needed in the study of the military and veteran community. Despite veterans being a prominent public social group, surprisingly little research has examined the meaning and identity of being a veteran. Ragin and Amoroso describe qualitative methods as "data enhancers" allowing researchers to capture meaning and other intricate details of people's lives whereas quantitative methods are "data

condensers" used to identify generalized patterns (2011: 123). The majority of social science research on military and veterans has been conducted using quantitative research.

Another reason I chose qualitative methods for this study is because veterans can be a hard population for researchers to access and build trust with. Servicemembers, veterans, and their families experience are known to experience survey fatigue because they are a heavily researched population by the military itself. In addition, the military and veteran community is generally weary of outsiders especially during times of war. The military-civilian divide also reinforces a notion that civilians don't understand (and don't want to understand) the experiences of military veterans and their families. Given my own relationship to the military institution, as an active-duty military spouse, I am well positioned to undertake a qualitative study on the experiences of post-9/11 wounded veterans. My status as an insider shows my knowledge, understanding and investment in the community—a factor that ultimately mattered more than I expected in building rapport and gaining access to potential participants. Interviews allow research participants and researchers to engage in a relationship with one another that opens up important dialogues in a trusted space. One of the main strengths of these conversations lies in the ability to bridge intersubjectivity, as described by Weiss (1994), "by presenting events as the respondent experienced them, in the respondent's words, with the respondent's imagery" (10). Given the deeply held meaning and sensitive nature of veteran's military service and their experiences in war, the interview format allowed these veterans to be heard on their own terms in an in-depth way.

In this chapter I describe the process of data collection and analysis for my interviews with 39 post-9/11 wounded veterans. I overview the research locations,

sampling criteria, subject recruitment and the interview process. I also describe my approach to ensuring quality data, coding and data analysis, and I discuss reflections on my data access, reflexivity process, and study limitations.

Data Collection

This research relied on in-depth, semi-structured interviews with 39 post-9/11 wounded, injured or ill veterans based out of San Diego, California or San Antonio, Texas. Interviews were conducted between June 2014 and July 2016.

Primary Location: San Diego, California

This study is primarily based in the wounded veteran community in San Diego, California and surrounding areas. San Diego County has the largest number of Iraq and Afghanistan veterans in the United States and is home to multiple Naval and Marine Corps bases, as well as several centers of care for wounded Iraq and Afghanistan veterans (San Diego Regional Chamber of Commerce 2013). San Diego hosts one of the three major military hospitals, Naval Medical Center San Diego (NMCSD), responsible for the treatment, recovery and rehabilitation for injured, wounded, and ill service members. NMCSD's primary patient base is active-duty Marine Corps and Navy personnel due to its proximity to Navy and Marine Corps bases, but also sees some Army and Air Force patients as well. The Comprehensive Combat and Complex Casualty Care Center (C5) at NMCSD is a program that manages the care for severely injured or ill patients from medical evacuation through the end of their recovery process.

San Diego is also home to the Department of Veterans Affairs' Aspire Center, a

40-bed facility that offers temporary residential care (2-4 months) for veterans with post-traumatic stress disorder or traumatic brain injury, with priority given to Iraq and Afghanistan veterans. Camp Pendleton, a 45-minute drive from downtown San Diego, is one of the largest Marine Corps bases in the nation. In 2011, the Marine Corps established the Warrior Hope and Care Center, a concentrated resource office dedicated to helping wounded Marines through recovery and their transition back to active-duty or out of the military. The amount of official government resources and support in San Diego parallels that of Washington D.C., which is the most widely recognized center of military rehabilitative care with Walter Reed National Military Medical Center (WRNMMC).

Alongside the official military and VA rehabilitative services in San Diego, a number of community and non-profit organizations work to support this population. Many wounded/injured/ill Iraq and Afghanistan veterans choose to stay in San Diego after their recovery and rehabilitation because of their own comfort, access to care, and the endless sunshine of Southern California; this made it an ideal location choice for this study. Between June 2014 and August 2015 I interviewed 30 wounded veterans in San Diego. During this time I was also living in San Diego. I conducted an additional interview in San Diego (total of 31) in July 2016 during a trip to San Diego after a respondent reached out to me and was interested in participating.

Secondary Location: San Antonio, Texas

I was able to include San Antonio, Texas as a secondary location of data collection because of a grant from the National Science Foundation (Dissertation

Improvement Grant P#1518894). San Antonio is known as "Military City USA" a nickname earned from its numerous military bases and high population of active-duty and retired military personnel. Texas is also known as a fiercely patriotic state, priding itself on the support of servicemembers and veterans. San Antonio has several military bases and is home to one of the three major military hospitals, the San Antonio Military Medical Center (SAMMC), which primarily serves Army and Air Force personnel as well as other service branches.

I selected San Antonio as my second location for two primary reasons: (1) I wanted to interview veterans with significant burn injuries, another type of visible wound, and (2) to broaden the service branch variation in my sample by adding more Army or Air Force veterans. SAMMC is the only Department of Defense hospital that has a specialized burn center to treat severe burns, inhalation injuries, and complex soft-tissue trauma. Any military patient with burn injuries goes to SAMMC for treatment. Burns are a more common injury in the Iraq and Afghanistan wars because of the use of Improvised Explosive Devices (IEDs) and other bombs. Burns are a very different kind of visible injury than amputations or other physical disfigurements both in treatment and daily care, and in the outward physical/public appearance. Including San Antonio as a second study location allowed me to incorporate a wider range of injury experiences in my sample, expanding my ability to not only understand the visible versus invisible distinction but also variation within visible wounds. I only recruited and interviewed wounded Iraq and Afghanistan veterans with severe burn injuries in San Antonio.

Similar to San Diego, San Antonio has a robust community of veteran service organizations and non-profits that support wounded veterans. After undergoing years of

intensive medical treatment, veterans with burn injuries and their families often chose to stay in San Antonio because they are established in the area. The NSF grant allowed me to take two 5-day trips to San Antonito to conduct interviews. Between April and May 2016 I conducted 8 interviews with post-9/11 wounded veterans living in San Antonio, Texas.

Subject Recruitment

To recruit participants for interviews, I began by volunteering in the wounded veteran community. My intent for volunteering was to build a foundation in the community where I could learn more about wounded veterans and cultivate trust and rapport with community leaders. By volunteering in the community I was able to build network connections and develop relationships with 'gatekeepers' who served as advisors in my navigation of this community. Gatekeepers are those who are identified to be in control of access to potential research sites and participants. In qualitative research gatekeepers can be invaluable to the success of the researcher and the research study, especially in helping guide the researcher into the community (McFadyen and Rankin 2016). In the spring of 2014 I began to identify local non-profit organizations that served wounded veterans in San Diego. I reached out to several organizations via email, expressing my interest in volunteering and my research interests, and met with several organizations in-person.

Beginning in May 2014, I started volunteering weekly with two local non-profits in San Diego. Each occupied a unique space, serving wounded veterans in different ways. One organization was a non-profit providing a diverse range of services and programs for

post-9/11 wounded veterans. The other organization had a specialized focus in a particular form of recreational therapy for wounded veterans during their recovery at the military hospital and beyond. The time I spent volunteering, especially in the early stages, helped me immensely in understanding the social dynamics of this community. My work with these organizations was a mutual investment that was beneficial for both the organization and myself. I dedicated consistent time to these organizations, building rapport and trust with the leadership and the community of veterans they served. In return they were able to help me connect with veterans who were interested in being interviewed. From my volunteer work with these two organizations I began to build an initial base of participants who were interested in being interviewed. I would also occasionally attend community networking meetings or other veteran-centered events in San Diego where I was able to reach others outside of my established network, and when invited, discuss my call for research participants. I gained a few research participants through this method. While I took some notes during my time volunteering in the community, these were used as a tool for personal reflection rather than as an official means of gathering data. None of the information contained in my notes is used or presented as data in this dissertation.

I also relied on snowball sampling as another method of participant recruitment. At the conclusion of the interview, I asked participants if they knew of other wounded veterans who may be interested in participating. If they did have referrals I allowed my participants to decide whether they wanted to forward my contact information or provide me with their referral's information. I found snowball sampling to be a successful and necessary method of participant recruitment with wounded veterans because they are a

hard to reach and "special" kind of population (Penrod et al. 2003). In addition to my regular volunteering in the community and my status as a military spouse, referrals helped me to build rapport and trust with prospective participants. The military and veteran community can be closed off to outsiders due to survey fatigue and an overall sense of protectiveness. My referral through other wounded veterans another form of verification process, showing I could be trusted.

My participant recruitment for San Antonio was conducted from afar given that I was not able to live in San Antonio during the research period. This brought some unique challenges, but ultimately I found my previously experiences in San Diego helped me to identify best practices and approaches. First I reach out to my San Diego network and 'gatekeepers' to identify any potential connections they had in the San Antonio area. I emailed several local San Antonio organizations who serve wounded veterans, including a couple that specifically serve veterans who are burn survivors. While it was initially more difficult to establish trust over email, I found that my previous research in San Diego and my military spouse status lent me credibility that helped to facilitate connections. In the early months of 2016, I was able to network via email with several organization directors and community leaders in San Antonio. They referred me to wounded veterans with burn injuries who might be interested in speaking with me. From there, I engaged in snowball sampling, especially during my first (out of two) trips to San Antonio.

Even though I wasn't able to volunteer with these organizations, I set up in-person meetings with several organizations to discuss their work and the wounded veteran community in San Antonio. I used these meetings for rapport building and to familiarize

myself with the wounded veteran community in San Antonio. I was able to ask questions to ground myself in the unique recovery experiences of having a burn injury to get an outside perspective. Two of my research participants, independent of one another, offered to further familiarize me with their experiences by taking me on a tour of the recovery and hospital spaces. On my second trip to San Antonio, one participant took me on a tour of the Burn Center at Brooke Army Medical Center and another took me to the Center for the Intrepid, a state of the art rehabilitation facility located across from Brooke Army Medical Center. Despite only having two short trips, I made explicit efforts to better understand the organizations in San Antonio and the community of veterans residing there.

Sample Selection & Criteria

Wounded veterans eligible for the study had to meet the following criteria: (1) served on active-duty after September 11, 2001; (2a) have injuries from combat that resulted in a Physical Evaluation Board (PEB) to determine their fitness-for-duty (whether they can remain on active duty or will be medically separated or retired from the military), OR (2b) veterans who have an Integrated Disability Evaluation System (IDES) or VA disability rating of at least 30 percent for one or more of the following conditions: post-traumatic stress disorder, traumatic brain injury, loss of vision/blindness, loss of hearing/deafness, fatal/incurable disease or illness, loss of limb, spinal cord injury, permanent disfigurement, burns, or paralysis; (3) must be at least 2 years post-injury (injured in February 2013 or earlier).

I designed the eligibility criteria outlined above to capture veterans who have experienced significant and disruptive medical issues during their time in military service related to military duties and/or combat/deployment. These eligibility guidelines are patterned after the Department of Defense's wounded warrior rehabilitation programs in each service branch (U.S. Air Force 2014; U.S. Army 2014; U.S. Marine Corps 2014; U.S. Navy 2014). I restricted my sample to veterans who are several years post-injury because they have completed the intensive recovery phase. These individuals have been required to adjust to a 'new normal' in their lives post-injury, which means they will have some retrospective insights on their time in recovery, their injuries, and where their life is headed now. For the most severely injured (amputees or multiple amputees, severe burn victims), intensive surgeries and inpatient or outpatient treatments can last for 2 years or more, another reason I restricted the sample to 2-years post-injury.

The eligibility criteria appear to be very specific and potentially hard to identify upon meeting an interested participant, but I did not find it difficult in practice to determine eligibility. I relied on participants to describe the extent of their own medical conditions, no doctors or medical records were checked to verify. In the rare instances where I did have questions or concerns if a participant would fit the eligibility requirements, I would either talk with the veteran themselves about the extent of their injuries or consult with my gatekeepers or community leaders if they knew or had referred the individual to me. Again, I emphasize that these instances were rare because wounded veterans I encountered who were involved/connected within my networking were well above the qualifying standards for this research. I never had to turn down an interested participant because they were not eligible.

Participants in this research are limited to those who possess the cognitive ability to provide consent and speak/communicate on their own. This would exclude veterans who have very severe brain injuries or other medical issues that preclude them from full, independent participation. Participants with severe cognitive impairments who have limited (or no) ability to communicate through oral or written means were not considered eligible for this research. It is important to acknowledge that this excludes a group of veterans whose livelihood was substantially altered by their military service, however this is outside the scope of my current research.

Because visibility status is a major theoretical and substantive focus of this dissertation, I intentionally sought to balance my sample between veterans with visible injuries and invisible injuries. In order to be classified as "invisible" individuals must have injuries that cannot be seen (such as depression, PTSD, TBI) or have injuries that are usually concealed by the participant (burn victim with burn scars that are covered by normal wear of clothing, single leg-amputee who always covers prosthetic leg with pants) and would not be noticeable in everyday situations. Criteria for the designation of visible/invisible injury status are based on this project's emphasis of the *social importance* of visibility—how participants are seen and interpreted by others. Thus, the veteran who may have visible wounds (such as burn scars) that are always covered up would be considered in the "invisible" category because it is an injury that strangers would not see or know about. Out of a total of 39 participants, 23 are categorized as having visible injuries (59%) and 16 are categorized as having invisible injuries (41%). The larger representation of visibly wounded veterans is due to the incorporation of

veterans who have burn injuries towards the end of my data collection period. See Appendix C for additional information on participants and their injuries.

Saturation

As I was conducting interviews my goal was to reach *saturation*, the point at which new patterns stopped emerging (Small 2009). In particular, I paid attention to saturation within visibility categories—i.e. when did I stop hearing new patterns and themes from visibly injured veterans? With support of an NSF grant I was able to examine an additional kind of visibly wounded veteran: the burn survivor. This additional group aligned closely with the experiences of other visibly injured veterans, primarily amputees, but also differed in significant ways. I designed my study to *sample on range*, purposefully identifying sub-categories within the larger category of "wounded warrior" to study (Small 2009). While I did not include all the potential sub-categories of "wounded warriors" because it was outside the scope of this study, most notably non-combat injured veterans, I did reach saturation with visibly wounded veterans, burn survivors, and invisibly wounded veterans. My consistent and reflective memo process helped me to identify themes from each interview and from groups of interviews, allowing me to more clearly identify points of saturation (Roy 2012).

Interview Logistics

The interview is designed to be an in-depth and semi-structured with open-ended questions. A semi-structured interview allows for each interview to maintain the same structure, but doesn't prevent the researcher from asking follow-up questions or taking

relevant diversions (Daly 2007). Allowing versatility within the interview process is an important way to provide space for the respondent's meanings and understandings to come to the surface (Daly 2007). The total interview time averaged between 2 and 3 hours, with the shortest interview being 1 hour and 45 minutes and the longest interview being 3 hours and 40 minutes.

Initially I had projected that I would interview each participant twice, with each interview lasting between 1.5 and 2 hours; the second interview being a continuation of the first interview, not a follow-up. I purposefully planned for two separate interviews periods to prevent interview fatigue for both the participant and interviewer (Grinyer and Thomas in Gubrium et al. 2012). After conducting several interviews I realized that some participants had the desire to do the interview all in one sitting, either because they enjoyed the interview process or because it was easier to schedule one long meeting rather than two shorter meetings. After the first few interviews, I gave participants the option to select what worked best for their schedule. Regardless of whether I met with the interviewee once or twice, the interview guide remained the same. I interviewed 11 respondents (28%) over the course of two interviews and 28 respondents (72%) in one interview. I have not noticed any obvious differences in the interview quality, length, or content related to the number of interview meet-ups.

The interviews were arranged at a location and time that was most suitable for the respondent. I encouraged respondents to select a meeting place that was most comfortable to them. I would usually suggest a coffee shop, a casual restaurant, an outside patio area, or if they felt comfortable, their office or home. I tried to keep in mind meeting places that would allow for a private and secluded setting due to the potentially

sensitive nature of these interviews. All interviews occurred face-to-face except for one. I had met this respondent previously in person but due to their schedule, we were unable to arrange an in-person meeting. I conducted the interview for this respondent over Skype. If participant's spouses wanted to sit-in, observe, or be around while the interview happened I was encouraging of that, guided by the participant's wishes. For many wounded veterans, their spouses are caretakers or a significant source of support and I wanted to honor that unique relationship. On two occasions spouses participated in the interview process, both respectfully asked if they could chime in occasionally. I honored those requests and had them sign consent forms. Nathan's wife is the only spouse who I quote in my findings, she was the most vocal out of the two spouses who actively participated; I would estimate she participated in the interview 20% of the time. In her case, it seemed to be a cathartic release to have someone who listens and understands given their long struggle to have her husband's injuries officially recognized by the military. While I wanted to honor veterans and their spouses who chose to participate, I also maintained that my focus was on the wounded veteran's experiences. I never directly asked the spouse a question about themselves, I would usually probe/follow-up on comments they made if I felt it necessary. Several other veterans had their spouses around (usually when interviews were conducted in the veteran's home), but none participated in the recorded part of the interview.

Each interview began with a brief explanation of my research and an introduction of myself (even though some project information had already been provided in communications prior to the meeting). I then proceeded to go over the informed consent form, discussing the conditions of the study, particularly highlighting that the interview

would be audio-recorded, their identity is confidential and anonymous (unless they elected to allow me to use their first name), and that they could stop participating at any time with no resource or consequence. After they signed the consent form, I had each participant fill out the demographic information form to capture some basic demographic information about them and request their self-reported injuries/disabilities/illnesses. See Appendix B for copies of the consent form and demographic form.

Interview Guide, Revisions, and Rationale

The interview guide is designed to progress through substantial areas or important topics, with slightly different questions in some sections based on visibility of injuries (interview guide for visibly injured veterans and interview guide for invisibly injured veterans). It is organized with preliminary main questions, follow-up questions, and probing questions. The important overarching topic areas in the interview guide are: path to the military, military service, getting hurt, immediate recovery process, getting into the "new normal", identity and self-concept, "wounded warrior" construct, and the future ahead/wrap-up. I designed the interview guide to prioritize open-ended questions about a wide-range of respondent's pre- and post- injury experiences, with greater depth on questions about their social experience of the injury. To capture veteran's social experiences as a "wounded warrior" I asked questions focused on the areas of: self/self-definition, friends and family reactions/treatment, experiences in public, and the community of wounded veterans. The open-ended design of my questions allowed for the exploration of both established theoretical concepts as well as unanticipated themes emerging from the data.

During the first interview/part of the interview, questions prompt discussion of the participant's path to military service, their experiences during military service (including deployments), their injury, and their immediate recovery process. Discussing the respondent's military background and experiences at length during the first meeting allows for an establishment of trust with the participant, because the questions in the second interview/part address topics that can be more difficult, ambiguous, or abstract (Daly 2007). The second interview/part encompasses the long-term recovery process, current challenges, issues of identity and social interaction, the "wounded warrior" construct and community. See Appendix B for copies of both interview guides.

The interview guide has been designed to move in and out of 'heavy' questions by surrounding them with 'lighter' questions so as not to remain on difficult topics indefinitely (Grinyer and Thomas in Gubrium et al. 2012). The interview guide follows how each veteran sees him/herself and how they understand their identities throughout their military service, injury, and recovery process. The early questions gather necessary background information on the respondent's reasons for joining the military, what they did in their military service, and about their deployment(s). These questions are a window into how the respondent related to themselves prior to their injury or development of health issues. Questions throughout the interview guide also identify specific others (i.e. general public/strangers, medical community, other wounded veterans, friends and family) to examine how veterans relate to and understand their identity as reflected by others.

This research was designed to take a social constructionist approach, giving priority to the belief that reality is constructed and that individuals "construct the

meaning of their own everyday realities" (Daly 2007: 33). Throughout my research process, I recognize that there are multiple interpretations and experiences of reality and the interviews were conducted to maximize the emphasis on the respondent's own meanings and interpretations of experiences. It is the meaning they create that makes their experiences impactful on who they are and the way they identify with themselves.

As I was conducting interviews, I found the interview guide to be robust and only needed to amend a couple questions. One of the last interview questions I asked of the participants was: "*If you were interviewing other wounded veterans (if you were in my position), what other questions should I ask? Or are there other important topics you feel like I should include?*" The majority of participants indicated that my interview was very comprehensive and they couldn't think of other important subjects or issues that I had not covered. Those who did comment with something specific would say that I didn't ask about "X", when they did not realize that they talked about "X" frequently throughout the interview—clearly an important topic for them (examples of topics include family support, reliance on drugs/alcohol for coping).

After the first interview, I added an important follow-up question and probe in the section about their *Recovery*, the last section of the first interview/part. The initial question asks the interviewee to describe their relationships with other wounded veterans in the recovery process. When my first interviewee indicated a significant amount of tension between combat-injured servicemembers and non-combat injured servicemembers I felt it was important to include a question specifically asking about this. After consulting with my 'gatekeepers' that lead non-profit organizations, they informed me this is quite a common tension within the wounded veteran community.

Starting with the second interview, I included the question *"What was the relationship like between combat injured and non-combat injured patients?"* if the interviewee didn't already address that issue un-prompted. I found that for many participants, this topic came up un-prompted.

The second change from the original (dissertation proposal) interview guide was made prior to my first interview. Initially I wanted to tie my content analysis and interview data together—linking them by asking participants to read a media article and comment in the interview with their thoughts. I had difficulty identifying an article that represented both a portrayal of both the visible and invisible injuries of wounded veterans that wasn't too long or cumbersome to be read on-the-spot during the interview. I worried that presenting an article for the interviewee to read in the middle of the interview would break the flow and ease of the interview process. Secondly, through volunteering and participation in the wounded veteran community I found that many of these veterans already had experience with the media—being interviewed by reporters or asked to comment at wounded veteran events for newspaper articles. Also, the community of wounded veterans is smaller than one might think, and I was concerned that wounded veterans would know the veteran featured in the article personally—compromising their opinions of the portrayal. It is for the totality of these reasons that I amended my interview guide and elected to ask participants *"How do you think the media portrays "wounded warriors?"* as an entry-point to the conversation about the media portrayal wounded veterans.

Demographic Breakdown of the Sample

The major focus of my data collection was to ensure equal representation of visibly and invisibly injured veterans. With the addition of the grant from the National Science Foundation, my distribution became more heavily weighted towards visibly injured veterans with the inclusion of those who have burn injuries. I was not successful in finding any veterans who had burn injuries that were not on a visible or obvious part of their body. Overall, veterans with visible injuries compromise 59% of my sample (n=23) and veterans with invisible injuries make-up 41% (n=16). The most common injuries for veterans with visible injuries include: major limb amputation, amputations of fingers or toes, burn scars, loss of eyes or ears, facial deformities, and other scarring. Invisible injuries often included: traumatic brain injury, post-traumatic stress disorder, mental health issues, chronic pain, hearing loss, and other internal damage or medical problems. For the Iraq and Afghanistan wars, invisible injuries are much more common than visible injuries. As of 2015, there were 1,645 servicemembers who experienced a major limb amputation in comparison to hundreds of thousands of servicemembers who have been diagnosed with TBI (350,000) or PTSD (150,000 to 300,000) (Fischer 2015; Tanielian and Jaycox 2008).

The majority of veterans interviewed served in the Marine Corps (n=26, 67%), followed by the Army (n=9, 23%), and the Navy (n=4, 10%). No Air Force veterans were interviewed. While service branch diversity was not the most significant priority during subject recruitment I did try to ensure I had some representation of different service branches; I did not want this to become a Marine Corps veteran study. The primary location for this study in San Diego, California is near a major Marine Corps base (Camp

Pendleton) and Naval military hospital. Marines who injured while on active-duty are frequently sent to the Naval Medical Center San Diego for treatment and recovery. The limitations of a heavy Marine Corps sample are discussed further in the limitations section.

While I was not intentionally seeking women to be interviewed for my sample, I was also not excluding them. Because of the structural limitations of women's role in combat operations until 2013, I anticipated that the majority (if not all) of my participants would be men. I interviewed two women, both who had invisible injuries, but the overwhelming majority of my sample is men (n=37).

Other demographic variables that I was not intentionally curating for my sample include race, age, and rank. Half of the respondents I interviewed identified as White (n=20, 51%), followed by Hispanic (n=12, 31%), other (n=4, 10%), and Black (n=3, 8%). I asked participants for their current age (at the time of the interview, as opposed to at the time of their injury). Forty-one percent of the sample is younger than 30, thirty-three percent were in their 30s, and twenty-five percent were over the age of 41. The overwhelming majority of wounded veterans I interviewed were enlisted during their military service (n=36, 92%), with only three officers in my sample. This is not surprising given most of my sample served in the Marine Corps, the demographically youngest service branch, and fulfilled Infantry roles, again, jobs that are mostly occupied by enlisted service members.

There was an almost equal split in veterans that were injured in the early years of the Iraq and Afghanistan conflict and in the later years. Forty percent (n=16) of wounded veterans I interviewed reported their last date of injury between the years of 2004 and

2007, and forty percent (n=16) were injured between 2010 and 2013. Twelve percent of veterans did not identify a specific timeframe for their injury (n=5), this is likely because there was not one moment or event that they could attach their injuries to. Lastly, most wounded veterans I interviewed have severe injuries. Over sixty percent (n=24) of my sample have a 100% disability rating from the VA, another twenty percent have a rating between 80 and 90% (n=8).

Given the range of injuries, the estimates for certain injuries, and the changing nature of medical conditions, it is impossible to accurately assess how representative my sample is compared with the entire population of wounded Iraq and Afghanistan veterans. While it is clear that my sample is heavily weighted with Marine Corps veterans, men, and those who were enlisted—there is variation in other important areas like race, age, and injury timeframe. My sample selection was theoretically motivated, prioritizing broad categories of injury visibility above demographic representation in other categories especially in this hard to reach population. See Appendix B for demographic tables.

Data Quality

Throughout the data collection process I implemented several strategies to establish and maintain the high quality of my interview data: prolonged engagement, triangulation, reflexivity, and member checking (Krefting 1991; Morrow 2007; Tracy 2010;). At the initial outset of my research I planned to spend at least one to two years in the field, building prolonged engagement in my data collection process as a way to bolster the quality of my data. I knew that being present in the wounded veteran

community, through both regular volunteering engagements and interviews, would aid my understanding of the community and build trust and rapport with my respondents. In total, I spent 15 months volunteering with wounded veteran organizations in San Diego and conducting interviews at that location. I spent an additional year preparing for interviews in San Antonio by networking, building contacts, and conducting the interviews over a two-month span (time in San Antonio was limiting due to funding). In many cases, I had become acquaintances with participants prior to our interview or spent significant time with participants after our interview. My prolonged engagement within the wounded veteran community allowed me to establish my credibility, ultimately building legitimacy and rapport with wounded veterans and community leaders (Krefting 1991).

Triangulation is another strategy I employed to improve the quality of my research, using multiple sources of data to address my study of "wounded warriors." Triangulation is the "convergence of multiple perspectives for mutual confirmation of the data", which can help researchers to grasp a more complete and complex picture of the subjects under study (Krefting 1999: 219). By utilizing both individual interviews with wounded veterans and a content analysis of news media coverage I was able to capture two different levels of the "wounded warrior" experience that inform and compliment one another (Tracy 2010). The content analysis outlines systematic data on public discourse while the in-depth interviews give insight into the subjective experience of being a "wounded warrior", providing a better understanding of how the term "wounded warrior" shapes the wounded veteran community.

Lastly, I consistently used reflexivity and member checking before, during, and after my time in the field (Morrow 2007; Krefting 1991; Tracy 2010). Before entering the field, I was attentive to my own connection to the military community (as a military spouse), purposefully utilizing how and when I would prioritize that information. Throughout my time volunteering and interviewing I relied on check-ins with gatekeepers (community leaders and organizers) as well as some of my respondents to discuss themes or reoccurring patterns arising from my interviews. I used check-ins as a strategy for enhancing data quality throughout all stages of my data collection. I also engaged in reflexive memo writing after each interview to identify patterns and themes emerging from the data. This regular practice helped me to capture and refine important topics and become more entrenched in my data as I was collecting it. Early in the reflexive memos, it was clear that there was an emerging set of themes around "wounded warrior" classifications and boundary work that I had not anticipated in my initial outset of this project. My reflexive memo work helped to identify and expand my theoretical scope as I was in the field and refining my analysis.

Grounded Theory

Glaser and Strauss (1967) emphasize the *process* of theory generation, stating that theory is "an ever-developing entity", not a "perfected product" (32). The data analysis for this dissertation project uses these principles of Glaser and Strauss' grounded theory to guide an analysis process that began during data collection and continued through coding and analysis. While I use Glaser and Strauss' focus on the *ongoing conversation between theoretical development and data*, I do not approach this project void of existing

theory. During my research and analysis I relied on theoretical concepts, such as identity work, stigma, social closure, and symbolic boundaries to situate my work and illuminate patterns in data collection and coding. I also remained open, stepping back from the literature to allow time and space to see the data outside of the lens of formal sociological theory (Glaser and Strauss 1967).

At the outset of my research I knew visibility of injury was going to be an important category for comparative analysis. For Glaser and Strauss, comparative analysis is at the heart of grounded theory and theory development (1967). Given the voluminous sociological literature on visible and invisible medical conditions and stigmas, the sorted military history of war injuries, and the popular discourse on the "invisible" and "signature" wounds of war—visibility of injuries was a theoretically motivated element of sample design. I entered my fieldwork and qualitative interviews interested in the lived experiences of wounded veterans and their relationship with the term "wounded warrior", attune to potential differences for visibly and invisibly injured veterans. At the same time, I walked in to the community as an outsider—observing and tracking my attention and questions.

In my volunteer work and my first interview, it was quickly apparent that there were more complicated internal dynamics at play in this community; dynamics of social closure and group boundary making I had not anticipated prior to entering the field. After my own reflections and conversations with my 'gatekeepers' (non-profit community leaders), I listened to this 'emerging theory' as I continued my interviews. Emerging theory is described as pointing the sociologist to "the next steps", something that is not known "until (s)he is guided by emerging gaps in theory and research questions" (Glaser

and Strauss 1967: 47). My interview guide was broad enough to capture both the context I was initially interested in, such as stigma, status, and identity, as well as the emerging themes of community boundary work and norms.

While injury visibility status (visible vs. invisible) remained a relevant comparison category, I found additional, theoretically salient variations in these categories as I was

conducting interviews. For example, veterans who use prosthetic limbs versus veterans who have very obvious scaring or amputated fingers experience and navigate social life in slightly different ways. For most invisibly injured veterans, their veteran status remains hidden from public view, unless they have a service dog, in which case their experiences align more with a visibly injured veteran. Many of the visibly injured veterans I interviewed in San Diego were amputees who were using prosthetic limbs regularly (as opposed to wheelchairs), but I hadn't interviewed any veterans with burn injuries. Next to veterans with prosthetic limbs, wounded veterans with severe burn injuries are regularly featured by organizations like Wounded Warrior Project in campaigns and images of "wounded warriors." Expanding my sample allowed me to build out divisions within my initial comparison category prioritizing both "theoretical relevance" and "development of emerging categories" as Glaser and Strauss advise (1967: 49).

Memos

As I was volunteering and conducting interviews, I used reflective and theoretical memos to identify emerging themes, concepts, and processes (Charmaz 2006; Neuendorf 2002). In qualitative research, memos are a "pivotal intermediate step between data

collection and writing drafts of papers" (Charmaz 2006: 72). Memos are a form of focused and free writing that bring the researcher in conversation with herself to make sense of the data during the active collection and analysis phases. Engaging in the research through memos is a critical way to "catch your thoughts, capture the comparison and connections you make, crystallize questions and directions for you to pursue" (Charmaz 2006: 72).

I used memos most frequently during the beginning of my volunteering (both in San Diego and at meetings in San Antonio) and after every interview. My memos related to volunteer work tend to be free flowing—a running list of events, observations, thoughts, and questions. Although I wasn't able to volunteer in San Antonio, I did have meetings with several non-profits and tours of the BAMC burn unit and Center for the Intrepid recovery space. After each of these events I jotted down notes and wrote memos about my experiences. These memos helped me to process my own thoughts about each site location and the wounded veteran community.

Each post-interview memo was structured to provide consistency from interview to interview. After the completion of an interview, in the privacy of my own space (usually my car), I would jot down quick notes on themes or other important issues from the interview. I wanted to capture my thoughts immediately after the interview so that I could return them as I wrote a full memo. Within 24 hours of completing an interview I would write a memo about that interview. My memos contained the following information: (1) interview details including the date, location, and length, (2) a list of information from the demographic form, (3) a short biography describing their background, military service, and current activities, (4) a detailed physical description of

what the person looked like, how they acted, any other behaviors or attitudes worth noting, (5) a list of themes from the interview.

Themes occupied the bulk of each memo—it is a space I used to process my thoughts about each interview as well as identify themes that were connected across interviews. The interviews themes are a combination of emerging themes that caught my eye as a researcher or participant-driven themes, based on what they emphasized in their interview. For example, one of my participants has six main themes listed in the post-interview memo I wrote. I would try to identify 5-6 themes per interview, but sometimes there were more. The themes can be as small as his *"irregular use and guilt about his handicap placard"* to *"taking care of his invisible injuries so it doesn't affect/come up with others."* After each identified theme I would write 1-2 paragraphs explaining the theme and providing specific examples or stories from the interview. Early in the interview and memo writing process I realized that many of my interview questions were not only capturing issues of personal identity work/management but also community norms and expectations. The themes that emerged from the memos provided the foundation for my initial coding list and early conference presentations of this work.

Code Development

Writing memos during the data collection process helped me to identify the most salient and significant emerging themes from the interviews. When I starting building my code list I used the compilation of my memos to draft an initial list of codes. I selected a couple interviews at random to 'test' my coding list, examining how well the codes fit my data while also engaging in additional open coding—adding codes I may have missed in

my initial write-up. Open coding is a process of line-by-line coding where the researcher "entertains all analytic possibilities; he attempts to capture as many ideas and themes as time allows but always stays close to what has been written down in the fieldnote" (Emerson et al. 1997). I made sure to select a few visibly injured veterans and invisibly injured veterans for code testing to ensure that my code list adequately covered the nuances of each group. Once I felt my code list was robust, I inputted these codes in Nvivo, a qualitative analysis software. I then used Nvivo to re-code the 'test' interviews I coded by hand, and continued to code other interviews.

The code list (see Appendix D) begins with the point of injury (or recognition of injury). Although one-third to half of the interview time was spent talking about the respondent's background and military service, I found that the most influential military factors on their recovery and injury process are captured with three demographic measures: (1) branch of service, (2) infantry vs. non-infantry military jobs (MOS), (3) timeframe of service (early vs. late OEF/OIF). The code list was designed to cover several broad areas and concepts including: different points in time (recovery, post-recovery, current, and future), various social communities (wounded veteran peers, community organizations, doctors/medical establishment), the role of others (friends, family, wounded veterans, strangers/public), injuries, the "wounded warrior" support structure, "wounded warrior" phrase and language, and authenticity (community norms and culture). The codes are designed to capture emerging themes from the data and memos following an inductive approach. While some of the codes are narrow (*"handicap placard"),* many were broad enough to prioritize a subject but allow for further exploration within that code (*"others question injury"*). In addition, the codes and other

inputs (such as source classifications) in Nvivo can be used with comparison, for instance what visible injured veterans and invisibly injured veterans said about "wounded warrior orgs."

Coding and Analysis

In the grounded theory approach to comparative analysis, Glaser and Strauss' identified three elements of theory that I use in my data collection and analysis process: (1) conceptual categories and properties, (2) hypotheses and generalized relations among categories, and (3) an integrated central theoretical framework (1967). I have relied on these three levels of analysis to progressively work through my interview data. Memos and codes were used to develop conceptual categories and properties. Examples of these categories include *"Interactions in public: typical reactions"*, *"first time feeling disabled/injured"*, and *"empowerment."* These conceptual categories break each interview apart, giving me the ability to interrogate the data and question how pieces relate to one another.

At the second level of analysis, Glaser and Strauss describe forming hypotheses and relationships among categories. Once I began seeing themes and connections through my interviews and memos, I began formulating how the data comes together by testing the relationships between concepts. During this stage, I was writing memos but also using conference presentations and papers to test out and receive feedback on ideas. Initially I focused on what I call *"authenticity"*, the behaviors and attitudes wounded veterans must display to be accepted among their peers. Positively reinforced expectations like *"empowerment"* and *"humility"* are contrasted with *"entitlement"* and *"playing the*

victim", behaviors that are viewed negatively in the community. The requirements for a constructed form of authenticity in the wounded veteran community connect with other themes, like *"Faking or Exaggerating PTSD"*, demonstrating how the stigma of PTSD manifests in community relationships. Another element I explored under this second level of data analysis is the differences between visibly and invisibly injured veterans. I started with a broad scope mapping out the path to recovery, the recovery process, the role of family and friends, public interactions, and the "wounded warrior" support structure. This helped me to narrow and focus my analysis to show how visibly and invisibly injured veterans have inverse experiences based on the physical and socially constructed nature of their injuries.

The integrated central framework of my dissertation research centers on a process of social stratification, social closure, and its impact on identity and meaning making for post-9/11 wounded veterans. This is the "main story underlying the analysis", it becomes the foundation for the study—a way to orient and examine all the data (LaRossa 2005: 850). Qualitative analysis is an iterative process, a constant discussion between the data, the findings, and the sociological literature.

Other Methodological Considerations

Access

I did not have significant issues with access during the data collection process. I am the spouse of an active-duty service member and I have been connected to the military community for 10 years. My experience as a military spouse affords me a unique understanding and connection to the military structure, culture, and lifestyle. I found that

participant access was made demonstrably easier because of my status as a military spouse. In introducing myself, whether in writing or in person, I would describe that I am a military spouse and Sociology PhD student. Very often I would encounter veterans who would voice immediate trust in me, increasing their willingness to participate in the research, because I was a military spouse. My connection to the military community granted me access because I am considered an insider—someone who is invested in the community and understands its unique lifestyle. Although I can only speculate, I imagine participant recruitment and building connections for this study without a military affiliation would have been very difficult.

In addition, my father has a severe traumatic brain injury (unrelated to military service) and chronic pain, which has been part of my family's life for the past 20 years. Living with someone who has an enduring and complicated injury, like a TBI, helped me to better understand the personal side of these injuries and has given me more knowledge on issues affecting these individuals. I find that these two aspects of my personal life help me gain entry into this community because I have knowledge and experience that these veterans can relate to.

Confidentiality and Anonymity

Maintaining the privacy and anonymity of my research participants remains a top priority in this research. Post-9/11 wounded veterans may be easily identifiable due to particular combination of their characteristics, such as their service branch, deployments, injuries, and what activities or work they are engaging in now. Several of the wounded veterans are routinely featured in local, and sometimes national, media stories. At every

stage, the identities of my participants have been protected to the maximum extent possible. In the consent form process I gave participants the option to have me use their real first name. Because some veterans are very well known in the wounded veteran community and have built a public persona/brand around their name I wanted to give participants the choice to have me use their real name. Participants must *opt-in* to have their real name used by signing their initials next to this item on the front page of the consent form. I explained the consent form to each participant, recommending that they remain anonymous but left the choice up to them. Several of my participants opted to use their real names. I disclose which participants have a real name and which have been given a pseudonym in Appendix C.

For all participants, regardless if they are using their real name or pseudonym, I am attentive to the importance of maintaining privacy for participants while still being able to discuss important contextual information relevant to their story and experiences. Contextual information is made vague enough so as not to be able to identify the individual person. Specifics about injuries may also be described in a more abstract manner in order to retain participant privacy.

All data collected for this project are for my personal use as part of my dissertation requirements at the University of Maryland. The data has not and will not be made available to the Department of Defense, Department of Veteran Affairs, or non-profit organizations I volunteered with.

Reflexivity & Role of the Researcher

It is important for any researcher to be aware of their experiences and influences that may become part of the research process. It is especially important in qualitative research where the data involves connecting with people through intimate and ongoing interactions. Reflexivity is an important practice in any qualitative work, defined as "how a researcher critically monitors and understands the role of the self in the research endeavor" (Daly 2007: 188). While my connection to the military community as a military spouse was largely helpful in participant recruitment and community access, it is a position I have critically examined throughout my work. Many of the cultural and social norms of the military surround my day-to-day life, which means I cannot 'see' the community as an outsider. I continually questioned my own assumptions and tried to *make the familiar strange* in every situation I was in. While I did not withhold information from my participants, they rarely asked much about my own experience with the military community besides my husband's service branch. Given that my primary personal experience is with the Navy and many of my respondents are in the Marine Corps or Army, I felt like I was in more unfamiliar territory than one would expect looking from the outside. Each service branch has distinctly different cultures and this helped me to take the perspective of an outsider in my interviews. I remained aware of my relationship and position to the military community by engaging in regular reflective conversations with others and in memos.

Limitations of Data/Sample

No sample is perfect and every study must be understood within the context of its strengths and limitations. As previously stated, this research is not representative of the community of wounded veterans nor does it capture the diverse range of experiences of post-9/11 wounded veterans. I address four particular limitations of my data: severity of injuries, service branch representation, geographic location, and gender representation.

Severity of Injuries

My sample does not include wounded veterans who have very severe or debilitating conditions that compromise their ability to verbally communicate, such as a severe traumatic brain injury. I only interviewed wounded veterans who were injured in combat or training accidents (but had been to combat). I did not interview veterans who were injured during their active-duty service in incidents unrelated to military duties, such as car accidents or from unexpected illnesses. Despite the presence of these individuals in the military's wounded warrior recovery programs and in non-profit organizations, the opportunity never presented itself to interview these particular individuals for my project. I am interested in interviewing this category of wounded veterans for a future expansion of this research.

Service Branch Representation

With the majority of interviews being conducted in San Diego, most of my sample served in the Marine Corps (67%). I interviewed some Army and Navy veterans, but I did not have the opportunity to interview any Air Force veterans or Coast Guard

veterans. The Marine Corps has a particular culture influenced by its military utility and values differentiating it from the other service branches. The Marine Corps is the smallest branch in the Department of Defense, and has the highest percentage of young servicemembers. The mission of the Marines is expeditionary in nature, they are known as being 'first in the fight' and the 'tip of the spear' in military engagements. From this mission stems the Marine Corps culture and reputation of being an elite fighting force, Marines who have served honorably will forever regard themselves as a Marine: 'Once a Marine, Always a Marine' (Ricks 1997; Kaplan 2005). With the high representation of Marine Corps veterans in my sample, the culture of the Marine Corps is likely to influence the culture it's wounded veterans maintain in the "wounded warrior" community. A service branch that prides itself on being the best of the best is going to carry that competitive pride outside of the Marine Corps context. It is important to acknowledge and consider how the micro-cultures of different service branches can influence the social dynamics these veterans carry in to their experiences as a "wounded warrior." In this case, I think the processes of social closure and identity formation occur independent of service branch cultures, but are more prevalent and pronounced in the Marine Corps wounded veteran population.

Geographic Location

Both San Diego and San Antonio are areas with high military and veteran presence. While this aided my data collection efforts, it is important to note that this study does not represent the experiences of wounded veterans who live outside of military areas. Veterans who live in rural parts of the country or those who live in cities

like San Francisco, CA or Portland, OR (not known for having high military/veteran presence) may have different experiences as they navigate their lives post-injury. All servicemembers who have serious injuries must navigate the social dynamics identified in this study in recovery spaces, the service branch specific wounded warrior programs, at each of the three major military hospitals. Wounded veterans who live in areas with low military presence may face additional challenges in receiving specialized medical care and may have fewer stakes in building and maintaining the collective "wounded warrior" identity. These veterans may engage in more individual identity work around being a wounded veteran.

Gender Representation

This research is male-focused with only two women veterans represented. Both women veterans have invisible injuries; no visibly injured women were interviewed for this project. While this was an intentional design of the research it is a limitation because my work cannot speak to the similar or different needs and experiences of female "wounded warriors." Given the proportional disparity of women to men in the wounded veteran community, it is likely these women have substantially different experiences that change their relationship with the "wounded warrior" community and identity.

Chapter 6

Being Visible and Invisible:

Interactions of Stigma, Veteran Status, and Injury Visibility for "Wounded Warriors"

"Wounded warriors" occupy an uncommon position, they hold two contradicting statuses originating from the same source: their wounds, which are stigmatized, also make them war heroes. Wounded veterans have a potentially "spoiled identity" because of their injuries and disabilities, yet they are afforded a privileged status, as national heroes, because of their service and sacrifices in war (Goffman 1963). Physical disabilities, mental illness and other associated issues are stigmatized in society, negatively affecting the lives of those who find themselves living with these conditions (Green et al. 2005; Link and Phelan 2001). Military and veterans, however, are a protected class in American society, occupying an esteemed status and given special benefits to recognize their service to the nation (Burdett et al. 2012; Kleykamp et al. 2017). Wounded, injured, or ill veterans represent an even more select group of veterans: those who are wounded in the line of duty. For wounded veterans, their body is a symbol of service, sacrifice, and their status as national heroes. Unlike other individuals with injuries or disabilities, "wounded warrior" ascribes a privileged status onto what are typically stigmatized conditions. How do wounded veterans navigate their status as a "wounded warrior"? What determines the relationship between their 'wounds' and their veteran status?

The "wounded warrior" construct provides a unique opportunity to examine interactions among stigma, veteran status, injury visibility and how it shapes wounded

veteran's identity. This chapter addresses three specific interactions among stigma, identity work and visibility: (1) how and when the potential stigma of an individual veteran's injuries is counteracted by their status as a "wounded warrior", (2) how this affects the management of their identity through identity work, and (3) how individuals with different visibility statuses negotiate within the same identity framework and expectations of being a "wounded warrior." I find that the visibility of a veteran's injuries greatly affects the way they experience their status as a "wounded warrior", creating two distinct paths. Visibly injured veterans can use their veteran status to reject and dispel the stigma of their physical disabilities, especially in cases where their injuries align with the stereotypical images of "wounded warriors." While their veteran status allows them to shield stigma (both public and self-stigma), "wounded warrior" becomes the dominant public status others respond to; "wounded warrior" overtakes their public identity, a reality which frustrates visibly wounded veterans. Invisibly injured veterans choose to hide their "wounded warrior" status, rarely disclosing it unless it becomes necessary information. They 'op-out' of their "wounded warrior" status for two main reasons: first, they perceive their veteran status will only amplify the stigma of their invisible injuries, second, when they do disclose their invisible injuries they find others don't take their claims seriously. Veteran status conditions the responses of self and others towards stigma for "wounded warriors."

Attribution Theory of Stigma

Compared to the average disabled or mentally ill civilian, wounded veterans have a known source of their wounds/disabilities/illnesses: war trauma, combat experience, or

their military service; their wounds can be attributed to a particular cause. Attribution theory, a social cognitive perspective of stigma, argues that collective representations, known as knowledge structures, influence the perceptions of illness and disability (Corrigan 2000). Much of the research on stigma and attribution theory has been conducted on mental illness or other mental health related problems like addiction (Corrigan 2000; Corrigan et al. 2000). One of the most salient factors in attribution theory is the perception of controllability—how much responsibility does one have for their condition (both the origin and the continued effects) (Weiner 1995)? Health problems thought to be outside of an individual's control garner responses of pity and helping behavior from others rather than discrimination or punishment (Corrigan 2000). The main reason mental illness is more stigmatized than physical disabilities is because of assumptions related to controllability, mental illness has been associated with a lack of personal control and therefore seen as a blemish against an individual's character (Corrigan et al. 20000; Deal 2003; Goffman 1963; Shih 2004). Attribution theory questions how the collective thoughts about a particular stigma condition the response of others.

"Wounded warriors", regardless of whether they have physical or mental 'wounds', are assumed to have been injured in the line of duty. Their military service gives an explanation for their wounds, confirming that it happened *to them* rather than *by them*. Therefore it should be expected that wounded veterans have some protection from stigmatization due to the origin of their wounds in military service and combat. Recent research on veterans has confirmed this, showing that others are willing to override or negate certain aspects of stigma for veterans (Hipes et al. 2014; MacLean and Kleykamp

2014). MacLean and Kleykamp argue that, as a group, veterans possess symbolic capital because of their wartime service, which allows them to escape stigmatization (2014). In their study they find that while civilians do stereotype war veterans as more likely to have mental health and behavioral problems, they do not stigmatize them for it (MacLean and Kleykamp 2014). This research shows that the public perception of veterans grants them relief from traditional stigmatized conditions, but do veterans themselves experience this? I argue that one group of "wounded warriors", the visibly injured, find this to be true while the other, the invisibly injured, do not.

Visibly Injured Veterans and the Stigma of Disability

People with physical disabilities experience stigma in society. It is what Goffman referred to as a *discredited* stigma because it is a known stigma, seen clearly from any outsider observer and thought to be an abomination of the body (1963). The social model of disability understands disability as a socially constructed abnormality, a deviant status that is a product of an able-bodied society. Jenks (2005) articulates disability as a relationship between a medical and social condition, stating disability is "the interplay between individuals' physical bodies and society's constructed meanings of difference" (145-6). Disabled people are often assumed to be weak, inferior, unproductive, and dependent (Green et al. 2005; Link and Phelan 2001). This results in social isolation, marginalization, and the feeling of a "chilly" environment for people living with disabilities (Taub et al. 2004). A physical disability can lead to diminished self-esteem and self-worth because of the labeling, stereotyping, and separation that people with disabilities experience in society (Green et al. 2005).

Wounded veterans with visible injuries have physical disabilities, yet they do not identify themselves as being disabled. None of the veterans I interviewed consider themselves to have a disability or be disabled. Ethan, a Marine Corps veteran who originally had a visible injury says *"I hate the word disabled…I don't think I'm disabled. I understand the meaning of disabled, I'm probably the meaning of disabled but I just don't like the word."* Wounded veterans do not identify as disabled primarily because they associate disability with a lack of functioning or an inability to live independently. When I asked Luis, a Marine Corps veteran who is a double amputee, what terms resonate with him, he replied, *"It's more 'challenged' than 'injured' or 'wounded'…'disability' means that you can't do anything. I can still do stuff, it's just…I have to stop and think before I do something. I'm challenged instead of disabled."* Marcus, also a Marine Corps veteran and amputee, says *"…I don't think I ever told myself that I was ill or disabled. I even tell people "I'm not handicapped, I'm handican."* Wounded veterans do not think of themselves as disabled even though by conventional definitions they are living with a disability.

Even as wounded veterans experience being subjects of the stigma of disability, their status as "wounded warriors" allows them to deflect and depersonalize these occurrences (Thoits 2011). In public settings people with physical disabilities attract attention, typically in the form of stares, unrequested helping behaviors, or complete avoidance from other people (Bonanno and Esmaeli 2012; Cahill and Eggleston 1994; Cahill and Eggleston 1995; Green et al. 2005; Taub et al. 2004). Cahill and Eggleston assert that for people with disabilities their "social life is at least as emotionally as physically challenging" (1994: 300). Wounded veterans report experiencing this too.

Visibly injured veterans have people stare, look then glance away, make comments, ask to pet their service dog, and offer them gratitude (money, prayers, pay for meals) for their service. These exchanges happen every day. Initially they are shocking, but veterans say they learn to live with it and eventually these interactions become like background noise, even the positive ones. Wounded veterans often attribute the attention to the natural human curiosity towards difference rather than a stigma held against them.

Thoits (2011) defines the strategy of deflecting stigma, one where the individual can rationalize "that's not me" on the basis that their stigma doesn't encompass their full identity, their case isn't severe enough, or they don't meet the criteria to possess the stigma (mental health issue versus mental illness). Wounded veterans, at least those who are injured in the line of duty, have a source of their injuries that is not only *not* stigmatized, but is heroized. The ability to attribute their disabled body to a valued status allows wounded veterans an escape from the stigma of their physical disabilities (Corrigan et al. 2003; Weiner 1995). The stigma does not apply to *them*, it is a problem for other disabled people (Thoits 2011). Wounded veterans also take purposeful actions to distance themselves from being seen as disabled, such as using prosthetic limbs as opposed to a wheelchair and not parking in the handicapped spots even though they have a handicap placard (see 'Empowerment Stance' in Chapter 9 for more details). These actions allow veterans to outwardly display their independence and self-reliance, two qualities that go against the stereotypes of disabled people.

The closer a wounded veteran is the media typecast of a "wounded warrior"—someone who is young, male, in-shape, and an amputee—the easier it becomes for them to highlight their veteran status and shut down the stigma of disability. A proliferation of

images from Wounded Warrior Project and the news media equate "wounded warriors" with amputees, especially in inspirational stories (Chapter 4). Michael says that veterans with burn injuries are not all that popular with the media, *"they'll talk to amputees all day, but they'll never talk to an amputee burned guy. Once you start looking disfigured from your injury, that's when they back off. It's like amputees are the celebrities of the wounded warriors."* Daniel, one of those amputee burned guys, called it *"amputee porn"*, saying *"[amputees] are all the rage…everybody wants an amputee in their commercials."* Less than one percent of the post-9/11 wounded veteran population is amputees, yet they are the most recognized type of "wounded warrior" (Fischer 2015). People who look like the walking stereotype of a "wounded warrior", regardless of whether they are veterans or not, benefit positively from the assumption that they are veterans.

While all visibly wounded veterans can deflect the stigma of disability with their "wounded warrior" status, those who deviate from the idealized injuries struggle more. When veterans anticipate strangers won't recognize them as a "wounded warrior" they become more concerned about being stigmatized. Ethan, whose initial injury to his face was unsightly, was worried *"…it's very demeaning to have an injury on the face and walk around with it because there is so many other different things that people are going to think. Nobody is going to think that a bomb went off and blew part of my face off, nobody is going to think that, that's not going to be the first thing somebody comes up with."* Ethan's recovery went so well he now only has a minimal scar on his face, hardly noticeable to the unsuspecting person. He can blend in, his veteran status or his wounds aren't immediately known. Michael said one of his most memorable encounters with a

stranger was the time a woman approached with her grandson while he was sitting on a bench. The woman pointed at Michael and told her grandson, *"You see that? That's why you don't play with matches"* to which Michael replied, *"That's not how I got burned."* The woman continued saying *"Oh, I know, but he likes to play with stuff so I was just telling him."* Michael says his wife is quick to step in when strangers stare or comment, diffusing any stigma by sharing that he is a wounded veteran.

Wounded veterans possess disabled bodies yet they do not identify with being disabled because of their status as "wounded warriors." Their injuries are a direct result of their military service, a sacrifice in war that is honored and heroized. Being a "wounded warrior" allows veterans a way to deflect or disregard the stigma of physical disabilities, writing off that it does not apply to them. For some wounded veterans this task is harder than others because of the nature of their injuries, but veterans take active steps to distance themselves from being seen as disabled. While visibly wounded veterans can use their status as a "wounded warrior" to deflect the stigma of disability, they also find their veteran status overwhelms their identity in public settings. For visibly wounded veterans, their "wounded warrior" status significantly alters their public lives.

"Wounded Warrior" Status and Public Attention for Visibly Injured

Visibly wounded veterans receive a great deal of attention in public settings for their status as "wounded warriors." Increasing recognition of "wounded warriors" and the public desire to "support the troops" has made visibly wounded veterans an easily accessible symbol of heroism and military service (Samet 2011). While visibly wounded veterans have the benefit of dispelling stigma from their "wounded warrior" status, they

also become frustrated by its inescapable presence in their lives. The sheer volume of interactions in public can become overwhelming for visibly injured veterans who are trying to go about the normal routines of life. Andrew has a service dog to help with his PTS and TBI, which draws a lot of attention in public. He recalled, *"…there was one time in Wal-Mart, I was there for 40 minutes and I got 54 comments. 54. Even if people love it, you got 54 strangers comments, pointing, staring and looking at you. That's going to fuck with you."* Most of the wounded veterans I interview rarely wear anything that would identify them as a "wounded warrior", yet strangers stop them all the time to thank them or talk with them, assuming they are wounded veterans. Public attention is part of their new everyday life for visibly injured veterans, something they have to get used to. Before I could even get the question out asking Juan how often people engage with him, he said *"all the time."* Following up, he said that *"Every day. Every day I go out. If it's somebody buying me dinner, if it's somebody coming up to me in the mall, somebody stopping me at a race event when I'm in my track chair…want[ing] to come up to me and ask questions."* Being in public and getting attention is Juan's new normal, something that bothers his wife more than him these days.

Michael, who has severe burn scars on his face and arms, has many stories about people staring at him in public, a phenomenon so normal he mostly doesn't recognize it anymore. Certain extreme cases will bring it back to his attention, he describes *"we've had people...like we're walking through stores and people run into the end of the aisle. They're looking at you…and just 'BAM'. And then you're just like 'Oh, shit!'"*; a story that has happened to him more than once. The last time it happened he turned to the person he was with, making light of it, he says *"that's what happens when you're a*

celebrity man, people can't keep their eyes off you." Wounded veterans say that the geographic location changes the type of interaction, dependent on the presence of a military or veteran community. In military-saturated areas like San Diego, California and San Antonio, Texas wounded veterans are immediately recognized as "wounded warriors" and report that they encounter more gestures of gratitude. In cities with less military presence, veterans experience a range of interactions and feel like people stare at them more often. The type and amount of attention may change, but the dominance of the "wounded warrior" status in the lives of visibly injured veterans remains the same.

The power of the stereotype and people's assumptions extends to anyone who looks like they might be a "wounded warrior." Todd's wife is a single leg amputee from birth, but Todd said she/they get stopped all the time with people trying to thank her for her service. The close association with her disability as the type produced from the Iraq and Afghanistan wars has transformed her into a "wounded warrior" in the eyes of an assuming public. It happens so often Todd says that his wife has given up on correcting people, she just *"nods her head…and doesn't say anything"*, tired of combatting it. When veterans return from war with physical wounds they come home to a society that sees them as "wounded warriors" first and foremost.

Wounded veterans talk about manipulating their appearance to identify themselves more or less with being a "wounded warrior." Some veterans enjoy wearing the occasional service-branch affiliated clothing (like Marine Corps hats) or "wounded warrior" t-shirt because it explains their wounds, particularly for veterans with less stereotypical "wounded warrior" wounds. Michael says he likes wearing Wounded Warrior Project clothing items because *"…you can put that on and let other people*

identify you…it answers a lot of questions upfront" especially in new or unfamiliar places where others might be unaccustomed to seeing wounded veterans. In this case, Michael can use an outward symbol to purposefully gesture his status as a "wounded warrior", relieving him of being seen as a disabled person.

For most veterans, the self-presentation manipulation goes in the opposite direction. They try to look more "normal" and less like a "wounded warrior." Todd, an Army veteran with severe burns and other facial damage, actively tries to make his appearance as normal as possible, hoping to shed his "wounded warrior" look. He described, "*I'm very unique in that [my injuries] are very obvious…I tried to play it down as much as I could. So probably 20 to 30 of my facial reconstructive surgeries were trying to get my face to blend in…the fact that I wear a [prosthetic] ear does not do anything for me function wise. The fact that I wear an eyepiece doesn't [either], and I wear a hair piece…I have done everything I can to play it down because…I did not want that to define the rest of my life."* Juan also describes his exhaustion of always being defined by his external appearance, saying *"…there's some days where I wish people didn't know me for – sometimes I just don't want to be a Marine. I don't want to be a triple amputee. I just want to be Juan. I don't want to be anything attached."* Juan is a "wounded warrior", but he's also a husband, father, as well as a talented musician and photographer. Yet when the media has featured stories on him, his "wounded warrior" status comes first.

David Wood, an award-winning military journalist, asks 'when does one stop being a wounded warrior?' in his article "When Giving Up 'Wounded Warrior' Status Helps Vets Heal" (2015). He argues that wounded veterans want to shed this label, yet

society still clings to it. The deep entrenchment of this phrase in multiple domains of society—medical, government, and pop culture—keeps visibly injured veterans' hostage to this identity in a way that the invisibly injured never have to experience. "Wounded warrior" is an extension of the military as a greedy institution (Coser 1974; Segal 1986). Greedy institutions attempt to "reduce the claims of competing roles and status positions on those they wish to encompasses with their boundaries. Their demands on the person are omnivorous…" (Coser 1974: 4). Wounded veterans are not legally obligated to the military institution but their lives continue to be dominated by their status as a "wounded warrior." Wounded veterans have become unofficial ambassadors for the small percentage of Americans who have fought in the Iraq and Afghanistan wars, an identification that keeps them closely connected to the institution and tied to their veteran status in a unique way.

Visibly wounded veterans are commonly identified *as* "wounded warriors" even though they don't identify *with* the label. This can prove especially difficult for visibly injured wounded veterans who are continually defined by and rewarded for their status as "wounded warriors." It becomes the most salient aspect of their identity in every situation, a fact that overwhelms some veterans. Samuel, an Army veteran with invisible injuries, says he's watched some of his visibly injured friends be consumed by the label. He said the label "wounded warrior" bothers him because he feels veterans have become objects, *"it's so easy to marginalize and objectify and make it not human."* He has seen friends become consumed by their "wounded warrior" status, something he said is easy to do when *"you've been around organizations, and you hear it all the time, it becomes part of who you are."* Cooley's looking glass self shows how our own self-awareness is

connected to the way others see us (1902). With the dominant status of "wounded warrior", wounded veterans are constantly reflected back that their value in society is attached the outcome of their unique veteran status. To maintain a positive standing among their peers wounded veterans must resist defining themselves as "wounded warriors" by remaining humble, an uphill battle for many visibly wounded veterans (see Chapter 9).

As much as visibly injured veterans benefit from the highly valued status of "wounded warrior" to avoid the stigma of disability, they also become defined by it. "Wounded warrior" becomes a dominant status for wounded Iraq and Afghanistan veterans, coming to the forefront of their public interactions. Veterans like Juan, Michael, and Andrew express feeling trapped by their "wounded warrior" status, often venting their frustrations about the well-intentioned strangers who come up to them. However, it is their "wounded warrior" status that allows them to escape being seen as disabled. Just as Kleykamp and Hipes (2015) described the symbiotic relationship of veterans being seen as a deserving group because of their portrayal as victims, wounded veterans cannot evade the stigma of disability without the attachment of their status as "wounded warriors." The parade of images of "wounded warriors" as visibly injured veterans places a great deal of attention on the smallest group of wounded veterans, pinning them into this newly formed social role. While visibly injured veterans find it hard to escape the identification of "wounded warrior", those with invisible injuries face a very different reality. The majority of invisibly wounded veterans choose to go unnoticed in day-to-day life, escaping both their stigmatized statuses and their veteran status.

Invisibly Injured Veterans: The Stigma of the Unseen

Invisible injuries, disabilities, and conditions are also stigmatized in society although the experience of these stigmas is slightly different given it is a discoverable status. Common invisible injuries from military service include PTSD, TBI, chronic pain, hearing loss, vision problems, spinal damage, cancer, and more (IOM Report 2010). While most invisible injuries for military veterans are not related to mental illness, it is difficult to find a body of research on the stigma of other invisible injuries that has as much depth as the literature on mental illness. Therefore, I use the conceptual frameworks and knowledge on mental illness to outline the particular social conditions invisibly wounded veterans face in living with their unseen injuries.

What is unique about mental illness or other invisible health issues is that this status can be kept hidden from others but it still carries a strong "social devaluation" like other stigmatized identities (Quinn and Chaudoir 2009: 635). Individuals with mental illness (may) have the ability to choose when they reveal their stigmatized status, therefore every new situation presents a quandary about disclosure. This can lead to anticipated stigma—a form of stigma that preempts the actual experience of discrimination or other negative consequences of stigma (Frable et al. 1998; Chaudoir 2009). Thus, the fear of being stigmatized can become a self-induced form of stigma (Shih 2004). The knowledge, that others may judge or discriminate against them, becomes an expectation of rejection impacting an individual's sense of themselves and their value in society (Link et al. 1989). Another contributing factor in the stigma of mental health problems is the perception of control discussed earlier in the chapter. Stereotypes of mental illness are often conflated with individual character flaws, such as

weakness or lack of self-control, amplifying the detrimental impact on the self for those who are labeled (Link et al. 1989). The invisibility of mental illness and other injuries creates a questioning of the severity and legitimacy of the injury that doesn't occur with physical, visible injuries. While the impact of other stigmas is shown to vary by other statuses such as race, class, or gender—the stigma of mental illness has a consistently negative effect regardless of other sociodemographic statuses (Quinn and Chaudoir 2009).

Just as veterans with physical disabilities shirk the stigma of disability by reframing their injuries around their military status, veterans with invisible injuries also work to defy traditional labels; especially veterans with PTSD who want to set themselves apart from the label of having a mental health *problem* or *disorder*. Ethan, a Marine Corps veteran with TBI and PTSD, is adamant that he has a different form of PTSD than other civilians. He describes,

> *"I mean I don't know if there is one word, just like I don't like PTSD because PTSD the way the doctors have grouped it, they group PTSD in there with rape victims and people that got a big scare in a car crash and other stuff like that. And not that, I'm not diminishing those things, but I don't think they are on the same level at all. I'm not a rape victim, I'm not somebody that was a bitch and got scared the rest of their life from a car accident. And the events that happened to me and my life were I'm taking other people's lives and I see friends and just atrocious things happen to your friends and you live through it, and I think that's a totally different…I mean I don't really call it PTSD because I'm not, I'm not a rape victim. I'm not…if they're going to include all that together I don't have PTSD…I'm not permanently scared of something, I'm not permanently depressed, I'm not permanently whatever because of being a victim of something."*

Ethan uses the origin of his PTSD—his combat experiences and his voluntary military service—to justify his own psychological separation from the broad label of PTSD. Ethan's desire for a separation of his experiences from the normal PTSD diagnosis is mirrored by a larger debate about 'dropping the d' for military and veterans. Post-

traumatic stress, PTS, or Post-traumatic injury, PTI, is argued to be less stigmatizing and more accurately reflective of veterans' *normal* reaction to the trauma of war (Smith and Whooley 2015). The PTSD diagnosis originated in 1980 in DSM-III after Vietnam veterans fought for the medical recognition of their mental health problems (Scott 1992; Smith and Whooley 2015). Today, veterans want to disentangle themselves from the expanded classification of PTSD, reclaiming a distinct form of trauma stress.

Ray provides another example of how veterans resist the stigma of mental illness or invisible disabilities through their own conceptualization of their wounds. Ray was an Army veteran and later a contractor who worked in combat zones. He relayed a conversation he had with a Vietnam Special Forces veteran about PTSD that changed his perspective on his invisible injuries:

> *Vietnam Veteran: "He said you've got a choice. You could have PTSD and that can be your disability, or you can have PTSE."*
> *Ray: "I'm like what the hell is E?"*
> *Vietnam Veteran: "He was like its Post Traumatic Stress Enhancement."*
> *Ray: "I was like, what?"*
> *Vietnam veteran: "He was like how many other motherfuckers that stared the devil in the God damned face and said not today?"*
> *Ray: "I stopped and looked at him and it really is. The glass is half full or the glass is half empty. I mean it really depends on how you look at it."*

Both Ray and this Vietnam veteran choose to define themselves by their military service, particularly the honor of their service, instead of their resulting medical condition. They use the origin of their PTSD to deflect the stigma that comes with having a mental health problem. Throughout my interviews I noticed that several veterans would openly discuss their PTSD or PTSD symptoms during the audio-recorded portion of the interview, but they did not write down PTSD on the paperwork asking them to list their "injuries,

disabilities, or conditions."[6] This may be another way in which veterans cognitively separate themselves from *"having"* this condition—they understand their experience of it, but they don't identify with the label. Similar to how veterans with visible, physical wounds resist thinking of themselves as disabled, invisibly injured veterans also use their veteran status to distance themselves from these labels.

Even though veterans distance themselves from the stigma of their invisible injuries, they are acutely aware of the public stigma, especially for conditions like PTSD. Not all invisibly injured veterans have PTSD, but veterans with invisible injuries may be assumed to have PTSD or may present symptoms (from TBI) that mimic PTSD. Veterans themselves express feeling the weight of PTSD stigma even if they don't have it because of its close association with combat experience. My findings of the news media portrayal of PTSD confirm its patterned association with more negative life outcomes, such as homelessness and substance abuse, than the portrayal of TBI or amputee veterans (Chapter 4). Wounded veterans recognize the pervasive stigma of PTSD in society, especially because it is often used to construct veterans as dangerous or violent. Antonio, a Navy veteran with PTSD and TBI, places some blame on the media's sensationalism. He says, "*the invisible injuries on TV…[it's] because someone did something and then blame that on PTSD. You don't have a one legged guy rob a bank, [and then say it's] because he's an amputee. But if you have PTSD, you're a danger to society, you're a ticking time bomb. You're a domestic terrorist."* Luis, an amputee who does not have PTSD, brought up this same idea that veterans are classified as terrorists at home by local

[6] I did not ask veterans directly about this issue in our interviews. I realized this pattern in hindsight after completing the majority of my interviews. There are always valuable lessons to be learned in qualitative research, and one thing I learned from this instance is to watch for the unexpected and always ask about it.

police forces readying themselves to handle returning veterans. Dangerousness and violence is often linked to the stigma of mental illness more broadly, but for veterans their military service serves to exacerbate the perceived threat (Link et al. 1999). Veterans have had extensive training in the accomplishment of violence, and for combat veterans, they have actually experienced combat engagement. Rather than finding stigma relief from their veteran status, invisibly wounded veterans feel even more targeted by the perception that veterans with PTSD are dangerous.

Andrew pointed to the controversy that surrounded the Aspire center, a new residential VA treatment facility in San Diego for Iraq and Afghanistan veterans, which was completed in 2014. During the proposal and approval phase in 2012, a nearby school and other community members protested the idea because they were concerned about children's safety. The VA and local residents reached an agreement based on several conditions, including that the VA center had to add additional window tinting so children won't be able to see inside (Steele 2014). In a community that is home to many military and veterans, the fear surrounding veterans was surprising to many. Andrew attended the community hearings and said this is an explicit example of how veteran's PTSD is still stigmatized in society. The stigma of PTSD for veterans is not only the typical stigma of having mental illness, it is also intensified by their experiences in war. Veterans are feared because of their mental illness and their military service.

The stigma of PTSD not only comes from external sources, like members of the public or the media, but it also comes from within the community of wounded veterans. Susan, a Marine Corps veteran, who is very open about her own struggle with PTS, says she has felt judged by some of her veteran friends:

> *"Some of my friends who know me… 'That's so good for you, Susan, but I think I'm okay.' That's the weird stigma. Why would you – why do you care? You're retired now. You've had ten jobs because nothing's exciting for you. Okay, going after excitement, that's post-traumatic stress, trying to recreate excitement. I mean that's a classic symptom. Everybody knows that. And I'm like, okay. So I think [that's] the stigma now that we kind of own and maintain and take on ourselves."*

Several veterans talked about the passing judgments from other veterans Susan describes. Veterans can accept the diagnosis for others, but they cannot bring themselves to consider that they may be having issues too. Aaron not only has PTSD but also runs a PTSD support group through his work with a non-profit organization. He says the anticipated stigma of PTSD is a barrier to acknowledgement for many veterans:

> *"I think a lot of people struggle with identifying themselves with it and being so blatantly open that they try to suppress and hide the issue…I think the reason they're not [willing to talk] is because they either are trying to get a job, they don't want their guns to be taken away. There's a lot of things that come along with it that you feel like there's a great burden on you if you have it."*

Juan V. said the fear of the label holds people back from admitting they may be struggling, he said *"I think guys just don't want to be labeled crazy. They're scared of not being employable."* Veterans also face stigma from inside of the military/veteran community—a fear that they will be accused of faking their injuries of attention or benefits (see more in Chapter 8). The widespread perception that veterans commonly fake PTSD and other invisible injuries to become a "wounded warrior" creates another form of public stigma invisibly injured veterans must face.

Unlike visibly injured veterans who can evade the stigma of their physical disabilities, invisibly injured veterans have to confront the stigma of PTSD. Where the "wounded warrior" status of visibly injured veterans alleviates the stigma of disability, the veteran status of invisibly injured veterans makes it worse. The fear of what the

combat veteran has seen or done and the 'unseen' injuries create a stigma that veterans with PTSD are especially dangerous or violent.

Veterans with invisible injuries, especially PTSD, experience or anticipate stigma coming from civilians, the media, doctors and medical providers, veteran friends, and other wounded veterans. This can prevent wounded veterans from seeking help or even recognizing the negative impact of their combat experiences on their health and wellbeing. Instead of relying on their veteran status as "wounded warriors" invisibly injured veterans escape both identities as their strategy to avoid stigma.

Hiding in Plain Sight: Escaping the Status of "Wounded Warrior"

Invisibly injured veterans have a very different relationship with the identification of "wounded warrior" than their visibly injured peers. For wounded veterans with visible injuries "wounded warrior" is a dominant status that consumes all other identities and becomes a major part of how others see them. Invisibly injured veterans on the other hand, escape or hide their status as a "wounded warrior" as a way to avoid stigmatization. Because their veteran status doesn't eliminate the stigma or anticipated stigma of invisible injuries, veterans opt to circumvent both identities. Invisibly injured veterans disseminate their "wounded warrior" status on a 'need-to-know' basis with most veterans deciding that very few people are worthy of knowing. Even still, when invisibly injured veterans do reveal their "wounded warrior" status or their injuries to strangers, doctors, or others they are often met with doubt or disbelief that they are really 'wounded.'

Invisibly injured veterans rarely disclose their status as "wounded warriors", preferring to avoid the whole subject all together; a rare, but distinguished, perk of having

injuries that cannot be seen. Once Ethan's facial scarring was improved from laser therapy he said he would never bring up his veteran status voluntarily. I asked him how he typically indicates that he was injured to others, he said *"I don't. I just don't talk about it to them. It's none of their business. I'm not going to paint a big bulls-eye on my shirt and say 'look at me, I'm injured, woe is me, give me a fucking free drink at the bar' NO…I'm not hunting for recognition. I don't let people know unless they start digging."* Ethan's perspective is unique because he lived with a visible injury that became invisible. Jason, a Marine Corps veteran with PTSD, says that he doesn't volunteer information about his military service because he doesn't want it to define him. He said "*I don't really go out of my way to tell people that I served. If I'm asked, I tell people that I did, but I don't go out seeking military discounts for things like that…it's not a priority for me to tell people. I define who I am and if they see me as who I am, then that's who I am. Telling them I served in the military is just something I did."* Both Ethan and Jason pivot their responses around the idea of humility (not wanting anything from their veteran status) to deflect any association with PTSD fakers who want to be a "wounded warrior" for the attention (Chapter 9). Invisibly injured veterans react to potentially being stigmatized by avoiding the issue all together. They decided to blend in with everyone else, concealing their veteran status until it becomes unavoidable.

Wounded veterans use backstage preparation work to ensure that their injuries won't come to light in their everyday interactions, especially with strangers or acquaintances. In the *Presentation of Self in Everyday Life,* Goffman uses theatrical metaphors to dissect human behaviors and interactions. The back stage is behind the scenes of public life, a space where individuals feel alone and free of an audience (1959).

Wounded veterans with invisible injuries use the backstage to prepare their image for the front stage, hoping to remain invisible as a "wounded warrior." Ethan says that he knows himself well enough to know how to minimize the impact of his injuries in his interactions with others, *"I don't put myself into situations that would make it obvious that I'm having issues, so I've just learned to…I guess position myself in a way that I can get out of the situation when needed without it being obvious."* Susan describes it as a 'switch'—it's on when she was at work and off when she's at home. At the height of her struggle with PTS she was isolated herself from family and friends but excelled in her professional life, earning an advanced degree and getting promoted at work; she said no one knew how much she was struggling. Invisibly injured veterans work in the back stage to ensure that their front stage performance of 'looking normal' runs smoothly to avoid stigmatization. This also helps them to enact their empowerment stance as a "wounded warrior" by showing their independence, not letting their injuries come to the forefront (see Chapter 9).

Are You Really Hurt? Invisible Wounds and Being Questioned as a "Wounded Warrior"

When invisibly injured veterans do disclose their veteran or "wounded warrior" status they find these interactions awkward, uncomfortable, or frustrating. People usually react with surprise or disbelief because they were completely unaware and caught off guard, requiring the veteran to emotionally manage the interaction. Brian, a Marine Corps veteran with invisible injuries, says that people are *"shocked"* when he tells them about his injuries. He adds, *"they can't believe that I'm standing straight, or walking, or even functioning. They always ask, 'are you doing okay now?' or 'how are you doing now?'*

and I hate that. And then like, they'll touch my arm or my hand… A lot of them are shocked when I tell them I enjoyed it. And I was addicted to it. And I had to overcome that because I used to be real ashamed that I enjoyed combat, enjoyed war." The contrast between Brian's feelings about his injuries and military service and the public's reaction to it made him second-guess himself, another reason veterans may want to avoid these interactions. Veterans can feel isolated from a civilian society that isn't connected to the wars in Iraq and Afghanistan since less than one percent of the population currently serves in the military (Pew 2011). Ray describes the dilemma of disclosing his "wounded warrior" status upfront versus keeping it hidden:

> *"…when you don't show people or you don't let them know about the non-visible injuries, it's a double-edged sword. If you and I first meet, 'oh, hey, my name is Ray, by the way…I have PTS and TBI s if you ask me something, I might take a minute to answer' And so cool, who's this creepy guy? This guy is a little creepy. And the other side is if you don't say anything, you can only hide it for so long before people kind of start catching on. You know, it's like hey dude, are you okay man? Everyone thinks I'm all fucking weird now."*

Handling how and when to reveal their "wounded warrior" status is something that invisibly injured veterans constantly assess. And as Ray points out, the answer isn't always easy. Revealing too soon or not quickly enough can compromise your identity.

Invisibly wounded veterans also experience questions or skepticism about their injuries from doctors and medical providers when they seek help. Veterans face stigma even from within their own community, from the very providers who are tasked to help them. Antonio, like many other invisibly injured veterans, says he is used to being questioned. When he was seeing doctors for his various medical conditions, he would have his defenses up, *"I mean even when I went to [this clinic on base] for help. First doctor I saw didn't even wanna – 'It can't be that bad.' Second doctor I saw was like,*

'Maybe you caused your own symptoms with alcohol. Maybe you need to go to SARP.' It's like providers don't even care. VA doesn't care." Annette also experienced this, visibly angered when she described not being taken seriously about her PTSD. She says,

> *"It's like…what do I need to do? What do I need to do to get some help? For you just to treat me like a person, like I have some issues. I mean it's not like I'm making this stuff up—I've got all the medical records, I've got all of the proof that I deployed and where I was at. I've got sworn statements on all of the big things that happened to us. I've got buddy statements. I've got statements from the first sergeants, the commanders…I mean not just little Joe-private, people that were in charge of our unit while we were over there, and I still have to fight for things? I mean…it makes no sense. It makes no sense for somebody to think that…oh okay, well…it's not that bad. Because I'm pretty sure if they [the doctors] wanted to go see their doctor—that they would expect somebody to see them. Not have to fight to see them. And not have to threatened to kill themselves or do something extreme to actually sit and talk to somebody and figure stuff out."*

The routine questioning and doubt about the legitimacy and significance of veterans' invisible injuries further reinforce their desire to hide their status until it remains absolutely necessary to reveal it. Even visibly injured veterans can see the difficulty this suspicion breeds for their invisibly injured friends and fellow servicemembers. Michael says that veterans like him, who have very visible injuries, are given the benefit of the doubt when it comes to emotional trauma:

> *"…people just automatically assume that [my injuries] would be traumatic so it's not even a question…if I walked into the room and I was like, 'Oh, yeah, I got PTSD,' they're like, 'Obviously.' But if I'm sitting next to a guy that's just claiming PTSD and he looks normal, they're like, 'Nah.' So that's what makes me feel – I feel kinda bad for those kind of people. You know what I'm saying? Good and bad. Once they fix themselves – I mean it's possible if you take the time to do it, but that's a huge demon to conquer. It's hard. I would much rather have PTSD than be injured, from that perspective. I'd much rather have a bad memory than this [points to scars]. But from the recovery standpoint, if it did happen, I would rather be injured, and be generally accepted, than have to fucking confront that."*

Invisibly injured veterans deal with a completely different landscape than their visibly injured counterparts, their "wounded warrior" status is not rewarded—it is questioned.

The lack of recognition for invisibly injured veterans may cause them to seek out or desire a visible wound, something that would give them concrete proof of being wounded. Nathan, an invisibly injured veteran, says he's been told that his TBI and PTSD are *"hokum and bullshit"*, and at the time of our interview he had a neck brace on from a recent surgery. Nathan is a veteran who has had to spend years advocating for his own medical needs, including his TBI sustained during an incident where he was awarded a Purple Heart. During the interview him and his wife commented how nice it was to have a visible sign of injury:

> *Nathan: "Yeah, but the hardest part of this whole thing has been the validation of what – [points to neck brace] this actually causes validation. They can see this, and I kind of don't want to take it off."*
> *Nathan's wife: "I kind of don't want you to take it off either."*
> *Nathan: "I hate it. I hate it. I really want it off, but on the other hand I kind of don't want to take it off."*
> *Nathan's wife: "Well, the good thing is that underneath [the neck brace] he's got a scar. So at least he's got a scar (said with relief). Isn't that funny. (laughs)"*

Even a small victory, like Nathan wearing a temporary neck brace, brings him feelings of validation he's never received with his other injuries. The conditional acceptance of invisibly injured veterans makes veterans feel as Jason describes it, *invisible*. As much as veterans enjoy being able to hide and avoid their "wounded warrior" status, it makes it difficult when they don't receive recognition when they really need it. Jason is a Marine Corps veteran who has struggled, until recently, with being open about his PTSD. When his PTSD symptoms began while he was deployed, others in his unit assaulted him, further traumatizing him. When I asked Jason if he ever compared himself or his recovery to other wounded veterans, he replied:

> *"[It's a] very weird feeling because when you see veterans who are – they've got those prosthetics and they're running in a race, you can see not only their absolute strength, courage, will, determination, ability to overcome that injury, but there is*

> *a visible attribution to everything that they've done and everything that they continue to do to be as strong as they possibly can. It feels like when you're a veteran that has an invisible injury, you're just as invisible as the injury itself. That is, I think the dangerous part about having invisible wounds. There's just – you worry about people judging you and wondering whether or not you're even credible. Whether or not the story you tell is even credible because anybody can say they have PTSD, anybody. It doesn't mean it's true. So yeah, there are times when you think about it and you go I kind of wish I had come back with a visible injury so that people would actually see it. It's weird because would I really want to go through an amputation, hell no. Would I really want to go through that sort of experience? No. I mean I know people that lost limbs. It's not something that I would ever wish upon myself, but at the same time, I kind of wish that I had that injury if that makes sense."*

Jason knows that with any injury comes suffering and pain, yet he yearns for a basic acknowledgement of his wounds free from stigma and judgments. Connor, an Army veteran who experiences chronic pain and other significant health issues, says that he sees his friends trying to make their invisible pain visible. He described, *"…the whole invisible wound thing is kinda like pushed to the side…it's the ugly truth type thing that people don't wanna talk about. 'You look fine', you know what I mean? And you're like 'dude, really?' So it's stuff like that. And I think a lot of my buddies that struggle really hard with PTSD, they made visible signs by trying to kill themselves."* The path through recovery for invisibly injured veterans is very different—while they choose (and often enjoy) keeping their "wounded warrior" status a secret, they also struggle with getting others to recognize the legitimacy and validity of their wounds when they are open and forthcoming.

Many of the invisibly injured veterans I interviewed were connected to the local "wounded warrior" community. They participated in non-profit organizations even though it forces them to disclose their invisible injuries; they found that the benefits

outweighed the risk.[7] However some invisibly wounded veterans in my sample dealt with the stigma of their injuries differently. They chose to completely separate themselves from the "wounded warrior" community altogether. Samuel, an Army veteran with PTSD and back issues, purposefully built his civilian life to be devoid of most military connections. He doesn't talk about his military service, his deployments or his PTSD to anyone, not even other veterans. He moved to an apartment in the city so that he could blend in with the crowd and help himself get over his PTSD. Crowded uncontrolled areas triggered his PTSD so he decided to move to a place where he couldn't avoid busy areas anymore. Annette hasn't participated in any "wounded warrior" programs or events, despite her friends trying to include her, because she is exhausted from having to prove her "wounded warrior" status over and over again. Nathan and his wife tried for years to get him into the Wounded Warrior Battalion unsuccessfully. They've given up on the support system for many reasons, but the fight for recognition was a major factor in their retreat. The stigma of PTSD and the pressure for invisibly injured veterans to prove their injuries drives veterans away from resources and connections intended to help them.

Invisibly injured veterans face the stigma of mental illness and other unseen wounds in their experience of being a "wounded warrior." Unlike visibly injured veterans, the veteran status of the invisibly injured does not alleviate or trump their stigmatization. The fear of war and combat experience exacerbates the public stigma of PTSD and "wounded warriors" with invisible injuries. The external stigma from the general public and internal concerns about PTSD fakers causes invisibly injured veterans to keep their veteran status and their wounds hidden from others. When veterans do reach

[7] This was certainly influenced by my recruitment strategy to connect with 'gatekeepers' and volunteer in the community

out or disclose their status they are met with questioning and disbelief from strangers, doctors, and other veterans. Veterans who have PTSD, TBI, or other internal physical injuries work at concealing their injuries so they can avoid awkward or uncomfortable conversations about their military service or their injuries. Some veterans take great lengths to distance themselves from the "wounded warrior" community because they feel the benefits of support are not worth the vulnerability of being stigmatized. While invisibly injured veterans like being able to escape from their "wounded warrior" status—it isn't always front and center—they also then struggle with having their injuries recognized and taken seriously.

Conclusion

Wounded Iraq and Afghanistan veterans are known as "wounded warriors" yet this singular category masks distinct differences between the experiences of visibly and invisibly injured veterans. The relationship between stigmatizing wounds and veteran status is dependent the condition of visibility: visibly injured veterans experience "wounded warrior" as an esteemed and rewarded status allowing them to resist stigma, while invisibly injured veterans perceive their veteran status magnifies the stigma of their invisible injuries. Both visibly and invisibly injured veterans find themselves simultaneously constrained and liberated by the intersection of their veteran and visibility statuses in different ways. Visibly injured veterans benefit from their recognition as "wounded warriors" in repelling stigma, but their veteran status becomes the dominant status in public interactions, making it hard for them to escape being seen as a "wounded warrior" even when they attempt to downplay their injuries to others. Invisibly injured

veterans have the complete opposite experience, they escape stigma by hiding their injuries and their veteran status altogether. These veterans prefer to hide their status, which allows them to continue their lives without being pigeonholed as a "wounded warrior." However, veterans with invisible injuries perceive they will be stigmatized and find it difficult to be taken seriously when they disclose their injuries by strangers, doctors, and other wounded veterans.

The interaction between stigma and veteran status at the nexus of injury visibility is significant for the study of wounded veterans, veterans, and stigma. The varied experience of "wounded warrior" creates inequality among the community of wounded veterans. The smallest group of wounded veterans, those with very visible injuries, become defacto ambassadors for all wounded veterans. Because they are easily identified in public they absorb society's gratitude and goodwill and become commodities as "wounded warriors"; a status which visibly wounded veterans both benefit from and feel trapped by. The anticipation and/or experience of stigma causes invisibly injured veterans to remain quiet, even though they truly represent the modal "wounded warrior." These veterans sometimes remove themselves from the community altogether due to the questioning and doubt about their "wounded warrior" status. They may lose valuable connections to their fellow wounded veteran peers and organizations that could aid in their recovery. This research shows how veteran status can change and affect the way other important statuses and identities operate in an individual's life. Veteran status is not a one-size-fits-all identity or status, its significance can shifts depending on the context and relationship to other factors. All the veterans in this study are combat wounded (or have experienced combat), but it is the visibly injured *who are thanked* and the invisibly

injured *who become feared*. In the upcoming chapters I discuss how the differential treatment of invisibly wounded veterans extends deep into the heart of the wounded veteran community, affecting their ability to prove their authenticity and gain acceptance among their peers.

Chapter 7

Social Closure of Distinction:

Stratification in the "Wounded Warrior" Community

"Wounded warrior" represents more than a descriptive phrase, it is a status attached to significant tangible and intangible benefits in society. Increased use of the term "wounded warrior" has coincided with a growing support infrastructure harnessing military and civilian resources designated for this new generation of war veterans. Iraq and Afghanistan wounded veterans experience financial benefits, unique opportunities, and public accolades because of their status as a "wounded warrior." This separates "wounded warriors" from other veterans who also receive benefits from their military service, contributing to a hierarchy of veteran subgroups. Who qualifies, or who 'counts', as a "wounded warrior" matters for the distribution of resources and development of this group identity. Wounded veterans not only have to learn how to navigate their individual identity as a "wounded warrior", as I covered in Chapter 6, but they also have to attend to the expectations of the broader group identity. How wounded veterans construct and maintain a collective group identity of "wounded warrior" is influenced by the social conditions connected to this status.

Wounded veterans engage in a process of social closure, restricting access to outsiders and monopolizing resources for insiders, to control benefits and reclaim the meaning of their service and sacrifice as a "wounded warrior." Wounded veterans use social and symbolic boundaries to construct expectations and norms of authenticity—determining who is most worthy of the status of "wounded warrior"—as the basis for

exclusion. Authentic "wounded warriors" must possess war-related wounds and embody the ideals of a masculine warrior to gain full social acceptance from within the community of wounded veterans. Social closure, as a process of stratification, is activated by wounded veterans because of the financial and symbolic value of the "wounded warrior" status and the perception of an active threat from 'outsiders', wounded veterans who are not considered authentic. This chapter outlines an argument for *why* wounded veterans engage in social closure; in particular, I argue that wounded veterans employ social closure for social, symbolic, and material distinction. Later chapters, chapters 8 and 9, discuss *how* wounded veterans accomplish social closure through the use of social and symbolic boundaries in the "wounded warrior" community.

Social Closure of Distinction

Social closure is a process of stratification and domination among groups, rooted in the work of Weber (1978). Groups with valuable resources or status restrict access to outsiders to monopolize resources for group members, taking advantage of their social position. Any group with economic opportunities or social status can engage in closure, including groups established by race, social class, cultural groups, or professions (Collins 1979; Weber 1978). Sociological literature on social closure has primarily focused on particular forms of socioeconomic stratification through occupations, higher education, and professional credentials (Bol and Weeden 2015; Roscigno et al. 2007; Weeden 2002). These studies examine how social groups restrict access to valuable resources, privileging their own status by defining and defending a line between us (insiders) and them (outsiders). Wounded veterans use social closure for more than material hoarding

and gatekeeping purposes, they also use it as a tool for identification and cultural inscription to subjectively control the meaning of their own status as "wounded warriors."

In their article titled *"What is missing? Cultural processes and casual pathways to inequality"* Lamont et al. (2014) argue for developing a deeper understanding of how cultural processes contribute to social inequality. Cultural processes address "the distribution of both material and non-material resources *as well as* recognition", defining recognition as "acknowledgement, validation, legitimacy, value, worth, dignity" (584). With this perspective, social inequality is not just achieved through measures of quantifiable gain but also through contests of meaning between and within groups. Iraq and Afghanistan wounded veterans use social and symbolic boundaries, constructing what it means to be an authentic "wounded warrior", to achieve social closure and monopolize material resources, symbolic meaning, and social recognition. Wounded veterans enact expectations and community norms to accomplish a *social closure of distinction*, reclaiming the meaning of their service and sacrifice as the authentic/most worthy "wounded warriors."

Wounded veterans are a product of the military institution, therefore their identification and status as a "wounded warrior" is bound within social and material conditions of the military. In this chapter I outline three conditions that motivate social closure of distinction for post-9/11 wounded veterans: (1) material resources, (2) symbolic resources, and (3) threat of outsiders. First, veterans who are considered "wounded warriors" receive access to greater financial and material benefits than other veterans because of their unique status. These benefits come from official sources, like

the Department of Defense and the Department of Veterans Affairs, but also from community resources, non-profit organizations, and individual encounters with patriotic strangers. The second reason wounded veterans engage in social closure is to protect the integrity of their esteemed status as "warriors" and combat veterans. Though most veterans do not like the label "wounded warrior", they feel a moral obligation to protect and uphold the sacred symbol of 'warrior' included in the name. Lastly, wounded veterans perceive an active threat from outsiders vying for the status and benefits of being a "wounded warrior", necessitating internal mechanisms to determine authenticity. Combat injured wounded veterans perceive non-combat injured veterans or veterans believed to be faking their PTSD as outsiders within, veterans who may be considered as a "wounded warrior", but undeservingly so. Perceiving their own status, credibility, and resources as a "wounded warrior" under threat, wounded veterans are motivated to accomplish social closure for distinction to protect and defend their authenticity as combat wounded "wounded warriors."

Material Resources for "Wounded Warriors": Financial Compensation and Other Benefits

Wounded veterans are entitled to certain benefits and compensation as part of their military service, their status as a veteran, and based on their injuries or disabilities. America has always been a nation that compensates its war wounded, but amounts and sources vary over time (McVeigh and Cooper 2013; VA History; Van Ells 2001). Beyond DoD and VA entitlements, wounded veterans may receive additional financial benefits and resources from civilian organizations or members of the general public. Wounded veterans themselves are acutely aware of their elevated status as "wounded warriors",

recognizing they are afforded more financial and material benefits than other veterans. Material resources induce competition and boundary work for group members to monopolize the value of their status through social closure (Weber 1978). Tilly refers to this process as "opportunity hoarding", when categorically defined groups take advantage of material resources by limiting outsider access while justifying insider privilege (Tilly 1998; Tilly 2003). Wounded veterans receive legislated benefits and public attention, exposing them as a highly compensated group, triggering the need for internal protection of their status.

When a servicemember experiences a severe injury on active-duty, they receive benefits from the Department of Defense whether they stay on active-duty or leave the military. All active-duty servicemembers are automatically enrolled in the Service Members' Group Life Insurance (SGLI) plan which also provides traumatic injury protection (TSGLI). Depending on the severity of injury, servicemembers may receive a tax-free, lump sum payment ranging from $25,000 to $100,000 to relieve some of the financial burdens of recovering from a severe injury. TSGLI covers physical injuries, such as the loss of limbs, eyesight, or reproductive organs. Hospital stays over 15 days are covered for Traumatic Brain Injuries (TBI). Veterans who qualified for TGSLI in my sample likely received the maximum payment of $100,000 given the severity of their injuries. During their recovery and rehabilitation active-duty servicemembers still receive their full pay and benefits based on their rank, years of service, and geographic location (Office of Warrior Care Policy 2017).

During recovery servicemembers are evaluated under the Integrated Disability Evaluation System (IDES) to determine their fitness to remain on duty. If

servicemembers are unable to remain on active duty or wish to leave the military they will be medically separated, medically retired, or retired due to their length of service (over 20 years). Each of these statuses is entitled to additional benefits from DoD due to their injuries, compensation is based on time in service, rank, and disability rating. When wounded servicemembers are medically separated from the military they are entitled to severance pay. For combat-injured servicemembers, severance pay is tax-free and can more than the compensation for non-combat injuries depending on rank and length of service. When servicemembers are medically retired from the military they are retired as permanently disabled, when their condition is unlikely to change, or placed on the temporary disability retirement list (TDRL) where their disability rating is periodically revaluated for up to 5 years post-service. Veterans who are medically retired from the military may DoD disability retired pay as well as VA disability compensation depending on the classification and particular stipulations for each type of pay (Office of Warrior Care Policy 2017).

Both DoD and VA offer disability benefits, but DoD's disability rating is based solely on medical conditions that make a servicemember unfit for duty. The VA disability rating is a reflection of all service-connected disabilities a servicemember may have incurred during their time in service. The VA disability benefits are tax-free and reflect the lost wage earning capacity of an individual on a scale of 0 to 100 percent, with 0 percent is still considered a disabled condition. A veteran's VA disability benefit can be increased if they have dependents (spouse or children), a disabled spouse, or if they have very severe disabilities or the loss of one or more limbs. Monthly benefits payments range from $133 to $3,458 not including additional special compensation. Veterans' DoD

and VA disability benefits cannot overlap, therefore their DoD disability retirement pay may be reduced, withheld or waived by the amount of VA disability pay they receive. The Concurrent Retirement and Disability Pay (CRDP) and Combat-Related Special Compensation (CRSC) are two entitlements for eligible servicemembers to help make up for reduced compensation. The VA disability rating also determines what priority group a veteran will be in when receiving healthcare in the VA system. The VA provides additional types of support including dependents' educational assistance program, clothing allowances for certain types of disabilities (amputees who tear clothing frequently when using their prosthetics), and grants for adaptive vehicle purchases and adaptable home modifications (Dept of Veteran Affairs 2016; Office of Warrior Care Policy 2017).

Beyond the major structured benefits and entitlements through DoD and VA, post-9/11 wounded veterans receive resources and opportunities from veteran service organizations, non-profits, and public citizens who want to support "wounded warriors." As the wars in Iraq and Afghanistan began ramping up in the mid-2000s, Americans wanted to step up and help. In addition to the existing banner organizations for military and veterans like the United Service Organization (USO) and Disabled Veterans of America, a new group of non-profits emerged exclusively for Iraq and Afghanistan wounded warriors. Charting the "sea of goodwill", Carter and Kidder (2015) show that tax-exempt veterans organizations rose by 153 percent between 1976 and 2001 (from 13,960 to 35,265 individual organizations). These external civilian-led organizations play a crucial role in filling the gap between government support and veterans' needs and provide significant material resources for "wounded warriors."

The most recognized organization serving post-9/11 wounded veterans is Wounded Warrior Project (WWP), established in 2003. In each of the last two fiscal years (2015 and 2016), WWP has received nearly $400 million dollars in revenue, including donations, business activities, and investments (WWP 2016). In 2016, WWP invested $213 million in programs for wounded warriors, their families and their caregivers. WWP is an example of an organization designed to help only post-9/11 servicemembers, they only serve veterans and servicemembers who were injured "co-incident" to their military service on or after September 11th, 2001 (WWP 2017). WWP offers their "alumni" (term for members) programs and services like mental health retreats, VA benefits counseling, employment programs, and physical fitness challenges like their program Solider Ride. All programs and services provided by WWP are free to alumni and their families.

WWP is one example of an organization providing benefits and resources to post-9/11 "wounded warriors", but there are many others. Non-profit and veteran service organizations support wounded veterans through adapted sports and sporting events, mortgage-free adaptable housing, domestic and international retreats and trips, caregiver support, service dog training programs, and scholarships and other financial assistance programs—all at no cost to the wounded veteran or their family members. Home for Troops is one organization that builds and donates adaptable homes for severely injured post-9/11 veterans. Since 2004, they have built 233 homes across the nation, with an average home construction cost of $440,000 (Homes for Troops 2017). Several veterans in my interview sample had received or were waiting for a donated adaptable home from organizations like Home for Troops. Well-established organizations, like the USO,

started special "wounded warrior" programs and services. The USO has Warrior and Family Care centers at several military hospitals and has the USO "Warrior Week" with special offerings for wounded, injured, and ill servicemembers (United Service Organization 2017). These are a few examples of the material resources available for "wounded warriors" from civilian organizations and non-profits. All of the veterans I interviewed had at least one experience with these types of organizations, many had received dozens of experiences or benefits.

Another way that "wounded warriors" benefit from their status is through the goodwill of strangers in public interactions. Wounded veterans often say strangers will pay for their coffee, lunch, or other items while out in public as a way to show their gratitude and support. Michel, a Navy veteran with burn injuries, said people have come up to him and his wife handing them cash as a gesture of appreciation. During my interview with Daniel, a very visibly injured Marine veteran, we were at a local diner where a woman picked up the check at the end of the table and paid for our lunch. She barely spoke to Daniel or I, but assumed that he was a "wounded warrior" and on her way out said "thank you for your service." Todd, an Army veteran with severe burn injuries, says that when he was first injured him and his wife could not go out to eat without someone paying for their meal. He describes, *"we got lots of gift cards to lots of eateries [while in recovery]. And we would go, I can't remember if it was Applebee's. I had, like, ten full meal gift cards. I could not get rid of them because inevitably…the waitress would come up time and time again, 'somebody paid your check', 'somebody paid your check.'"* For many wounded veterans these gestures of appreciation are nice, but can feel disempowering and uncomfortable. Daniel described, *"I'm not in this to maximize the*

benefit for me", and Michael says *"if anything, we don't need the money"* detailing the life insurance payout and benefits from the military that have kept his family's finances secure during recovery and afterwards.

Wounded veterans recognize and experience "wounded warrior" as a status in society attached to significant material resources. Luis, a young Marine Corps veteran who lost both his legs in combat, describes being wounded as one of the best things that happened to him. He says that it not only gave him a new perspective on life, but *"it opened a ton of doors, it's a huge opportunity."* He described the support system for today's wounded veterans as *"stupid-proof",* saying *"I've always told other veterans if you can't find a job or something to do while you're recovering…that's your fault, nobody else's fault but yours because we have so many resources: school, work, or fun."* Andrew, a Marine Corps veteran with TBI and PTSD, sees the societal hype of "wounded warriors" as a reaction to the terrible treatment of Vietnam veterans: *"I've had people, they're like…'oh, you deserve everything and more.' I'm like whoa, whoa—calm down! Thank you, but what we shouldn't get is shit just handed to us. And that's kind of, I mean I hate to say it, but I mean, I've seen it [happen]."* Both Luis and Andrew acknowledge that wounded veterans are overwhelmed with resources and opportunities because of their status as "wounded warriors." The sea of goodwill, as Carter and Kidder (2015) described, inundates "wounded warriors" and becomes a notable part of their post-injury experience.

Several veterans I interviewed openly discuss the challenges they face trying to balance all the attention and benefits afforded to them as "wounded warriors." Todd says most veterans are unprepared for these experiences: *"there's no class for that. There's no*

block of instructions about how, okay…get ready, you're about to join the wounded warrior battalion…you are going to feel like the world is yours." Marcus, a Marine Corps veteran who is an amputee, describes the difficulty of dealing with the attention he gets, saying *"it's been really challenging to try and stay focused because you are like a rock star when you go [to events] and see people. Tons of people come up to you and tell you 'thank you for your service' and you get lots of really cool things [like t-shirts, nice meals, hotel stays]."* For Marcus, the attention and free stuff is distracting from why he attends public events and fundraisers in the first place: to raise awareness about the issues that wounded veterans face.

As a group, "wounded warriors" find themselves an echelon above other veterans, even in comparison to other combat veterans. Wounded warriors are afforded a high level of symbolic capital, a form of social and political leverage resulting from their military service and the sacrifices they've made in combat (MacLean and Kleykamp 2014). In the hierarchy of symbolic capital for veterans, "wounded warriors" top the list—a fact wounded veterans themselves are well aware of. Marcus describes how 'regular' veterans are invisible, saying *"…if you're not ill or injured and you've just come back [from deployment], you're almost like a nobody in a sense. But if you're injured, you get help, you get grants…"* While combat veterans are a highly regarded group in society today, "wounded warriors" are the ultimate manifestation of heroes, becoming national symbols of service and sacrifice. Several veterans I interviewed described the frustration of this inequity—that as a "wounded warrior" they are given opportunities and resources while the friends who served next to them in combat, but returned unscathed, are not.

Wounded veterans know that it is because of their injury or disability that they are

granted public attention and opportunities. Todd describes the ironic contradiction that "wounded warrior" is a desirable status, *"I don't think there's a veteran out there that wishes they got externally hurt so that people would thank them for their service…but now, when there's gift cards, or medical care, or there's something tangible, or intangible, even, name on a program, or name in a newspaper article."* It can be hard for veterans to reconcile the circumstances of being wounded with the desirable status of being a "wounded warrior." Marcus says, *"being a wounded warrior, it's kinda like being put on a pedestal but a pedestal that has like a lot of sacrifice and a lot of painful memories and stuff like that."* For Jackson, a Marine Corps veteran who is a double amputee with a severe brain injury, this unequal treatment angered him. When he was first injured he experienced a rush of help and material resources from non-profit organizations, especially because his injuries were so severe. He reflected on his feelings from that time, saying *"this is just stupid. Why do we get this? What, because I got blown to shit, I deserve all this? But if I hadn't gotten hurt, I don't deserve anything, right?"* While all post-9/11 veterans have benefited from a society that honors their military service, "wounded warriors" receive a special type of recognition and support, increasing the material resources given and available to them.

Symbolic Resources: The Status and Esteem of being a "Wounded Warrior"

In addition to the military and civilian benefits post-9/11 wounded veterans receive, "wounded warrior" is a status that commands a great deal of respect in society. Veterans and servicemembers are held in high regard in American society, especially in an era of "support the troops", veterans possess an intangible value from their status

alone (MacLean and Kleykamp 2014). Support for veterans is prevalent in society, with 62 percent of the public saying the government does not do enough to support veterans returning from war (Pew 2011). The media's coverage of Iraq and Afghanistan veterans contributes by emphasizing their "deservingness" for benefits and moral support based on their military service; Kleykamp and Hipes found 68% of newspaper articles in their sample presented veterans as a deserving social group (2015). During former President Barack Obama's presidency, then First Lady Michelle Obama and Second Lady Dr. Jill Biden started Joining Forces, a public campaign to bridge the gap between civilian communities and the military and veteran population (Joining Forces 2017). Even in a polarized political environment, veterans' issues regularly garner bipartisan support from the nation's lawmakers.

One of the ways the respect and esteem for military and veterans can be observed is by how society honors and commemorates those who have served. There are two national holidays honoring the service and sacrifice of military members: Veterans Day and Memorial Day. Military, veterans, and "wounded warriors" are often honored at sporting events, concerts, and other public gatherings—another way that the American public shows its support for the troops. Veterans also receive a hiring preference for federal government jobs and there are special tax credits for businesses that hire unemployed veterans or "wounded warriors" (Vow to Hire Heroes Act 2011). Corporations like Starbucks and Wal-Mart have national campaigns publicly committing to hire veterans (Starbucks 2017; Wal-Mart 2017). Servicemembers and veterans are a group that has widespread support from civilians, government officials, and corporations, especially for post-9/11 veterans because of their volunteer service.

Veterans experience the public esteem of their veteran status in everyday interactions with total strangers. The phrase "thank you for your service" has become "an obligatory salutation", a symbolic reflex from a well meaning, but disconnected, public searching for a way to express their gratitude (Samet 2011). Every post-9/11 military member or veteran I know or have interviewed has been thanked by a total stranger, usually more than once. Wounded veterans, particularly those with very visible injuries, encounter this phrase frequently, sometimes daily. Todd, an Army veteran with very visible burn injuries on his face, says civilians who thank him for his service *"…they just all want to do the right things. And I mean, to that person they have one chance to make a difference to one person. But if it's you, they're the 100th person today to say 'thank you for your service.'" Luis, a Marine Corps veteran who is a double amputee, also experiences regular displays of public gratitude and appreciation, saying "When people say thank you for your service, thank you for what you did…it's kind of lost its shock value or something. I've heard it so much that I'm embarrassed that I can't give them…like that first time when someone said thank you for your service…I feel like I don't give them enough sincerity…I just hear it sooooo much." These small, yet repeated gestures of gratitude, shows veterans' elevated status in society—strangers go out of their way to approach them and share their appreciation.*

"Wounded warriors", in particular, occupy an even higher status position than other veterans because of their tangible sacrifices in combat. Wounded veterans are a unique sub-set of veterans, separated by the experience of their injuries and the label "wounded warrior." "Wounded warrior" is a new term that has become the defining phrase for the Iraq and Afghanistan generation of wounded veterans. Previous

generations of wounded veterans were referred to as 'disabled veterans' if their injuries persisted long-term beyond their military service (Gerber 2012; Linker 2011). The phrase "wounded warrior" was first used by WWP in 2002, later adopted by the military for each service branch's rehabilitation program. "Wounded warrior" is language meant to empower veterans recovering from severe injuries, drawing on the essence of the "warrior ethos and spirit" (US Army 2008). However, wounded veterans themselves have a unique relationship with being labeled as a "wounded warrior": some embrace it, other feel neutral about it, but most dislike the term. "Wounded warrior" uses the word warrior, a sacred symbol in the military community (Dunivin 1994). Even though many wounded veterans are opposed to the phrase "wounded warrior", they nonetheless feel a moral obligation to safeguard its use and maintain the integrity of the reference to the warrior symbol.

Despite the ubiquitous use of the phrase, most wounded veterans do not identify with being a "wounded warrior." Wounded veterans typically prefer "combat wounded" or "combat injured" because it is and specific, accurate, and doesn't abuse the warrior symbol. Claiming oneself as a 'warrior' is inconsistent with the ideals of being a warrior. Ray, an invisibly injured Army veteran who later served as a contractor overseas, says: "*I'm not a "wounded warrior." A warrior is something that everyone strives to be on their own terms…it's the pursuit of no ego. But to say that I'm a warrior…? A war fighter? Yeah, I'll take that one. I feel pretty confident in that one. Am I a warrior? No…I think the only way you can really be a warrior is about the only way you can really be a hero and that's once you're dead.*" Ray defines the warrior figure as a selfless individual, therefore calling himself a warrior in any capacity goes against the tenants of

being a real warrior. Jackson, a Marine veteran and amputee, echoes these same sentiments emphasizing why he doesn't like being called a "wounded warrior": *"I'm a wounded Marine. I'm not a warrior by any means. I'm just a guy. I'm just a Marine at the end of the job. That's – I would much rather be called a wounded Marine than a "wounded warrior" because the word warrior I feel like dates back to the Titans, the gladiators, stuff like that…Warriors are the guys that are still fighting right now. Those are warriors. We're just people."* For wounded veterans, especially those who have served in the combat arms, being called a "wounded warrior" is an affront to their reverence for true warriors. The warrior is a sacred symbol in military culture and re-packaging it in "wounded warrior" taints the original meaning of warrior.

Even though most wounded veterans do think of themselves as "wounded warriors", they understand the social necessity of the label. Julian, an Army veteran with burn injuries and a TBI, prefers to say "combat wounded" but will describe himself as a "wounded warrior", especially for civilians. He says *"…the term "wounded warrior" was originally created for the group I was in, where you come off the battlefield with injuries. Now people use it to raise money. Now people use it to just define any veteran with an issue. So for us, generally speaking as the real wounded warriors, it's annoying. Like, I don't usually say it unless I need to make a civilian population understand what I am or who I am."* Similarly, Nathan's wife, who chimed in during our interview says, *"I'll tell people my husband is a wounded warrior because the average American, they'll understand it...it's a way to express our lives in a little teeny phrase. But it's not what the average American thinks it is, unfortunately, because we're not being taken care of."* The popularity and frequent use of "wounded warrior" forces wounded veterans to maintain a

relationship with this term because it is how others view them. Wounded veterans of the post-9/11 generation are understood as "wounded warriors" despite their own disagreements with that representation.

Wounded veterans feel a moral obligation to protect and maintain the integrity of the phrase "wounded warrior", regardless of their opinions about it. For wounded veterans, their identity and the meaning of their service are at stake when they are represented as "wounded warriors." Ryan, a Marine Corps veteran, expresses hesitancy about WWP's logo and their use of the "wounded warrior." He is one of the few veterans among those interviewed who identifies positively with the label. He says, *"I think that phrase, I think it's come to mean something different. I am fully understanding of the fact that I'm wounded, and proud of the fact that I'm a warrior…I think the Wounded Warrior organization has perhaps lent the combination of those two words a bad name, or given it a bad rap."* A few minutes later during our interview someone walked by with a WWP t-shirt on prominently featuring their logo: a silhouette of a servicemember carrying a fellow (assumed to be) injured servicemember over his back. Ryan commented *"the imagery of the one soldier carrying the other on his back…its very powerful imagery. And I think to capitalize on that imagery, you better be doing something damn good with the money…because the term "wounded warrior", it's a term that I identify very powerfully with."* The phrase "wounded warrior" and the continued reliance on the symbolism of the warrior keeps veterans linguistically connected to the warrior symbol long past their military service.

The way warrior has been repurposed and repackaged in the phrase "wounded warrior" is disconcerting to many wounded veterans. For example, when an organization

Ethan worked for was considering making new t-shirts, the founder wanted to put the word 'warrior' over a silhouette of a solider. Ethan disagreed, saying: "*…you're giving these [t-shirts] out to everybody. So then when [average Joe] wears one they are going to be labeled as a warrior, but they are not really a warrior. And so…it's false labeling."* Veterans themselves feel uncomfortable with how 'warrior' was appropriated when 'wounded warrior' became the new buzzword. In this example, warrior is haphazardly used as a descriptive term without appreciation for its meaning or significance, something that frustrated Ethan and other wounded veterans.

As a broad social group, military and veterans hold an esteemed status in society, experiencing widespread respect and support from the general public. "Wounded warriors" are a special group of veterans, denoted by their new and socially relevant identifier. Wounded veterans recognize their status and feel a sense of moral obligation to protect and defend the symbol of the warrior and its representation of their service regardless of their identification with the term "wounded warrior." In addition to the tangible benefits wounded veterans receive as "wounded warriors", their intangible status and reputation is also at stake.

Outsiders Within: Perceived Threats to the "Wounded Warrior" Community

The third condition motivating social closure of distinction among post-9/11 wounded veterans is the threat of outsiders, veterans with non-combat injuries, accessing the status and benefits of being a "wounded warrior." As the support structure and popularity of the phrase "wounded warrior" grew, the scope and definition for who is considered to be a "wounded warrior" also expanded. Servicemembers with substantial

non-combat injuries qualify as "wounded warriors" in DoD programs, even though the colloquial understanding of "wounded warrior" is that of veterans wounded in combat. Combat wounded veterans perceive any other kind of wounded veteran as outsiders within, benefitting from a status they haven't earned. The perception of outsider encroachment from non-combat wounded veterans creates competition and scarcity, producing a need for authentic "wounded warriors" to distinguish themselves and restrict access to insiders.

Wounded veterans pointed to two specific groups of veterans that threaten the legitimacy of the "wounded warrior" community: non-combat injured veterans and veterans who fake or exaggerate their PTSD diagnosis. The mixed environment of combat and non-combat injured servicemembers in the military's rehabilitation programs (all under the name of "wounded warrior") creates tension and social division during the recovery process and causes a deep divide between these two groups. Another threat to the community is the widespread perception that veterans fake or exaggerate their PTSD symptoms for attention or financial benefit; an easy way to become a "wounded warrior." This was a commonly held belief among my interviewees, regardless of whether the veteran has PTSD themselves. Combat wounded veterans actively perceive outsiders within as threats to the integrity of "wounded warriors."

Non-Combat Injured Veterans

The term "wounded warrior" was originally used to describe post-9/11 veterans wounded in combat operations, but the aperture has slowly widened. The military's adoption of the phrase for each service branch's rehabilitation program allowed for

certain non-combat injured servicemembers to be considered "wounded warriors" in the DoD context. Common non-combat injuries included limb loss from car or motorcycle accidents, cancers or other significant illnesses, and physical injuries from work or training accidents. As the number of combat wounded has declined, restrictions have loosened. Today, most seriously injured active-duty members qualify for their service branch's "wounded warrior" rehabilitation program. In 2017, the military's "wounded warriors" units are filled with servicemembers who are temporarily assigned while undergoing extensive medical procedures, injured in training or work-related accidents, or those who have mental health issues like military sexual trauma (MST). The definition of "wounded warrior", in the DoD context, continues to evolve, while the popular idea of "wounded warrior" remains as combat-injured. The presence of non-combat injured servicemembers in the rehabilitation environment is the first introduction veterans have to outsiders threatening their status as authentic "wounded warriors."

The discrepancy between the cultural idea and technical definition of "wounded warrior" causes a great deal of tension and frustration for combat-injured veterans. In certain contexts, non-combat injured veterans are represented alongside combat-injured as "wounded warriors" heroes, receiving public praise, attention, and benefits. This is most commonly seen with anything related to the Department of Defense, including the "Warrior Games", an athletic competition akin to the Olympics for wounded veterans (DoD 2017). Ray, an Army veteran with invisible injuries, says *"everybody kind of just piggy backs on that [status] now. I think they wave that flag. 'Oh, I was with Wounded Warrior Battalion…"*, calling themselves a "wounded warrior." Juan, a Marine veteran and triple amputee, said the misrepresentation used to bother him when he first started in

recovery, *"the [non-combat] guys would get the same kind of programs that we [combat-injured] did as far as 'oh we're going to go to the zoo and they're going to give me a free backpack full of shit.' And you're like 'but why is that fucker here? He ain't combat. This is for combat.'"* The structural definition of "wounded warrior" allows for outsiders to be part of the community, an issue that strikes the core of combat veteran's service and sacrifice. Ian likens it to stolen valor, saying when non-combat injured veterans expect the same treatment as combat-injured veterans: *"it's the same thing as civilians putting the uniform on and 'oh, I've been to war', it's stolen valor."*

While some non-combat injured veterans are 'cool' and know their place among the combat-injured, other veterans exaggerate or claim they are combat-wounded even though they are not. The false claims for authentic "wounded warrior" status is particularly aggravating for combat veterans who earned their title, regardless of whether they like the language of "wounded warrior." Referring to his experience with these types of veterans, Ray explains why the exaggerations are such an insult:

> *"When you tell me that you were in the shit with my boys, you got shot down in a helo…you were fighting for your life, you're doing more than just bragging about an incident that didn't happen. You are taking credit for a comradery of brothers that can only be sealed in those particular moments…you're pouring salt in every wound that was sustained during the event you're talking about. And only those of us who have been through that hell, in those moments, have the right to take credit for it. And so, I don't like the term 'wounded warriors' because of that."*

Ray's statement shows the deep divide between combat injured veterans and non-combat injured veterans can run, especially with those who falsely claim a "wounded warrior" status. Aaron, a Navy veteran who runs a non-profit that supports Iraq and Afghanistan combat veterans in his local community, says that he has counseled many non-combat veterans for reaching too far with their "wounded warrior" status. He said, *"I've had a*

number of occasions where I've had to pull somebody aside and tell them, 'I know your record. I know why you're here at Wounded Warrior Battalion. Don't go out here and claim that you're a combat-wounded vet when you're not…'" With the permutation of the label "wounded warrior", non-combat injured veterans are present and part of the community but are seen as threatening outsiders to the integrity of combat-injured veterans.

PTSD Fakers

Another perceived 'threat' to the wounded veteran community is veterans faking or exaggerating their PTSD symptoms for financial benefits or public attention. This topic came up in almost every interview, regardless of whether the veteran had PTSD. While the combat/non-combat distinction affected wounded veterans who were part of the military's recovery programs, the idea of veterans "faking PTSD" could come from any veteran. Ian, a Marine Corps veteran who is a single-leg amputee, says *"my personal view is that you got some malingerers that they use that whole PTSD thing as an excuse as a way to get income. Just like welfare, you know? There's people that could work that don't want to, same thing with PTSD, there is dudes that don't have PTSD but they want to claim it just because it's a higher rating."* With PTSD being an established and recognized disability for the post-9/11 generation, veterans believe that it is an easy way claim status as a "wounded warrior."

The invisible nature of the injury lends to the belief that it can be easily faked; if veterans can verbally relay the symptoms to doctors or medical providers, they could get a diagnosis. Carter says that the complicated nature of PTSD makes it easier for veterans

to fake it, *"PTSD is not like one diagnosis, it branches out into different ways, it affects the brain differently...I think for some people that's where it works in their advantage to where they kind of fake it with 'oh, I have PTSD, blah, blah, blah.'"* Dylan believes that veterans who fake it make it harder on those who really have PTSD, posing a direct threat to authentic "wounded warriors." He gave the example of symptom assessment surveys that use a 10-point scale, saying those who fake it *"manipulate the system. They're like 'I'm an 11. I'm an 11.' Well the guys that actually need it, they're not going to fully admit that. 'Yeah, I'm an eight or a nine'...or 'Oh, it's not that bad' and they're a four or a five'...and then you've got people that are like 'Oh, my drill instructor yelled at me! I have PTSD!'"* In this example, Dylan points out how easy it is for veterans to exaggerate their symptoms for medical providers, bringing attention to themselves while detracting from authentic "wounded warriors."

Beyond the integrity issue of faking a medical condition, wounded veterans feel that PTSD fakers take away benefits, resources, and dignity from those who actually have PTSD and other invisible injuries. During an interview with Nathan, a Marine Corps veteran who has TBI and PTSD, his wife chimed in and expressed her frustration with the community of post-9/11 wounded veterans, particularly those who "fake" it. She said with a sharp tone, *"...there are so many people out there who are trying to claim TBI and PTSD and you know and I both know there's nothing wrong with them. You know, they just knew what to say and who to say it to. And then there's somebody like my husband who is genuinely broken inside and he gets treated poorly because of these people that make shit up."* Veterans who are believed to be making up or exaggerating their PTSD threaten the help and services needed for veterans who really have problems. Antonio, a

Navy veteran with PTSD and TBI, says that veterans who use PTSD as excuse make everyone else look bad: *"We have so many dumbasses that have gone out and done stupid things and then blame it on PTSD, blame it on combat. When in reality, they probably weren't even there…they never saw anything but because of them now we all get stigmatized as a danger, a threat, and a nuisance."* The problem of PTSD fakers for wounded veterans goes beyond the surface level, it is seen as a legitimate threat to the health, benefits, and integrity of veterans who genuinely have PTSD: the real "wounded warriors."

Conclusion

Post-9/11 wounded veterans live as "wounded warriors", occupying a status flush with material resources and social esteem. Wounded veterans not only have greater tangible and intangible resources than other veterans or disabled civilians, they also actively perceive these resources to be under threat from other veterans encroaching on their status of "wounded warrior." Combat wounded veterans monopolize their benefits and protect the integrity of their "wounded warrior" status by enforcing social and symbolic boundaries in a process of social closure. Social closure is not exclusive to social and material inequality, as it is often represented in the sociological literature, it can also be used as a tool in cultural processes of stratification. In the case of "wounded warriors", wounded veterans grapple for benefits, status, and cultural recognition, driven by the significance of distinguishing themselves from other veterans and other "wounded warriors." Iraq and Afghanistan wounded veterans employ social closure for *distinction*

to reclaim the meaning of their service and sacrifice as the true, authentic "wounded warriors."

By constructing what it means to be an authentic "wounded warrior", wounded veterans control the conditions of their collective identity from within, relying on prominent social and material resources from the military institution. Despite veterans' important cultural and social role in American society, we know very little about how veterans negotiate their identity as a veteran, either individually or as a group. This research shows that veterans with combat wounds coalesce around a common understanding of their identity as a "wounded warrior", restricting access to outsiders in order to protect the sanctity of their own identity against loosening bureaucratic policies and other veterans. While this unites certain wounded veterans it also fractures the community through a limited understanding of what constitutes veterans as authentically 'wounded' and truly 'warriors.' In seeking distinction, wounded veterans craft their own expectations for what it means to be a "wounded warrior."

Chapter 8

Social Boundaries of "Wounded Warriors":

Who is Wounded?

Wounded veterans are expected to have wounds, or have been wounded, to be a "wounded warrior." Wounded veterans are a distinct social group, different from both their veteran peers and civilians with similar medical conditions. Their "wounded warrior" status gives them access to numerous financial benefits and opportunities, and an esteemed status, which was described in Chapter 7. In the wounded veteran community, the possession of wounds is not a dichotomous variable of 'present' or 'absent', rather wounds are understood within the context of type, severity, and origin. Wounded veterans make significant distinctions between themselves and other wounded veterans based layers of meaning they ascribe to their wounds, creating social boundaries for who can be considered an authentic "wounded warrior."

When Ethan, a Marine Corps veteran with invisible injuries, decided to move out of the barracks (communal military housing) during his recovery, he used this distinction:

> *"…I know initially in the barracks they…it was annoying that they were trying to treat everyone the same, they were being very politically correct about it. And there were people that were faking injuries and people that had stupid, faking mental disorders and whatever just to get out and get extra money or whatever they were doing it for…but they were trying to treat the guys that had fought for our country and paid whatever price they may have paid for it the same as they were treating everybody else…and that's one of the reasons why I had to move out, I just could not be around that. It made me disgruntled, I was just bothered and angry."*

Ethan's frustration stems from the fact that the people in charge of the recovery program treated everyone the same when, in his mind, these two groups are not the same kind of "wounded warrior." He draws a boundary between himself, a combat injured veteran who

has made a genuine sacrifice, and veterans faking their conditions as a means to self-indulgent end.

Social boundaries are "objectified forms of social differences manifested in unequal access to an unequal distribution of resources (material and nonmaterial) and social opportunities" (Lamont and Molnar 2002: 168). For wounded veterans, wounds become the social boundary conditioning a veteran's acceptance as a "wounded warrior." How do veterans classify wounds within the context of "wounded warrior"? What distinguishes social boundaries between authentic "wounded warriors", like Ethan, and others? Lastly, how do these social boundaries contribute to a closure of distinction among "wounded warriors"? Combat injured veterans differentiate themselves as the true, authentic "wounded warriors", positioning themselves as more worthy of the benefits of being a "wounded warrior" compared to other kinds of wounded veterans. This chapter addresses what factors contribute to the specific meaning attached to wounds, how combat injured veterans imagine the social boundaries within the "wounded warrior" community, and how these boundaries serve a broader role in a social closure process of distinction.

Competing Definitions: Bureaucratic versus Colloquial Notions of "Wounded Warrior"

Wounded veterans like Ethan experience a disjuncture between the institutional use of "wounded warrior" and the symbolic meaning of "wounded warrior." The broadest definition of "wounded warrior" is given by the institutions and organizations that treat and serve wounded veterans. Within the Department of Defense, each service branch has slightly different variations of who qualifies as a "wounded warrior", definitions which

have changed over time. These programmatic criteria are established for the purposes of medical treatment and recovery, focusing on the severity of the injury rather than the circumstances (i.e. whether or not the injury is related to military service). While these programs are essential for handling combat related injuries in a time of war, they also provide rehabilitation for any servicemember with severe injuries who cannot perform their military duties. Non-profit and veteran service organizations that serve wounded and disabled veterans also tend to have broad and varying standards for who qualifies as wounded. These organizations serve specific needs of the community and they have more flexibility to cater to a particular segment of the wounded veteran population if they choose to. While they have greater freedom to decide who they serve, many follow the DoD structure by accepting both combat and non-combat wounded veterans; this is especially true if they have built any kind of a partnership with the DoD recovery programs (see Chapter 2 for more specific definitions). The institutions and organizations that serve wounded veterans are the official sources that draw a formal, bureaucratic boundary for who can be considered a "wounded warrior" and receive benefits from that status.

This wider utilitarian definition, however, is not the same as the cultural idea of who is a "wounded warrior." The phrase originated in the early years of the Iraq and Afghanistan war, largely from Wounded Warrior Project, to describe veterans severely wounded in combat. "Wounded warrior" was used to generate awareness and mobilize public support for combat injured veterans recovering in military hospitals during a time when the nation's war involvement was controversial. The phrase eventually became bigger than its original purpose, growing in significance and scope as the wars continued.

Yet even after 16 years of war and a recent decline in combat injuries, the public narrative about "wounded warriors" continues to focus on combat injured veterans, sidestepping the bureaucratic definition that any servicemember with a severe injury can be considered a "wounded warrior" in some contexts (Chapter 2). The general public lives largely unaware of this distinction, continuing to use "wounded warrior" as a term for a celebrated war hero, but wounded veterans who live as "wounded warriors" experience the gap.

The tension between combat and non-combat injured veterans came up often in interviews, usually unprompted. When I asked Luis, a Marine Corps veteran who is a double amputee, about his relationships in recovery with other wounded veterans he quickly pointed to the strong camaraderie he felt with other combat injured veterans as opposed to the non-combat injured veterans. When I asked him about those in recovery who had non-combat injuries, he said:

> *"There was a few. Well, there was a lot of them, yeah. But I really didn't talk to them that much…it's just, we just, we don't…I don't know, we just naturally attract each other—people that went over there and then it just happened that we didn't talk to people that were never in combat. You just don't have nothin' in common with them. That's pretty much it."*

In this statement, Luis describes it as a natural social division that *"just happened"* rather than a purposeful split in the community. But he quickly goes back on that a few minutes later when he says,

> "*I mean not to say that the people that weren't combat injured weren't cool or not okay to talk to, I mean we still talked to them but it wasn't the type of friendship you had with someone that was [combat injured]. We were the guys that were making fun of them…they weren't combat injured, so what do you talk to them about? They have the same injury, they might have the same injury, they might be missing a leg or something like that but they never experience getting shot at, or experience some of that stuff so they don't know."*

He points out that the combat injured veterans would make fun of the non-combat injured, marginalizing their recovery struggles because they hadn't experienced combat. This distinction colors Luis' experience so profoundly that he doesn't see anything in common with the non-combat injured amputees.

The divide between combat and non-combat injured veterans in the rehabilitation space is consistent across different service branches, injury types, and military occupations. Antonio, a Navy Corpsman (medical provider) with invisible injuries says *"I got along great with the combat wounded veterans. Everybody else I had no respect for."* Even when there wasn't open hostility, like Luis and Antonio talked about, there was an acknowledgement of a foundational difference. Marcus, a Marine Corps veteran who is a single-leg amputee said *"we [combat-injured] have a lot of respect for people who are like us, or people who have experienced things like us. And that's just kind of the way it goes, but it doesn't mean that we can't—that we don't accept other people…it's just harder for us to get along or to relate about what we go through on a daily basis."* Brian, a Marine Corps veteran with PTSD from combat, did not necessarily entrench himself with either side, saying *"I mean, I could care less…it didn't matter, you didn't get to test yourself in combat."* However, he openly acknowledges that even though his official job in the military is not a hard-charging combat role, his experience on deployment working with a casualty evacuation team (which is also the reason for his PTSD), benefitted him in the recovery space: *"I got pulled into the grunts [slang for infantry/front-line]…I was hooked up."*

In addition to the conceptual divide, equal representation as "wounded warriors" in public-facing events intensified the animosity combat-injured veterans feel. All

wounded veterans in the military's "wounded warrior" recovery programs participate in recreational activities and attend outside events; it is a documented requirement of their structured recovery plan. These events are often built around outside non-profit and service organizations wanting to give back to "wounded warriors", with the assumption being that these are veterans wounded in the Iraq and Afghanistan wars. Juan, a Marine Corps veteran and triple amputee, described the hostile mood from combat injured veterans about these events: *"…the [non-combat] guys would get the same kind of programs that we [the combat injured] did as far as 'oh we're going to go to the zoo and they're going to give me a free backpack full of shit.' And you're like, but why is that fucker here? He ain't combat. This is for combat."* Andrew, a Marine Corps veteran with TBI and PTSD, describes a similar experience during his recovery program:

> *"…you know, we'd go to these events where people would come out. Like the Yacht Club, like in the summer, every first Friday of the month, they would put on a big thing for us, wounded warriors…really great time, really great people or whatever. This was for the wounded warriors. Well, we were sitting there and we were like okay, why is this – why is this suicide patient categorized as a wounded warrior? Okay, she thought she was going to kill herself, so now she gets to go ride around the bay and get awesome dinners?"*

Combat injured veterans feel slighted when everyone is represented as a "wounded warrior" because non-combat injured veterans benefit from the public goodwill intended for war veterans under the guise of being a real "wounded warrior."

To further reinforce the distinction between these two groups, combat injured veterans construct non-combat injured veterans as careless and responsible for their own injuries, justifying their unworthiness of the "wounded warrior" title. In this way, wounded veterans create non-combat veterans as 'others', further validating their reason for social distance and distain. Luis describes non-combat injured as *"dumbasses"* many

of whom *"caused their own injuries because they were intoxicated, or they were fucked up, or they crashed."* Carter, a Marine Corps veteran who is an amputee that also has invisible injuries, says non-combat veterans should be honest and upfront about their injuries: *"Just say you were being stupid on a motorcycle and that you were injured that way. There's no shame in it."* Yet the portrayal of these veterans being stupid or careless does imply a sense of intentional shame. Similarly Ian, a Marine Corps veteran who is an amputee thinks non-combat injured should be held accountable for their irresponsible actions, saying *"the other guys [non-combat injured] were acting like they rate everything because they were active-duty and they got injured. It's like 'slow down boss. You decided to get on that motorcycle, you know how California is, you got a bunch of crazy drivers, you were on the motorcycle, and it's on you. You are responsible for your free time."* Motorcycle injuries were the most frequently cited example for visibly injured veterans, but invisibly injured veterans were often blamed for exaggerating or playing up injuries to get out of deployment or their military service altogether. The common narrative is that not only are non-combat injured not worthy of being "wounded warriors", but that they are responsible for their own problems. This makes their representation as "wounded warriors" even more problematic and distasteful to servicemembers who feel they have made the real sacrifices in combat.

A few veterans I interviewed talked about trying to challenge this stereotype by exposing the oversimplification of veterans with non-combat injuries. Daniel is a Marine Corps veteran with severe physical injuries including burns and an amputated arm, but he feels he was only technically considered a combat injured veteran. He was injured during a helicopter crash, a training accident, but says *"[my injuries are] not a combat injury but*

I qualify for all the combat with benefits because it was condition simulating work for deployment." Because his injuries are so severe, most other wounded veterans assume he is combat injured. In an amputee support group he attended during recovery he said a frequent topic of conversation was non-combat injured guys (when they left the room):

> *"So they'll start talking about guys who are not combat wounded and bitching about them…and I'll be like, 'I'm not combat injured.' I'd tell them and they'd be like, 'Really you're not? I thought you were in Iraq,' I was like, 'Well I was in Iraq but I survived Iraq just fine.' I'll tell them my story. And then they all said, 'Oh yeah, but that counts.'…My reply to that is always, 'Okay, well so you can accept that from me, why is it you can't accept the guy – minding his own business, driving home from work one day on his bike and got rear ended by some drunk idiot, why isn't he entitled the same benefit?'"*

While this pushback may create a moment of questioning or acceptance from others, it does little to change the strength or virulence of the overall narrative that non-combat injured veterans were responsible for their injuries. Juan eventually came to see this as a false divide focused on the wrong variables: *"dude didn't go out there and say like 'oh yeah, I'm going to drive my motorcycle into a semi so I can be part of the wounded warrior games.' No, they didn't do that. Just like I didn't go out that day and say 'hey, I'm going to step on this IED. It's going to be just enough where I get a house and cars but it won't kill me.' No one does that."* Juan attributes his perspective to his age (he's 30) and his emerging perspective that there may be more than enough for everyone: *"…now I'm just like if they have the funds and the means and no one is getting left out, who cares?"* Veterans like Juan and Daniel were rare, most of their peers were entrenched in an 'us' (combat-injured) versus 'them' (non-combat injured) narrative.

The discrepancy between the bureaucratic definitions of "wounded warrior" and the colloquial understanding of this status leads combat injured veterans to engage in a process of intragroup differentiation. Intragroup differentiation refers to a social

psychological process of meaningful differences among similar/cohesive group members (Hogg 1996). Frustration over non-combat injured veterans and fakers who are technically "wounded warriors" drives combat injured veterans to take control and restrict the social conditions of their own community by elevating themselves as the true, authentic "wounded warriors." It is the divergent prototypes of "wounded warriors", bureaucratic versus colloquial, that diminishes the degree of intragroup consensus causing fractures within the same group (Hogg 1996; Hogg 2001; Marques et al. 1988). Typically social groups are theorized as entirely cohesive entities, united by similarities and only differentiating themselves against those outside of their own group (Hogg 1996; Sanna and Parks 1997). In the case of post-9/11 wounded veterans, combat injured veterans rely on their distinction as combat wounded to further solidify a core, privileged position among other wounded veterans. Wounded veterans employ social boundaries that classify wounds in a closure process of distinction to refute the expansive bureaucratic definition of "wounded warrior." The importance of this process of distinction is driven by the benefits and privileges of the "wounded warrior" status: financial compensation, social esteem, and stigma deflection. Combat wounded veterans distinguish between authentic, peripheral, and deviant "wounded warriors." This typology shows how wounded veterans work to create a social structure that internally separates different kinds of wounded veterans who all benefit from the institutional definition of a "wounded warrior."

Authentic, Peripheral, and Deviant "Wounded Warriors"

Combat injured wounded veterans cannot change the institutional definition of who is considered a "wounded warrior" so they work to shape a social landscape that distinguishes three tiers of "wounded warriors" based on relevant status characteristics. Wounded veterans carve an internal separation among wounded veterans to clarify who is most deserving of the tangible and symbolic benefits of being a "wounded warrior." Authentic "wounded warriors" are veterans who were injured in combat or situations that closely align with combat, such as training accidents that occurred while preparing for deployment. It is important to note that the entirety of my research sample would qualify as an authentic "wounded warrior." This group of wounded veterans is understood as the core of the wounded veteran community and the veterans who are most deserving of the accolades, public attention, and tangible benefits of being a "wounded warrior." Ethan's quote in the introduction of this chapter features him outlining why he's an authentic "wounded warrior", because of his true service and sacrifice, in comparison to others.

The next tier of wounded veterans are considered peripheral "wounded warriors", these are wounded veterans who have significant injuries or disabilities from circumstances not related to combat, sometimes not even related to their military service (i.e. occurred outside of work). The most common examples that I heard about from other wounded veterans or community volunteers were motorcycle or car accidents, cancer patients, or general accidents at work (unrelated to deployment training). Even veterans with prior combat experience but had non-combat injuries were still considered to be part of the peripheral group because of the origin of their injury. Peripheral "wounded warriors" are still technically "wounded warriors" in the bureaucratic sense, but the

circumstances of their injury separates them from popular understanding of a "wounded warrior." Peripheral wounded veterans cannot be completely excluded from the community of "wounded warriors" because they are still served by many of the same programs and organizations, but their social acceptance and reputation can be marginalized by authentic "wounded warriors."

Deviant "wounded warriors" are the last category, and these are veterans who are viewed extremely negatively. Deviant "wounded warriors" are perceived to have self-selected in to the community unjustifiably by faking, lying about, or exaggerating their injuries. Similar to other social groups, "wounded warrior" deviants are viewed negatively because they threaten the integrity and cohesiveness of the group (Hornsey et al. 2006; Marques and Paez 2011). Despite the perception that deviant "wounded warriors" are receiving benefits, other wounded veterans completely reject and denounce this type of "wounded warrior." Deviants are outright rejected by their wounded veteran peers using all means possible, whereas peripheral "wounded warriors" can only be partially rejected because in some circumstances they are rightfully qualified as a "wounded warrior."

Relevant Status Characteristics: The Credentials for Being an Authentic "Wounded"

There are two primary statuses that form the social boundaries used by "wounded warriors", wounds and combat experience, which drive the process of closure by distinction for authentic "wounded warriors." In the military environment there are many relevant statuses and designations salient to group settings and interactions, such as rank, occupation, combat service, years in service, specific job or duty designation. However,

in recovery and rehabilitation programs the duties and typical structure of military life falls away, leaving even the most substantial status designations like rank mostly irrelevant (both formally and socially). The composition and structure of groups is influenced by externally salient social statuses (Berger et al. 1977; Ridgeway 2001). For "wounded warriors" salient status characteristics are their wounds and their warrior status: (a) what kind of wounds do you have, and (b) what kind of combat have you experienced? Veterans' wounds and whether they were the result of combat become the defining status characteristics used to determine a veteran's place in the "wounded warrior" community.

Borrowing a term from the social closure literature, wounds and combat experience are akin to a type of credential in the "wounded warrior" community. Wounds are a requirement for any kind of "wounded warrior", but combat experience is an additional qualification for authentic "wounded warriors." Credentials, first argued by Collins (1979), are institutional qualifications that restrict access to certain jobs or professions, becoming a legitimatized form of exclusion. Educational and occupation credentials, like degrees, professional certifications, and licensure, are primary mechanisms of exclusion in the broader research on social closure. Credentials can be predicated on tangible skills or experiences as well as broader forms of "cultural currency" that emphasize symbolic over hard value (Collins 1979; Weeden 2002). In the closure process of distinction, "wounded warriors" form hierarchies based on socially constructed meanings of wounds and combat experience as their credentials.

The Social Hierarchy of Combat Wounds

Wounded veterans can have very different kinds of wounds. Iraq and Afghanistan veterans face conditions of asymmetrical warfare leading to a wide range of injuries resulting from combat. The most frequently discussed injuries in the news media are amputations, PTSD, TBI, burn injuries, and other mental health issues (chapter 4). But other injuries like compromised hearing, vertigo, chronic pain, lung damage, and cancer (from burn pit exposure) are also common combat or combat-related injures for the post-9/11 generation (King et al. 2011; Lew et al. 2009; Owens et al. 2008). Wounded veterans use an informal social hierarchy to contextualize their own injuries, comparing themselves to others. Authentic "wounded warriors" are expected to know where they fall within this hierarchy—recognizing the severity (or lack thereof) of their wounds. Andrew, a Marine Corps veteran with invisible injuries, emphasizes the importance of knowing one's place in the "wounded warrior" community, especially given the broad consideration of who can be bureaucratically considered a "wounded warrior":

> *"This dude came in and he was like – 'yeah, it's cool because I'm one of you.' 'Oh yeah, like what?' I've got a 30 percent disability for my twisted ankle or something. I'm like okay cool. I walk away and don't fuck with me; you did not spend two years in a fucking hospital. You are not one of me. You are not. So, at the same time [one of my good friends]…he has a Purple Heart. So as far as like scale, the ladder goes, I would put him above me because I don't have a Purple Heart. I would say he's more of a wounded warrior than I am. This is how you go. I wouldn't sit next to some dude who is missing two legs and an arm and be like 'oh yeah, bro. I'm fucking one of you.' I have my legs and my arms, I'm not one of you!"*

Andrew describes a very explicit understanding of the social hierarchy of combat wounds knowing his own boundaries within the community. Even though he does not have a Purple Heart, he still has very significant injuries from combat that granted him a medical retirement from the military. The ranking of injuries is not based on medical severity, as

reflected through disability ratings, but is a social status tied to the demonstrable physical sacrifice made in combat, a system which privileges visibly injured veterans.

Veterans with severe burn injuries are considered to be the most severely injured, followed by veterans with major limb amputations. Other physical injuries, including hearing/vision loss and external scarring, are a step down from amputations. Traumatic brain injury, because it is caused by physical damage to the brain, is thought to be a more legitimate injury than any form of PTSD or other mental illness. Invisibly injured veterans are considered to be at the bottom of the injury severity hierarchy regardless of how severe their injuries are; their membership as authentic "wounded warriors" is continually called into question because they have to prove their wounded status over and over again. Physical injuries are constructed as the most severe injuries because physical strength is a core value of the military institution and a requirement for combat. One of the main arguments against allowing women to serve in combat roles was their lack of physical strength compared with the male body, which shows the highly value placed on the physical exertion for combat (Cohn 2000). Even though the nature of combat is changing, the physicality of combat is still part of the masculine warrior image (Cohn 2000; Dunivin 1994; Woodward 2000). Greater physical loss from combat is equated with a higher status as a "wounded warrior" because it's an observable measure of worthiness. Many veterans have multiple injuries, sometimes both visible and invisible injuries. In these cases, other veterans take into account the most obvious injury for the social ranking system.

Physical Injuries

At the top of the injury hierarchy are burn survivors, veterans who have severe burns on their body. Burn injuries are usually a secondary effect of a blast injury—where a bomb or improvised explosive device went off in close proximity and started a fire. The recovery process for burn injuries is an incredibly painful process, often described by burn survivors as torture. Michael's face and body are covered with 3rd degree burns or scars from skin grafts. He said his injuries cannot be compared to someone who lost a limb, they are two totally different experiences. He said it usually takes 4-5 months before an amputee can start walking on their prosthetic limb, but it took him almost a year to be free of daily bandage/dressing changes. The length, intensity, and impact of a severe burn injury compared to an amputation makes them completely different in his eyes, he says *"that's the part of that gets me a little bit, like yes [an amputation] it's tragic…I get that, but you can't compare that. Its two separate injuries and you can't just be like, 'Oh, we're both injured.' No. No, we're not."* Michael points to the injury hierarchy, distinguishing himself from other amputee veterans who think they are the same level of injured.

Burn injuries are unique because they are the only injury where non-combat injured veterans join their fellow combat injured burn survivors at the top of the hierarchy. The injury itself is so severe that even non-combat injured veterans (who recognize their non-combat injury) are perceived as authentic "wounded warriors" with other combat injured veterans rather than just peripheral members. Michael's injuries are technically qualified as a combat injuries because he was burned in a work accident aboard a Navy ship while preparing for deployment. He openly and readily acknowledges

his non-combat injury status (which help his acceptance as authentic), but his severe injuries grant him the ability to maintain the highest social position in the injury hierarchy with other combat-injured burn survivors. This exception to the social hierarchy is unique to the burn community, a sub-set of my interview sample. The severe nature of burn injuries creates a camaraderie and understanding among burn survivors unique to that particular group. Burn injuries and the recovery process is so painful and the injury is so devastating to appearance of the physical body that I found veterans with burns felt a greater kinship with one another, regardless of whether they were wounded in combat.

After burn injuries, major limb amputations are thought to be the next most severe injury. Among amputees, severity of injury is sorted by whether their amputation involves a major joint (knee or elbow) and the number of major amputations. Better medical technology and improvements in battlefield evacuations have allowed servicemembers to survive as triple and quadruple amputees (Almasy 2012). Recovery for an amputee typically involves multiple surgeries, wound care, physical therapy, and the prosthetics fitting process. Most amputees are walking on their first set of prosthetics within 6 months after being injured. All amputees distinguish whether their amputation includes a major joint such as a knee, elbow, hip, or shoulder because that drastically affects their mobility. The loss of a major joint is more difficult to deal with because of the complex functions that a human joint performs for movement.

Dylan, a Marine Corps veteran who is missing his left arm below the elbow, says the hierarchy was a regular topic of conversation at the hospital; the game of 'who has it worse?' He said that for amputees, it's a combination of recovery time and functionality. Veterans who have an amputation below a major joint (such as below the knee) are able

to be fitted for prosthetics sooner and have more functional use of their limbs. When Dylan went to see his prosthetist (prosthetic doctor) for the first time, his doctor called his amputation "a paper cut", a common reference for an amputation that's easy to deal with. Dylan described the interaction with: *"I walk in and he's like, oh yeah…it's just a paper cut. I'm like 'I'm missing a hand!' He's like 'yeah, this guy's missing both his leg and he's above the elbow over here, he's got three fingers over here, so that's a paper cut'…eventually it was like, all right, that does make sense."* In this example, it's other actors in the "wounded warrior" space that reinforce the social hierarchy. Unlike non-combat injured burn survivors, non-combat injured amputees are not granted the same status level on the injury hierarchy as other combat-injured amputees. Non-combat injured amputees are always considered peripheral "wounded warriors."

In the social hierarchy other kinds of physical injuries fall below amputations in perceived severity. This would include physical deformities, reduced functioning of fingers or joints, hearing or vision loss, chronic pain, nerve damage, or other internal disease/functioning problems. While these are more common physical injuries than burns or amputations for wounded Iraq and Afghanistan veterans, these injuries may be invisible or not immediately apparent. Severe burns and major limb amputations are very visible and quantifiable losses of physical strength compared to chronic pain or other physical deformities, which is why other physical injuries are conceptualized lower in the hierarchy. Another physical, but invisible injury, is traumatic brain injury. Coined as the "signature injury" of the Iraq and Afghanistan wars (chapter 4), wounded veterans recognize TBI as the result of physical damage to the brain and therefore rank it more highly than mental illness conditions resulting from combat. Veterans who only have

invisible injuries fall at the bottom of the hierarchy because their credentials are not obvious and their sacrifices weren't manifested in a physical form; their status as 'wounded' can always be called into question. Post-traumatic stress disorder continues to be the most contested injury in the "wounded warrior" community.

Veterans with Combat-Related PTSD: Contested Members of "Wounded Warriors"

Even though PTSD has become an accepted and normalized combat injury, specifically for the post-9/11 generation, it is still a combat injury that lives under a veil of suspicion within the "wounded warrior" community. PTSD is a psychological disorder that arises as a reaction to witnessing or experiencing trauma; it can be a chronic, ongoing condition or a short, acute experience and the symptoms vary. In the wounded veteran community, PTSD is at the bottom of the injury hierarchy because it is a problem of the mind—it cannot be seen or proven to exist in the same way as other physical injuries, even TBI. PTSD and other mental health problems are still stigmatized in the military and in society more broadly (Acosta et al 2014). PTSD can have a devastating effect on someone's life, including the completion of suicide, but it is still viewed as a less credible injury than other combat wounds.

The invisible nature of these injuries and the widespread belief that veterans fake their PTSD makes it more difficult for invisibly injured veterans to prove their authentic claim to injury. With each new introduction, whether it is to a fellow veteran, non-profit organization, or medical provider, invisibly injured veterans have to establish their

credibility and belonging as a "wounded warrior." This problem is most acute for veterans with PTSD, but wounded veterans with a range of invisible injuries also report these experiences. Invisibly injured veterans are challenged on the existence of their injuries and the authenticity of their claim to injury.

The first way that invisibly injured veterans are stigmatized among their peers in the wounded veteran community is by questions about the reality of their injuries. The belief that PTSD isn't a real medical issue has deep roots in the military's history. Even though the symptoms of PTSD have been documented for centuries in war fighters, the existence of the condition has long been denied or thought to be a personal deficit (Anders 2012; Finley 2011; Friedman 2013). Several wounded veterans, typically those with very visible physical injuries who possess a higher status position, questioned whether PTSD is a real condition. Jackson, a Marine Corps veteran and double amputee, says *"I personally don't believe in it [PTSD]. I'm sure people have it. I know rape victims definitely have it, and car accidents and other marines or soldiers or sailors, they may have it. I just don't believe in it because I don't really experience it. I have dreams here and there, but I don't lash out at anybody."* This was a common mindset—veterans abstracted from their personal experiences to form a more general opinion about the viability of PTSD. Luis, also a Marine Corps double amputee, said:

> "*I don't understand…like people that have PTSD and stuff like that…I don't understand why they have that. I've always thought of it, it was all mental, it's all you…you know? It's all how strong your head is, mentally strong. I don't understand people with PTSD, I don't really understand why they have…I didn't have a problem with it, my buddies didn't have a problem with it."*

These classic stereotypes of PTSD as a mental deficit still exist among today's military veterans, and those usually question it are at the top of the social hierarchy of "wounded

warriors." Neither Jackson nor Luis have experienced anyone questioning their injures—whether their legs are really amputated or if they perhaps weren't 'strong' enough.

Sean, a Marine Corps veteran who lost one of his eyes, thinks veterans who volunteered for war shouldn't claim they have PTSD because they signed up for it. He explains,

> "*The PTSD I think is – I think it's so over-glorified on top of being faked a lot, I think a lot of these people just need to be told, shut up and get over it. I think it's – and I think you can't look at it through the prism of Vietnam, which is what they're doing. It's almost like we're trying to validate the Vietnam War through this stuff. And there's one humongous difference, draft, no draft. If you didn't choose to do it and you feel bad about it, okay, I'm listening and I understand. But these guys and gals all raised their right hand and said, I do solemnly swear to do all these things knowing we are in a war when they raised their right hands. And then come home and say they feel bad about it? No, you don't have a case."*

This is another way that PTSD is discredited in the community of wounded veterans, on the basis of volunteer service during a time of war. Ray, an Army veteran who later served as a contractor overseas and has several injuries including PTSD, recalled a conversation he had with a Vietnam Special Forces veteran that impacted the way he saw PTSD. This Vietnam veteran told him, *"you could have PTSD and that can be your disability, or you can have PTSE…Post Traumatic Stress Enhancement."* Ray realized that he had never thought of it like that before, saying *"The glass is half full or the glass is half empty. I mean it really depends on how you look at it."* Post-Traumatic Growth is a well-documented experience (Calhoun and Tedeschi 2014), but Ray's language shows how this conversation made him think of PTSD as a *choice*, a matter of mindset and willpower. Veteran's beliefs questioning the legitimacy of PTSD are particularly damaging because they come to use their own status as combat veterans to negate the real experience of other combat veterans.

The military has made efforts to reduce the stigma of mental health problems and increase psychological health among its ranks, realizing the toll years of war has taken. In 2009, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) launched the "Real Warriors" campaign to encourage "help-seeking behavior among service members, veterans, and military families coping with invisible wounds" (Real Warriors 2017). While the Department of Defense has made progress towards reducing the stigma, it has also manifested in a new form through the belief that veterans fake their PTSD or other invisible conditions to bolster their disability rating or get attention as a "wounded warrior." This new form of stigma is again monitored and enforced at the peer level, propagated by other "wounded warriors." Wounded veterans call out their own peers for engaging in this behavior. The perception that many veterans fake their invisible injuries for their own benefit is another way that wounded veterans call into question the 'wounded' credentials of veterans with PTSD.

The conditional acceptance of invisibly injured veterans makes veterans feel, as Jason describes it, invisible. Jason is a Marine Corps veteran who has struggled, until recently, with being open about his PTSD. When his PTSD symptoms began while he was deployed, others in his unit assaulted him, further traumatizing him. When I asked Jason if he ever compared himself or his recovery to other wounded veterans, he replied:

> *"[It's a] very weird feeling because when you see veterans who are – they've got those prosthetics and they're running in a race, you can see not only their absolute strength, courage, will, determination, ability to overcome that injury, but there is a visible attribution to everything that they've done and everything that they continue to do to be as strong as they possibly can. It feels like when you're a veteran that has an invisible injury, you're just as invisible as the injury itself. That is, I think the dangerous part about having invisible wounds. There's just – you worry about people judging you and wondering whether or not you're even credible. Whether or not the story you tell is even credible because anybody can say they have PTSD, anybody. It doesn't mean it's true. So yeah, there are times*

> *when you think about it and you go I kind of wish I had come back with a visible injury so that people would actually see it. It's weird because would I really want to go through an amputation, hell no. Would I really want to go through that sort of experience? No. I mean I know people that lost limbs. It's not something that I would ever wish upon myself, but at the same time, I kind of wish that I had that injury if that makes sense."*

Wounded veterans like Jason must continually prove themselves as a legitimate "wounded warrior." With each new introduction, whether it is to a fellow veteran, non-profit organization, or medical provider, invisibly injured veterans have to establish their credibility and belonging as a "wounded warrior." Veterans with PTSD, as well as other invisibly injured veterans, live on the margins of a community that questions their combat injuries and privileges physical (often visible) wounds as the most valuable credential of being wounded.

Invisibly Injured "Wounded Warriors": Credentials through Actions and Transparency

Because invisibly injured veterans do not have physical wounds, they have to prove the existence of their injuries in other ways. A veteran's claim of an invisible injury is evaluated by their behavior and help-seeking actions. Wounded veterans compare a veteran's verbal claims of injury with their behavior to verify their authentic "wounded warrior" status. If there are inconsistencies or mismatching information then a veteran's acceptance as authentic is at worst, rejected, and at best, suspect. Transparency becomes an important quality in the wounded veteran community, especially for veterans with invisible injuries. Wounded veterans with PTSD or other invisible injuries have to navigate socially acceptable ways to disclose their wounded status without either raising questions of being a faker or marginalizing the severity of their injuries.

How veterans talk about their PTSD is judged and assessed by other wounded veterans. Veterans that boast or repeatedly bring up their PTSD are suspected of either being fakers/deviant "wounded warriors" or seeking undue attention for their wounds. Veterans who really have PTSD are thought to keep quiet about it, not advertising it unless it becomes necessary. Odin, an Army veteran who is an amputee, describes, *"PTSD guys – I feel like the ones who really have it don't really talk about it. They have it, and they know, and that's it. I've been around guys who just talk about it, and bring it up. So, sometimes it makes me think, 'Do you really have it?' I think when somebody is trying to play it up, and they keep talking about it, they keep trying to say 'Oh, it's bad.'"* Ian also pointed to the way someone talks about their PTSD as a valuable source of information for gauging their authenticity. He said *"those guys that really have PTSD, they don't want nothing back. They just want to be left alone, they just want to be able to hang out with their brothers and talk to them."* After he brought up veterans faking their PTSD, I asked him how he could tell who's faking it and who's not, he replied: *"if you get to know some people and you listen to their stories, you're like 'This sounds kind of bogus.'"* He went on to say if someone rates themselves as an 11 out of 10 feeling uncomfortable in a crowd, but then *"20 minutes later they're like 'Oh yeah, I was at the club the other night, blah, blah, blah' or even 'Friday needs to hurry it up so I can go back to the club'...it's like 'if you don't like crowds…'"* In this case, Ian points out veterans who have glaring inconsistencies between their claim of having PTSD and their actions. How veterans talk about their PTSD, or other invisible injuries, holds a lot of weight in the community. The verification of a veteran's 'wounded' credentials becomes

extremely subjective—based on aggregate assumptions of what veterans with PTSD act like.

Wounded veterans who are truly have invisible wounds are expected to seek authentic help for their injuries—demonstrating that they are not simply seeking a diagnosis or attention, but that they have a real problem. Juan, a triple amputee who has a TBI and PTSD, said:

> *"…you can usually tell because a guy will be like – he'll take the money that he gets for his rating but he won't go to any of his appointments, any of his mental therapies, nothing like that, mental health, nothing. So it's like you want to claim PTS, you want to get that rating, but you don't want to do what's associated with it…That's when I can tell it's fake because a person who is struggling wants to get the help. How do you not want to help?"*

Veterans who are really struggling with PTSD or other invisible conditions should be actively engaged in healing where their claim to injury, their actions, and their behaviors align. Matthew, a Marine Corps veteran with PTSD and chronic pain, points to the level of specifics someone will give about their condition as a measure of authenticity. He says, *"I think the more embarrassing the details that a person is willing to share or not willing to share will give you insight as to whether or not they're faking this condition or not, because no one wants to go to the doctor and be like, 'Yo, I need dick pills.'"* Transparency, especially if it is not in the interest of the veterans' reputation or their own masculinity (in this example), is a valued verification of the wounded credentials.

It is important to note that some of these expectations also apply for veterans with visible injuries, although with less intensity because they have already established the existence of their wounds. The genuineness of their help-seeking behavior is evaluated and policed by other authentic "wounded warriors." Daniel, a Marine Corps veteran with burns and an amputation, said *"I have heard people say things like 'I hope that surgery,*

the scar revision surgery doesn't go too well because if it goes too well, I'll lose that scar towards my ratings.' To me, that's a lot. When you're hoping that the surgeries aren't too successful…you've got an issue." Daniel said that doesn't happen a lot, but then told another story of a paraplegic wounded warrior who was awarded a free adaptable home but was later videotaped walking around his lawn, bringing into question the existence of his injuries. Although these instances are more rare they become urban legends, a powerful narrative reinforcing the need to continually monitor other's intentions. The difference is that visibly injured veterans have visible wounds, therefore their condition of being wounded is already established. Invisibly injured veterans must rely solely on their self-presentation and articulation of their wounds to gain access as an authentic "wounded warrior."

Verifying Combat Experience: Conversation and Contextual Clues

Another important status characteristic relevant to being a "wounded warrior" is combat experience, specifically, having been injured from combat. Veterans must have both legitimate combat wounds and combat experience to be accepted as an authentic "wounded warrior." Combat is not a uniform experience. The experience one has in combat depends on many intersecting factors, including their service branch, the time period, the mission, the region, their jobs (MOS), their rank, the length of their deployment, and more. Similar to combat experiences, combat injuries come about in many different ways. You can become a "wounded warrior" by falling off a three-story building during a mission or you can be hit by a mortar aimed directly at you and your peers from the enemy; these are two very different combat injury experiences. Beyond

the initial sorting of combat and non-combat injured into peripheral and authentic "wounded warriors", wounded veterans evaluate one another's combat experiences to verify their authenticity. Using contextual clues and conversation, wounded veterans subjectively assess one another's combat experiences to substantiate their "wounded warrior" credentials. This process is particularly crucial for invisibly injured veterans who lack physical wounds, especially for those who claim to have combat-related PTSD.

In the military context there are basic demographic factors that provide clues to the kind of military experience someone has had. In the Army and Marine Corps those who serve in infantry jobs are the most likely to see direct combat while deployed, with certain roles being more or less likely to see combat. As Brian said earlier his experience with a casualty evacuation team granted him access to be seen as one of the combat "grunts" with the other wounded veterans, but his normal military job, as an aviation technician, is not typically associated with ground combat experience. There are also famous infantry units that have a storied history of combat and wartime service in the military. Several of the Marines interviewed for this study has been part of a battalion known for its combat operations in Iraq and Afghanistan. Juan describes his time as part of this battalion, *"we lost 25 guys. We were the hardest hit battalion in the Marine Corps in Afghanistan. We had over 200 causalities [wounded]. Anything ranging from a gunshot wound to quadruple amputations."* Anyone who served in the same battalion as Juan has a demographic credential that adds to the legitimacy of his or her combat experience when they say they sustained a combat injury.

In addition to these contextual clues, wounded veterans use casual conversation as a way to gauge another veteran's combat experience. Conversational tactics typically

include asking details about what they did in the military, where they deployed, and what timeframe they deployed in order to evaluate whether their claim of combat has merit. Ian describes it, saying *"I guess, for us, the way we rate it, and I mean 'us' like the guys who have been through combat, you ask them 'so, hey, what have you done? What's your military background? Or what's your experience?'"* This line of questioning is how wounded veterans build subjective judgments about the nature of one another's combat experiences with the goal of identifying their authenticity as a "wounded warrior." Through conversation, veterans try to identify whether another veteran is telling the truth, if there are any inconsistencies, and if they saw combat action that would warrant their injury, especially for a PTSD diagnosis.

Sean, a Marine Corps veteran who lost an eye and has facial damage, also gives an example of these conversation and questioning tactics: "*If you get the PTSD thing [from someone] I would ask them specifically, because they always get this – they always do this… 'the demon's coming now.' Describe these demons. I would ask them for specifics. ' I saw things.' What'd you see? I would ask for specifics…"* continuing on, he says*"…[PTSD veterans] get away with a lot of bull generalizations that people won't touch. And I would ask them specifically, what'd you see? Because personally I think there weren't enough kids in Iraq to cover all the dead kids stories I've heard."* Sean makes it a point to ask for details that he could use to verify whether he believed this veteran's claims. He suggests that it is easy to mimic combat experience with vague statements, requiring greater proof that someone has actually been to combat.

Another way that wounded veterans ascertain this information is through information triangulation by other veterans. In the military rehabilitation programs word

can spread fast about 'who's who.' Luis describes, *"we kind of learn, like any other place…who is around you. You learn by other people telling you 'oh yeah, that guy, he's just a malinger [sic]' or 'that guy over there he's actually hurt' or 'this guy over here, he's legit, he's cool.'"* Sometimes veterans will specifically ask or inquire with trusted others about a veteran who they feel isn't being forthcoming or honest. Ray, an Army veteran with invisible injuries, volunteered with a non-profit organization serving wounded veterans in his local area. He described several instances where he suspected veterans were exaggerating their combat credentials, *"…for some other asshole to go around saying 'oh, I was injured while I was with SEAL team…', 'oh, hang on dude, let me call Greg.' 'Hey bro, what's going on? Do you know Joey over here or whatever?' 'Oh really? What's up stolen valor? How you doing there sunshine?'"* Wounded veterans use their friends and network connections to verify whether other veterans are telling the truth. When Jackson, a Marine veteran who is a double amputee, was insulted by another wounded Marine who called him a 'boot' (an inexperienced/new Marine), he called upon his friends to investigate: *"So what did I do? I looked through my phone, I know one of my buddies with the same company, same unit. I called him and was like 'Hey, do you know this fucking jack weed?' 'Oh yeah, he's not a Marine. He's a fucking boot.' And I was like 'Oh, really?'"* Jackson, who is already an established authentic "wounded warrior", was able to get information from a friend that this other veteran was likely only a peripheral "wounded warrior" because he had not experienced combat.

Wounded veterans' use highly subjective conversational and contextual tactics to ascertain the legitimacy of a veteran's combat experience, largely relying on the limited scope of personal experience. It is a frequently used, yet woefully incomplete, process of

sizing up someone to evaluate their authenticity as a combat veteran and a "wounded warrior." The more established and networked a wounded veteran becomes in their local "wounded warrior" community, the less their credentials require validating because they will become 'known' by others. Given the established presence of non-combat "wounded warriors" in this community, identifying combat experience becomes an important measure of distinction for authenticity.

Conclusion

The social boundaries that wounded veterans construct are complex, layered, and nuanced; not every wounded veteran is considered to be a true "wounded warrior" even if the institution categorizes them as such. A veteran's wounds become their credentials, sorting them as authentic, peripheral, or deviant "wounded warriors" within the community. The disjuncture between the bureaucratic definition and societal ideal of "wounded warrior" creates intragroup differentiation that stratifies the community while also uniting a core group of wounded veterans. The case of post-9/11 veterans is an example of how groups, even small elite groups, are not always unified in their distinction between in-group and out-group; variations within the in-group can still reinforce internal group cohesion and external group distinction. For wounded veterans, wounds take on a larger meaning—they become bound within the ideals of war, service, and sacrifice. Veterans build a cohesive group based on their status as 'combat-injured' rather than around other similarities (i.e. injury type, service branch, etc.) because it reinforces the process of social closure by distinction. Wounded Iraq and Afghanistan veterans use social boundaries to protect their own status as "wounded warriors" against

the veterans who become "wounded warriors" bureaucratically. Combat injured veterans feel as though they have earned the esteem and benefits that come with being a "wounded warrior" so they use social boundaries to maintain a privileged position in the community.

The necessity for intragroup differentiation comes at a cost to invisibly injured authentic "wounded warriors" who must continually prove their 'wounded' credentials. Veterans with severe physical injuries, like burn survivors or amputees, only have to establish their combat experience as a "wounded warrior"; the existence of their injuries is not questioned. Invisibly injured veterans fight against a military community that has stigmatized invisible injuries like PTSD and exalted the physical strength required for combat. Veterans with PTSD remain contested members of the "wounded warrior" community, required to engage in self-presentation strategies that legitimize their injuries while not coming under suspicion of faking their PTSD for benefits. Even authentic "wounded warriors" navigate different expectations and boundaries based on the visibility and severity of their combat injuries. Entry into the "wounded warrior" community is determined by social boundaries, but continued social acceptance is driven by symbolic boundaries.

Chapter 9

Symbolic Boundaries for "Wounded Warriors":

What Makes a Warrior?

In addition to being wounded, "wounded warriors" are also called 'warriors'—a symbol deeply entrenched in the military culture. Warriors are known for overcoming mental and physical adversity through their courageous, selfless actions in war and beyond. They are an enduring historical figure in war, crossing boundaries of both time and nationality (Pressfield 2011). The U.S. military is an institution built on the combat masculine-warrior paradigm, defined by both its combat orientation and masculine values (Dunivin 1994). Iraq and Afghanistan wounded veterans continue to carry the symbol and expectations of being a 'warrior' beyond their military service and in to their lives as wounded veterans. While wounds are a condition for entry into the "wounded warrior" community, a veteran's attitude and behavior are equally important for continued social acceptance and demonstrated worthiness.

Juan, a Marine Corps veteran and triple amputee who was injured on his first combat deployment, reflected on his commitment to maintain a warrior attitude after his injuries:

> *"I have a lot of veteran friends who are just really bad to their spouses and they use the PTSD thing as an excuse and they don't want to go out in public crowds because they don't want to deal with shit. They don't make their own appointments. They don't want to be responsible for their medications. Man, that's not me, man. That's letting the Taliban win. In my opinion, that's letting these fuckers win. That's showing them that hey, they got to you and they've changed your life forever. For me, nothing has changed. I still play music. I still hang out with my family. I still shoot guns. I still work on cars. I swim. If anything, it enhanced my life. My enemy made me better for not killing me. For me surviving that, and that's why I can't understand what these guys – you're fighters, you were fighters, you were trained to fight but yet you're losing this big ass battle. You're drowning your demons [in*

> *alcohol] or whatever. Those fuckers can swim. You're not drowning shit. I'm sure the guys that died, that gave the ultimate sacrifice, they wouldn't want us having a pity party, wasting our lives. They would want us celebrating. They would want us to live our lives for them."*

The war extends far beyond the battlefield for Juan, in his mind it continues each day as he moves forward. As a wounded veteran, Juan sees his life as an opportunity to continue embodying the warrior ethos he was trained for because his injury is more than physical damage; it is entangled with the meaning of his own service and the sacrifices of others. Symbolic boundaries further distinguish authenticity in the wounded veteran community by conditioning social acceptance on veteran's ability to demonstrate independence, strength, humility and selflessness, all tenets connected to the warrior spirit.

Chapter 8 reviewed how social boundaries classify veteran's entry in to the "wounded warrior" community. Symbolic boundaries reinforce ongoing expectations for how wounded veterans demonstrate their worthiness as a "wounded warrior." Even authentic, combat wounded, veterans can be socially rejected if their behavior is perceived negatively. Symbolic boundaries are "conceptual distinctions made by social actors to categorize objects, people, practices, and even time and space" (Lamont and Molnar 2002: 168). Wray describes them as "moral distinctions" that are "finely graded categories of worthiness [assigned] to individuals and groups" (2013: xxvi). Post-9/11 wounded veterans use symbolic boundaries to establish social norms that further the accomplishment of social closure, distinguishing those who continue the 'fight' as Juan described it. Being a "wounded warrior" is not simply about the wounds and combat experience one has, veterans feel they represent the spirit of their generation of war fighters. In this chapter I identify two primary symbolic boundaries that wounded veterans' use, empowerment stance and humility, to further distinguish their authenticity

and their status as “wounded warriors”. I show how wounded veterans demonstrate their authenticity for inclusion and continued acceptance and how they also police the boundaries against community offenders. First, I address social and cultural influences shaping the symbolic boundaries veterans use to emphasize their masculine warrior ethos.

The Meaning of Symbolic Boundaries for “Wounded Warriors”

Symbolic boundaries are rooted in the particular context and culture of their origination. The meaning of symbolic boundaries cannot be divorced from their social location, whether it is nationality, region, social class, or tied to specific institutions (Lamont in Turner 2006). Lamont’s study of upper middle class French and American men showed how country and regional differences change the substance and impetus of boundary work for those in the same relative socioeconomic position (1992). Three significant cultural and formal features of the military institution shape symbolic boundaries in the “wounded warrior” community: the warrior symbol, masculinity, and the act of service. Wounded veterans use these important military symbols and values to bolster the meaning of their own service and sacrifice through symbolic boundaries. By upholding boundaries that align with a masculine warrior servant, wounded veterans further restrict who is considered an authentic “wounded warrior” while also distancing themselves from the stigma of being disabled or mentally ill. If wounded veterans act to emphasize their masculinity/masculine traits, an alignment with being a warrior, and their service to others they can display their status as a ‘warrior’ rather than their status as ‘wounded.’

Warrior Symbol

The warrior is a revered and idolized symbol in the military, especially for those in combat or infantry roles. Warriors are strong, courageous, selfless, independent leaders who are fearless in all situations. The military warrior figure is "he [who] possesses the abilities to conquer hostile environments, to cross unfamiliar terrain, and to lay claim to dangerous ground" (Woodward 2000: 644). For Ray, a warrior is *"the pursuit of no ego"*, saying he believes veterans can only truly be heroes or warriors *"once you're dead."* Jackson describes warrior with reference to historical icons, *"the word warrior…dates back to the Titans, the gladiators, stuff like that"*, later saying *"warriors are the guys that are still fighting right now. They're warriors. We're just people."* Many of the wounded veterans interviewed for this project valued the warrior symbol, especially those who served in ground combat roles.

The military institution has formally adopted the word warrior, using the symbol in various ways. The Army has an official "warrior ethos" which reads: "I will always place the mission first. I will never accept defeat. I will never quit. I will never leave a fallen comrade" (U.S. Army 2017). One of the phases in the Marine Corps boot camp (basic training for enlisted personnel) is called "Basic Warrior Training" and the Marine Corps values contain a description of Marines becoming warriors (2017). The Department of Defense hosts the "Warrior Games" every year, an Olympic style athletic competition for wounded, injured, and ill servicemembers (2017). The symbol of the warrior is embedded both explicitly and ideologically in the military institution and its culture. The label "wounded warrior" brings warrior beyond the military institution and into the lives of post-9/11 wounded veterans. The languaging of this phrase maintains

that wounded veterans are still expected to be 'warriors' despite their status of being wounded.

Masculinity

Masculinity is also a significant cultural influence in the military environment and for the symbolic boundaries used in the wounded veteran community. In the U.S. masculinity is typically associated with physical strength, aggressiveness, risk-taking, independence, dominance, and stoicism (Connell 1995; Gershick and Miller 1994). Men are expected to live up to the idealized traits of masculinity in order to be accepted as a man in society. Hegemonic masculinity is the dominant form of masculinity projecting a "particular idealized image of masculinity in relation to which images of femininity and other masculinities are marginalized and subordinated" (Barrett 1996: 130; Connell 1995). The military institution reinforces and reproduces hegemonic masculinity. Historically, recruitment advertisements for the military were heavily centered around masculinity, manhood, and being a man. The military's job was to turn boys into men and to turn civilians into war fighters. Even with an increasing representation of women in the military, the indoctrination process is still heavily focused on qualities and characteristics associated with masculinity and the male body (Barrett 1996; Dunivin 1994).

Hinojosa (2010) describes the way in which highly valued military qualities are aligned with hegemonic masculinity: "military service offers men unique resources for the construction of a masculine identity defined by emotional control, over heterosexual desire, physical fitness, self-discipline, self-reliance, the willingness to use aggression and physical violence, and risking-taking" (180). The socialization and training for

military service is designed around "a cult of toughness and masculinity", making it easier for men in the military to access hegemonic masculinities and engage in manhood acts (Barrett 1996: 132; Schrock and Schwalbe 2009). Military masculinity is most often associated with such characteristics as physical strength, ability to work independently and as a team, aggressiveness, heterosexuality, toughness, courage, discipline, absence of emotion, and endurance (Barrett 1996; Hinojosa 2010; Hutchings 2008; Johnson 2010). Valued personal qualities and physical conditions of masculinity in the military largely adhere to the archetype of the 'warrior' or the 'hero', reinforcing the connection between the warrior symbol and masculinity in the military environment.

Men with disabilities face significant challenges in reconciling their identity and masculinity with their disability. Masculinity is associated with power, status, and prestige whereas a disability is associated with weakness, passivity and dependence. Charmaz's qualitative study on chronically ill men demonstrates how chronic illness and/or disability "threatens men's taken-for-granted masculine identities and leads to identity dilemmas that can reoccur again and again" (1994: 270). The marginalization and stigmatization of individuals with disabilities makes it difficult for men who have disabilities to live up to the expectations of hegemonic masculinity, especially due to the emphasis placed on the body as an important site of gender presentation. Gerschick and Miller (1994) analyze how men with a diverse range of disabilities construct and define their masculinities, finding three dominant patterns of identity work in which men (1) reformulate, (2) continue to rely on, (3) or completely reject norms of hegemonic masculinity. Similarly, studies of disability and sexuality find that men do significant emotional work in order to maximize their masculinity and minimize their disability

(Ostrander 2008; Shakespeare 1999).

"Wounded warriors", most especially men, also confront this dilemma, negotiating between their disability and their masculinity. Iraq and Afghanistan wounded veterans come from engaging in a significant masculine warrior act, serving in combat, to being injured or disabled. In addition, most are unable to remain in the military or deploy again because of their wounds. Their masculinity is now threatened by their performance of the most masculine act within the military, participating in combat. Unlike other civilians, veterans can rely on their status as a "wounded warrior" to reframe their disabilities, injuries, or illnesses resulting from war. Wounded veterans continue to rely on reclaiming their masculinity through the use of communal symbolic boundaries shaped by traditional forms of military masculinity.

The Meaning of Service

The Iraq and Afghanistan generation of servicemembers and veterans entered the military as volunteers. The all-volunteer force began after the Vietnam War, and the Global War on Terror has been the volunteer force's biggest test as the nation enters its 16th straight year of being at war. Many of those who joined the military after September 11th wanted to serve for patriotic reasons, to defend the nation and go to war. However, people volunteer for military service for many reasons beyond patriotism. Common motivations for service include financial benefits (education, retirement, health care), family tradition, to gain experience (travel, professional), and to escape impoverished neighborhoods or bad family situations (Kleykamp 2006; Segal and Segal 2004). Regardless of the reason for joining the military, every service member financially

benefits from their military service. Beyond a stable paycheck, servicemembers receive free healthcare, education benefits, housing (or money for housing), tax-free special pays, and many civilian businesses offer military discounts. The volunteer force relies on a hearty benefits package as a tool for recruitment and retention to draw young people in to the military and away from the civilian labor force.

While some servicemembers join for purely patriotism and service, many decide to serve for a combination of reasons. 88 percent of post-9/11 veterans say they joined to serve their country, 75 percent also said they joined the military for education benefits and 65 percent said they wanted to see the world. Comparing these percentages to other generations of veterans there is a decrease in joining for patriotic reasons and an increase in joining for personal benefits (PEW 2011). Even though servicemembers and veterans materially benefit from serving in the military, selfless proclamations of service align with being a warrior or hero. Warriors are known as selfless servants, sacrificing themselves for the greater good. Servicemembers and veterans can bring themselves closer to the warrior ideal by articulating their selfless, patriotic reasons for service rather than highlighting the personal benefits they have gained from service.

Especially for veterans injured in combat, service to others can give their injuries greater meaning and purpose. Many of the veterans I interviewed still see themselves as serving in some capacity, whether it is literally or conceptually. Aaron, a Navy veteran with invisible injuries describes, *"I'm trying to be a taster for freedom because I was a guardian of it for so long. And I still am a guardian of freedom. But now I'm tasting it, trying to."* Even though Aaron is no longer serving in a formal sense, he still holds himself to a service mindset, clearly attesting to how important this value is in his life.

Similarly, Juan in the opening quote still envisions himself as a fighter, continuing to serve and fight against the enemy by living his life that was almost taken from him. The value of service to others remains important for wounded veterans, beyond their official commitment to the military institution.

Taking the Empowerment Stance: Showing Independence

Wounded veterans' approach to their injuries and recovery process is judged as a facet of authenticity. To display their continued worthiness as a "wounded warrior", wounded veterans are expected to embrace an empowerment stance; the empowerment stance is a demonstration of one's independence, both in spirit and action. The empowerment stance serves two purposes: (1) it is used as a self-presentation strategy for individual wounded veterans, and (2) it becomes a symbolic boundary, or communal norm (Goffman 1959; Lamont et al. 2015). Enacting the empowerment stance is a combination of attitude and action: wounded veterans have to posses the right mindset and approach to their recovery and injuries, followed by actions that align with an empowered attitude. I characterize it as a 'stance' because it involves a conscious decision or choice as opportunities arise to present oneself in this manner.

The empowerment stance is a way that wounded veterans can prove to themselves and others that they are not dependent, in need of help, or a victim of their circumstances; they are still 'in the fight.' Veterans place a high value on their independence because it aligns with the warrior symbol and masculinity, both warriors and real men are portrayed as fiercely independent. Therefore, wounded veterans are expected to embody empowerment in all circumstances—during recovery, in their day-to-day life post-injury,

and throughout interactions with the public. If wounded veterans do not uphold these expectations they risk losing their acceptance as an authentic "wounded warrior" and may tarnish their reputation among their peers.

Even though wounded veterans seek to challenge the stigma of disabled individuals through their empowerment stance, they also continue to perpetuate stigma by disavowing wounded veterans who fail to adhere to these symbolic boundaries. Wounded veterans who play the victim or use their injuries as an excuse are ousted or isolated from the community. By discrediting or excluding veterans based on these behaviors, wounded veterans reify the very stigma they are trying to fight. The empowerment stance transposes values from the military community into symbolic boundaries used to define a narrow expectation for how wounded veterans 'should' behave as "wounded warriors." I explore several areas where wounded veterans describe employing their empowerment stance: pain medications, prosthetic limbs, handicap placards, and public interactions.

Pain Medication

For most severely wounded veterans, the rehabilitation environment is the first context where they encounter the norms and expectations in the wounded veteran community. Veterans talked about pain medication as one of the initial opportunities they had to demonstrate their empowerment stance and exert control over their recovery process. Veterans who are undergoing surgeries or intensive medical treatments can be heavily medicated for weeks and months, with a regular pain medication regimen that lasts even longer. Many wounded veterans, especially those with severe physical injuries, describe their first several weeks post-injury as a medicated haze. Dylan, a Marine Corps

veteran who is an amputee with PTSD and TBI, said that the medications made him feel like a *"zombie"* who *"couldn't think"*, like he was *"living in a fog."* Despite his doctors' advice for a gradual step-down of his pain and sleeping medications, Dylan wanted to get off his medications as soon as possible. He described *"I think I went, I know I went a little bit more aggressive getting of my meds"*, doing it in the half the time doctors recommended. Like Dylan, Brian is a Marine Corps veteran who believed medications should be ditched as soon as possible, *"I think the moment you should come off [the pain meds], I think you should come off it."* This was a common sentiment from most wounded veterans I interviewed, they only wanted pain medications when absolutely necessary and as soon as they could get off them, they wanted to. It was a common source of tension between themselves and their medical care team of doctors and nurses.

Not relying pain medication or other 'unnecessary' medications gives wounded veterans a way to demonstrate that they are moving forward, not wallowing in their injuries or circumstances. When talking about reducing or cutting off their pain medications veterans frame it as a preemptive choice *they made* rather than blaming it on doctors who were overprescribing or pushing unnecessary medication on them. Aaron flat-lined several times in the initial aftermath of his injuries and has numerous severe injuries. He clearly articulates his decision and pride in not relying on medications: *"Not taking medications, that was a choice. The pain in my ankle – I like to argue with my ankle sometimes. It feels good to be broke. It feels good. I don't know. I've learned to have these kind of – yeah, you're jacked up, but you're still moving. You're still doing stuff, so be glad about it."* Aaron saying *"it feels good to be broke"* is a way he can feel the pain and consequences of combat, connecting with his service and bodily sacrifices.

Separating oneself from a reliance on pain medication is one of the first ways wounded veterans can show their independence, an initial foray into taking the empowerment stance.

Denying or weaning oneself off of pain medications is also a way to align with masculine ideals, for men seeking help can be seen as a sign of weakness (Noone and Stephens 2008). Being masculine and being a warrior is built on internal strength, a characteristic that is reinforced by dismissing or downplaying health concerns as non-existent or not valid and engaging in risky behavior with a disregard for the consequences (Courtenay 2000). Relying on pain medication is an acknowledgement of needing help from something outside oneself. Combat veterans have put their lives on the line for the nation, an ultimate validation of their masculinity. Aaron and others take pride in being 'broken' and feeling 'broken' because it is a continued reminder and performance of their warrior masculine selves despite the disabled body they now inhabit.

Odin, an Army veteran who is a double amputee, sees a dichotomy around pain medication: *"I've heard of some guys who don't take pills anymore. They don't have any more pain. I've heard of guys who take pills for the rest of their lives. So I'm still figuring out which one of those I'm going to be. I'm still taking medication, but not as often as I used to. I notice little by little I'm getting better at not taking meds. And, I really want to stop because as soon as we get married we're planning to start a family and stuff, so hopefully I don't have to be taking any of that anymore."* Even though he is still taking pain medication, Odin desires to be part of the group of veterans who don't rely on pain medication. He describes his demonstrated efforts at his empowerment stance with medication by intentionally reducing the amount he takes.

Pain medication was a commonly cited example of the earliest opportunity veterans had to take an empowerment stance. For some, it came early during their recovery in the hospitalization stage, and for others, like Odin, it is an ongoing work in progress. Although Odin reveals his awareness of what other "wounded warriors" are doing with their medication, it is a harder habit for other wounded veterans to publicly monitor and police.

Prosthetic Limbs

Amputee veterans use prosthetic limbs to demonstrate their empowerment stance. For lower-limb amputees being able to walk again is the ultimate goal in the recovery process, regardless of how severe the amputation is. It is a milestone achievement for amputees and an opportunity that cannot arrive fast enough, especially for a veteran who went from combat to immobile in a hospital bed for weeks or months. The amputated limb, the 'stump' as it's often called, has to heal enough to be able to sustain weight before it can be fitted with a prosthetic. Once a veteran can be weight bearing, it is a slow process of incremental steps towards unrestricted walking. Walking with prosthetics is a significant way for veterans to demonstrate their independence. For lower limb amputees, being able to walk again allows them to take back their independent mobility and reassume their physical stature (i.e. height).

Before using prosthetic limbs, veterans have to rely on a wheelchair to get around and have limited mobility. The wheelchair is an iconic symbol of disability—it is literally the representation of being handicapped in our society. Veterans felt uncomfortable and frustrated having to use a wheelchair because it forces them into being seen as a disabled

person, an identity they vehemently reject. Marcus, who is a single-leg amputee above the knee, described why he hated using a wheelchair: *"I think it's just like people look at you like you're handicapped. Someone needs to come behind you and push you and assist you in a way, and I've never been like that. Through my whole life, through my initial boot camp training, that's why, I never reached out to anybody, 'Hey man, I need your help,' or, 'I'm struggling, I need your help or with anything.'"* The connection between the wheelchair and helplessness compromises how Marcus sees himself; he is a Marine who toughs it out, he never asks for help. Other wounded veterans described the physical experience of wheelchairs in the same way, irritated by the social role it forces them to fulfill (being 'sick') (Parsons 1951).

Mark, a Marine Corps veteran who is a double amputee (above the knee) describes using his wheelchair versus his prosthetic limbs: *"if you're in a wheelchair and you're not wearing prosthetics, and some kid sees you, he's gonna say, 'Look mom. He lost his legs.' But if you're walking around on prosthetics, some kids will be like, 'Look, mom. He has robot legs'...so at the very base of both of these situations you have either lost or gained something*." Mark's description shows how prosthetic limbs allow veterans to be empowered as warriors and as men, directing attention to their gaining legs, rather than the loss. Walking on prosthetic limbs allows wounded veterans to distance themselves from being seen as a disabled person or someone in need of help. The frequent use of images of "wounded warriors" with prosthetic limbs by organizations like the Wounded Warrior Project, help veterans to align themselves with being a "wounded warrior" rather than disabled. Regular use of prosthetic limbs is a priority for amputee veterans to take the empowerment stance, especially in public settings. Even though

Jackson, a double lower limb amputee, will use his wheelchair in certain situations he says he often opts not to use it because *"it's a pride issue."* For these wounded veterans, using prosthetics is a way to reclaim their masculinity and associate themselves with strength and independence rather than weakness.

The link between prosthetic limbs and taking an empowerment stance is so strong that amputee veterans who purposefully use a wheelchair instead of their prosthetics face criticism and backlash from their peers. There are a variety of reasons amputee veterans may opt to use wheelchairs instead of prosthetic limbs; for some, walking is not feasible or will be too uncomfortable. However, wearing prosthetics is the expectation for wounded veterans to demonstrate their authenticity. Juan is a Marine Corps veteran and also a triple amputee. He lost both of his legs above the knee and one of his arms below the elbow. At the time I interviewed him he was using an electronic wheelchair because it gave him more mobility. He said that getting back into his prosthetics would require a lot of physical therapy and readjustments, something he wasn't currently interested in doing. He described how he had been criticized by other wounded veterans for choosing to use his wheelchair, *"[another amputee], he called me a cripple and he told me 'I hope you enjoy all your cripple things.' To me, it kind of bothered me at first and now I'm just like we're cripples no matter what. Just because you wear legs and walk around, that's technology. You're using technology."* Juan described himself as not *"part of the walking club"*, and as a result says he has lost some of his wounded veteran friends. The characterization of Juan as 'lazy' for using his wheelchair illustrates the deeply rooted expectations that connect prosthetic use with the empowerment stance and the existence of this symbolic boundary. For amputees, prosthetic limbs give wounded veterans the

opportunity to resist the stereotype of being dependent or helpless while at the same time creating a super-human body image that aligns more closely with being a true warrior. Because he primarily uses his wheelchair, Juan's friend called him out for being the pinnacle of negative disabled stereotypes: a cripple. The regular use of prosthetic limbs has become the unquestioned standard and expectation for "wounded warriors", a requirement for the empowerment stance.

Handicap Placards

The topic of handicap placards would spontaneously come up during interviews as another opportunity veterans used to enact their empowerment stance. Handicap parking placards allow the holder to park at the front of the parking lot to minimize the distance to the building entrance and provide more room for wheelchairs or other accessibility items. Wounded veterans with physical impairments or other conditions receive a handicap parking placard as part of their treatment in the military's wounded warrior programs or through the VA. They are encouraged by medical professionals and program coordinators to use them. Veterans struggle, however, with what's the most appropriate way to use them given their desire to be an empowered "wounded warrior." Handicap placards prominently feature the blue disabled wheelchair icon, a symbol that many veterans view negatively because of its association with disability stereotypes (Cahill and Eggleston 1995).

In fact, handicap placards came up most often when I asked veterans: *"Do you consider yourself injured, disabled, wounded, hurt? Is there a way you think of yourself or typically describe yourself to other people?"* The placard is more than a mobility tool,

veterans took it as an official confirmation of their status as a disabled person—a designation that's uncomfortable for most veterans. Aaron started his response to the question saying, *"I'm jacked up a lot. I consider myself to have a handi-capable parking pass. I am jacked up. I am hurt. I am handicapped. I am, but I still wanna live life so I will push through the pain. I will push through the non-motion. I will still hike up a mountain if you ask me to."* Even though Aaron does describe himself as handicapped, he distinguishes himself through his motivation and drive to persist despite his injuries. Sean, a Marine Corps veteran, has a handicap license plate to save money (an annual $400 vehicle registration fee) but says he's embarrassed by it, *"I just always hope everybody assumes it's somebody else, not me. And I will never, ever, ever, ever, ever in a million years park that thing in one of those spots."*

While a couple veterans spoke unabashedly about using their handicap placards for parking in handicap spaces, most veterans described a complex justification process for when/if they use their placard. Some use it only on their bad days or if they know they can't make the distance between the parking lot to the building, and many veterans like Sean, opt to not use the placard at all. The dilemma of if and when to use it is a constant choice of whether they are going to demonstrate their empowerment stance. Ryan, a Marine Corps veteran with both visible and invisible injuries, says he will use his placard occasionally but *"only for altruistic means."* If the parking lot is swarming with people trying to find spaces and the handicap spots are open, he will park in the handicap spot so he's not taking up a regular spot for someone. A couple veterans specifically described feeling as if they are taking a spot from an old lady if they park in the handicap section. Ray, an Army veteran with invisible injuries, described himself saying *"I'm a combat*

injured veteran. I mean do I have – I actually have a handicapped placard. I only use it for parking at the beach because I don't want to pay for parking or parking downtown. Like when I went to a grocery store, I don't use it there. I don't want to be that guy that parks in handicapped to watch some little old lady come by in her walker from like 50 yards away, you know?" The little old lady example shows how veterans use a social hierarchy outside of the military context to evaluate whether and how they claim this disability benefit. They consider themselves less disabled than others, justifying their choice to not use (or selectively use) a handicap parking spot.

Alex is a Marine Corps veteran who is a single leg amputee, he discussed how his handicap placard caused him to question his own empowerment stance:

> *"[The hospitals] gave me a handicap placard, and it just offended me…but I kept it in my glove box and I use it every once in a while when there is no parking anywhere. And my daughter kinda called me out one day…I pulled out this blue thing and there was no parking…and I get out and talking to my daughter who's now 6 or 7. And so I said, "Let's go." So We're walking to the store and she's, like, "What was that blue ticket?" I said, "Oh, it's for someone who has a handicap, like me not having a leg." She's, like, "Well, you have five legs," because I have a [prosthetic] legs. And I didn't realize, like, "Holy cow! That's a good point." I can't just choose to be handicapped when it's convenient for me. So I decided it's not – that's not right. So I threw that thing away and stopped using it as an excuse because if I can race and do triathlons and whatever, then I don't need to park closer at a store."*

In Alex's case, it was his daughter calling him out that made him realize that using the handicap placard does not support his empowerment stance—he wants to think of himself as an athlete, not someone who is handicapped. Not using the handicap placard was a point of pride for many wounded veterans, a symbolic act that demonstrates their commitment to being empowered in the face of their injuries and a way to distance themselves from being seen as a disabled person. It is a way that they can affirm their independence and enact their empowerment stance.

Public Interactions

Iraq and Afghanistan wounded veterans explicitly bring their empowerment stance to every aspect of their lives, including the interactions they have with strangers. Many wounded veterans, especially those with visible-injures, proudly take on the role of being a teacher to a civilian population disconnected from the military. They view it as an intentional act, another kind of *"mission"* they take up as "wounded warriors." They feel a deep obligation to convey the pride they have in their service and bodily sacrifices. In casual conversations with others (especially strangers), wounded veterans emphasize the voluntary nature of their service—that they *chose* to serve and that they are still capable of living a full and productive life even with their injuries. Visibly injured veterans (or veterans with service dogs who now become visible to the public) generally have more opportunities to engage in these conversations because of the attention they garner in public, but invisibly injured veterans take this on as well. Aaron talks about his empowerment stance and how people react when they learn of him being a wounded veteran:

> *"…they try to be polite by not looking into it, not asking about it. I give them a pretty good mouthful of what my injuries consist of and how I feel about life. If I'm describing that…I could only hope that it's a powerful statement or a statement that stands alone...it won't leave you with too many questions. But at the same time, it won't leave you feeling sorry for me, either."*

He later goes on to say, *"I want to share it because I feel like if I don't share it, if it's not shared, America will not know and my history will be lost."* Aaron's reason for sharing his story goes much deeper than educating the public, it is about reaffirming the meaning

and contribution of his service. He purposefully shares his story in a way that shows his empowerment as a "wounded warrior" and the honor in his service.

Similarly, Mark, a Marine Corps veteran who is a double-amputee says *"if someone tried to give me their pity, I educate them on why they don't need to give me their pity, but why they should be proud of that, proud to be part of a country like this. I tell them mostly about the people who gave their lives so they can kick so much ass today…"* Mark redirects the attention from his injuries to the meaning of service and sacrifice. The empowerment stance that Mark takes in his public interactions also relates to the way he sees himself—how he understands his injuries and the impact on his sense of self. He says, "*I almost don't let myself define my time in the military by the day I suffered this injury. I have a fear of doing it because I feel like if I let myself define my service in the military by the injury I suffered on this day, then that's gonna handicap me and prevent me from being an open, presentable person in life. I'm not gonna let myself define my time by this one. It hasn't defined me. I'm not gonna let it."* He takes an empowered stance in how conceptualizes his injuries, emphasizing how he won't let his injury define his overall service or his outlook on life.

Another way veterans with invisible injuries take an empowerment stance is by minimizing the impact of their injuries in public. These veterans show their strength and independence by reducing or hiding the impact of their injuries on their everyday lives. While Ryan was serving in the Marine Corps he was shot in the stomach, which caused significant internal damage and has greatly affected his digestive tract and bowels. Due to issues with his bladder he has to use a portable catheter to relieve himself. When talking about his injuries he says, *"I take a lot steps to mitigate it when I'm going out in public.*

And so I feel like if you know me well, you know about it. But if we're acquaintances or just colleagues, you may not necessarily know about it because I take steps to prevent it from affecting my regular everyday life." Authentic wounded veterans like Ryan preemptively take care of their issues so that they can present themselves as 'warriors' and not a *wounded* 'warrior.' For Ethan, a Marine Corps veteran who has significant hearing loss in one of his ears, he positions himself in the right way so that he has his good ear facing the conversation. He says, *"every conversation I have with somebody in any sort of environment I have to make sure I'm oriented so that I can hear them."* This is a subtle arrangement that others may not notice, but Ethan is intentional about it because it is how he can enact his empowerment stance and reduce the stigma of any invisible injuries.

For both visibly and invisibly injured veterans, the backstage preparation work for public interactions also means knowing your environment (Goffman 1959). Veterans with PTSD or TBI may find crowds or unfamiliar venues to be stressful and overwhelming. Several veterans I talked to actively avoid situations where they knew they would be uncomfortable or too stressed. If needed, they took measures to prepare ahead of time like visiting the venue before the event, or bringing trusted friends who could help them if things get overwhelming. Veterans with physical limitations think ahead about potential mobility issues or obstacles as they go about their day-to-day life. Mario, a Marine Corps veteran who is a double amputee, says his injuries have forced him to become *"more creative"* in figuring out how he can accomplish normal tasks, like taking his young son alone on father-son outings. In public settings and interactions, wounded veterans enact their empowerment stance by educating the public about the

meaning of their service and finding ways to minimize or reduce the impact of their injuries to reflect their independence.

Policing Wounded Veterans Who Play the Victim

The expectations of the empowerment stance are not just a prescription for the behavior of wounded veterans but also a boundary that is reinforced positively and negatively. Veterans who do not take on an empowerment stance are perceived as acting like a victim. They are looked down upon and ousted from the wounded veteran community by their peers. Susan, a Marine Corps veteran with invisible injuries, highlights the cut-throat nature of the military and veteran community, saying *"and in our culture—we will, we will terrorize you if we think you're slacking. I mean, we're horrible on people."* For wounded veterans, playing the victim or using injuries as an excuse doesn't win friends in the community. It may appeal to outside civilians who are unaware of the community norms and feel sorry for the sacrifices wounded veterans have made, but it is not accepted among wounded veterans themselves. Mark explains these parallel standards by telling me what he says to veterans playing the victim: *"check your role dude. You volunteered for this. You know what the risk was. Don't try to be like, 'oh man, my leg hurts so bad just because you know people are gonna come try to sop up your tears and make you feel better."* He goes back to the volunteer nature of service as the justification for reinforcing his policing of the empowerment stance.

Jackson, a double amputee who served in the Marine Corps, also emphasizes the voluntary nature of military service in the post-9/11 era and that there is no excuse for seeking pity:

> *"[some veterans] feel like they're owed everything because they've served and gave up something. News flash. You volunteered. That's the great thing about America. It's a volunteer force. You have the ability to choose what you want to do. You choose your own paths. My path came to this. Here I am, taking it fully and taking it head on…and people use their injury sometimes as a cop out to say why they can't do something they want to do. They want to use their injury to try to get into an event or something like that. It's like dude, you're either good enough to do it or you're not. You don't need to extenuate it. I mean there's been times when I've used [my status] to try to get something, but very seldom."*

Jackson uses his own empowerment stance (as a wounded veteran who is 'taking it head on') to put down other wounded veterans who use or abuse their "wounded warrior" status as an excuse. However, Jackson himself admits that he has done this, but justifies it by saying it's a rare occurrence. This admission shows that these boundaries are not strictly all or nothing, they are permeable and can be dependent on the context, circumstances, and the individual veteran.

Marcus, a Marine Corps veteran, sees how the issue is rooted in the attention given to wounded veterans for their "wounded warrior" status, especially during the rehabilitation process. He says:

> *"It's not that easy for some people to…break away because people do fall into that little, 'yeah. I'm a wounded warrior.' I'll always be a disabled veteran or I'll always be a wounded warrior so everybody should always be paying attention to me and making sure that my life is good or that if there's anything that I need, people should come in a hurry to come and take care of me. So it's very hard to get people out of that mindset and back into regular society that everybody's lives at one point were focused on you. But their focus is now on different things as well. Your focus should be progression and moving forward as well."*

Even though Marcus understands how veterans can get sucked into a self-indulgent mindset, he still maintains the expectation that wounded veterans need to think outside of themselves. Part of becoming empowered for him is learning how to become independent, relying on yourself rather than others to move your life forward.

Julian, an Army veteran with severe burns, PTSD, and TBI, seems to be understanding of those who play the victim, but also attests to it's usefulness as a symbolic boundary. He describes,

> *"some guys, again, some guys with PTSD are very excessive, some aren't. But the general thing is that you can't let the stupidity of someone else affect you. But yes, there are the ones that use the PTSD thing as an excuse for every single thing on the planet. And you just have to have in context, you have to understand that somebody may have not have gotten the right support or therapy…but yeah, generally speaking, there are the ones that do go out there and use it as a red flag. And say, wait a minute, 'I can't do it.' Or you know, 'I need help because of this…' And a lot of times I can say that they're usually full of shit, you know, unfortunately."*

At the same time that Julian characterizes these veterans as needing more help, he also expects many of these veterans to be fakers (deviant "wounded warriors"). If veterans do not enact an empowerment stance towards their injuries and limitations, they can come under suspicion and other veterans may question their motives as a "wounded warrior." The symbolic boundary is actively policed by veterans, both in explicit confrontations and other ways like social isolation or damaging their reputation.

The empowerment stance not only guides individual veterans in their own presentation of self and their injuries, but it also builds community standards to define symbolic boundaries that act as a mechanism of social closure. Projecting empowerment gives wounded veterans a way to adhere themselves to the expectations of being a masculine warrior to protect the meaning of their military service within the "wounded warrior" status. While wounded veterans act to challenge the traditional stigmas of disability and mental illness by emphasizing their strength, self-reliance and independence, they also reify these same stigmas by discrediting and excluding veterans who display the stereotypical characteristics of disability. In trying to dispel stigma,

wounded veterans actually end up stigmatizing others. Wounded veterans were once the most privileged able-bodies engaging in combat. Now they find themselves working to reconcile the loss of their physical and/or mental health and their status as an authentic "wounded warrior." The empowerment stance allows them to rebuild some former status by shifting the focus towards the attitude they bring to their circumstances rather than the circumstances themselves.

Humility and the Attitude of Service

Humility is another expectation and standard held by the wounded veteran community as an ongoing assessment of who is an authentic "wounded warrior." Wounded veterans are expected to be humble despite an avalanche of resources, opportunities, and status afforded to them as "wounded warriors." All veterans accrue benefits from their status as a "wounded warrior", both tangible and intangible, but the symbolic boundary of humility enforces the expectation that a veteran should not desire or seek those benefits in an excessive or unjustifiable manner. Humility connects to the idea that veterans and warriors should engage in selfless service, seeking to serve without an expectation for any return. Veterans who demonstrate their humility follow the highest ideals of military service, even in an era where servicemembers are afforded tangible and financial benefits. Being humble also further supports wounded veterans' construction of their masculinity. Authentic "wounded warriors" are not overly dependent or relying excessively on help, they only use the benefits they need and nothing more.

The symbolic boundary of humility filters veterans with a self-serving, status-seeking agenda who seek 'too much' personal gain from being a "wounded warrior."

Veterans who are labeled as greedy or entitled are at a minimum, chastised from their peers, and at worst, isolated from the larger community. Authentic "wounded warriors" are supposed to only ask for what they need to heal, recover, and maintain their health. If wounded veterans boast or brag about the benefits they receive from their status as a "wounded warrior", their intentions and character come under question because it goes against the ideals of what a warrior is and their intentions for serving.

An Attitude of Entitlement: Policing the Boundary

As Marcus already pointed out, the recovery process for a debilitating injury is a moment in time where everyone is focused on you—doctors, nurses, as well as family and friends. You have to rely on others to provide for your basic needs and everyday care. But after that period, because you are a "wounded warrior" people are still focused on you and providing things for you as a way to say 'thank you' and honor the sacrifices made. Marcus states *"some people get stuck into just taking and taking and taking and taking and not ever—no one has ever told them 'Hey, you also need to give back.'"* Todd, an Army veteran with severe and visible burn injuries, noted the same process as Marcus and jokingly suggested that before entering the wounded warrior recovery programs patients should have to sign a letter that says *"I am not entitled. I am not entitled. I am not entitled."* He says that with all the attention you get in recovery *"you gotta keep yourself in check. And there's no class for that. There's not block of instructions about how to get ready. You're about to join the Wounded Warrior Battalion. Here's some best practices."* Even though veterans like Marcus and Todd understand how the recovery

environment encourages this behavior, they still maintain an expectation that veterans recognize this problem and self-correct.

While military and veterans are entitled to certain benefits because of their service, entitlement in the wounded veteran community carries a negative connotation. For wounded veterans, entitlement is associated with someone who thinks they deserve every resource and opportunity available. Nathan is an invisibly injured Marine who has PTSD, TBI and other health issues. His wife, who was preparing dinner in the kitchen during our interview, would occasionally chime in. She pointed straight to the entitlement problem in the community when she started talking about her experiences with the "wounded warrior" spouse support groups:

> "*I'm involved in a lot of the support groups, Wounded Warrior Wives is a support group and there are some wives out there that are just after a free ride and expecting all these charities to pay for everything and it's kind of ridiculous. And then there are people like us that just want a little help. I don't expect you to put a fence up for my dog, I don't expect you to put a roof on my home, I don't expect you to put new tires on my car, or fly me somewhere on vacation."*

She makes it clear that her and her husband just want honest help, but that others in the community have different motivations. Those who act entitled or greedy are making it harder for deserving wounded veterans and their families to get help. For Nathan and his wife, these veterans threaten the integrity of the authentic wounded veterans.

The idea of entitlement, or the direct references to 'entitlement' came up frequently throughout my interviews. It is an issue that is fresh in the minds of many wounded veterans, a problem connected to the growing recognition of "wounded warriors" as a highly deserving group in society (Kleykamp and Hipes 2015). Daniel is a Marine Corps veteran with significant burn injuries and an amputation. He says, *"most of us will tell you…there is an unfortunate side effect of all the benefits that we're receiving*

and all the generosity and the gratitude from the American people is that there is a serious problem with the sense of entitlement." He continues on saying, *"the problem is that the people that have that sense of entitlement, they are the loudest and most visible",* and that *"there are people out there that are pushing their story, trying to get people interested in what's going on. I don't want any part in that. I think the American people have done a great job taking care of me and I don't think that they owe me anything else."* Daniel distinguishes himself from other veterans using his attitude, upholding an approach of humility, saying that he doesn't want the attention or benefits. Later, he states this more directly saying *"I'm not in this to maximize the benefit for me. That's not what I want off of it."* Daniel points to the fact that veterans who act entitled also embody other traits are that looked down upon, like attention seeking behaviors.

For many wounded veterans, their issue with entitled veterans is their blatant assertion of being owed something. The demand of indefinite provisions in the wounded veteran community goes against the foundation of service: that it is about commitment and sacrifice, not benefits or personal gain. Juan described, *"I feel like veterans nowadays, they feel like they're entitled a lot more and that kind of pisses me off. I joined just like them, and I never joined because I was going to get free shit…I joined because I wanted to serve my country, I wanted to blow shit up and because I didn't want to do anything else."* In this quote, Juan is pulling his own status as an authentic veteran to 'check' other veteran's intentions. He continued on saying, *"People want to give me stuff, I'm not going to be stupid and say no, but I'm not going to go searching for it either. I'm not going to go out there intentionally – well, when things don't go my way, I'm going to blame it and tell people that they should know exactly who I am and what my brothers*

did in the country because honestly, that's not what freedom is. Freedom is freedom to do and not understand what we do. That's the beauty of it." Juan emphasizes his own attitude of humility while also pointing the blame at entitled veterans who abuse the ideals they fought for. The complaints and policing of an entitlement attitude from wounded veterans go beyond a surface-level annoyance, it is perceived as an erosion of the meaning of service and sacrifice.

Veterans who seek attention by acting greedy or entitled are driven out of the community and are not accepted by other wounded veterans. Veterans who are 'loud' and advertise their "wounded warrior" status come under suspicion by other wounded veterans. Julian, an Army veteran, says he doesn't describe himself as a "wounded warrior" unless it's absolutely necessary: *"It's the same thing for the wounded warrior thing. We don't use the card unless it's something that we're trying to portray to somebody to make them understand what the situation is, generally speaking. Anybody who goes around saying, I'm a wounded warrior just outright all the time, they're probably full of shit in the first place. You know, it's kind of an indicator for us to say, 'okay, I'm gonna call your bullshit.' So for real wounded warriors though…it's something that's kind of a thorn in our ass."* How wounded veterans talk about or disclose their "wounded warrior" status is a telling sign about their authenticity. Attention-seeking behaviors threaten the integrity of authentic "wounded warriors" who want to be seen as more than their veteran status. Ethan, a Marine Corps veteran, said he has counseled other veterans to try and help them understand: *"…a lot of the guys [I know], if they're doing something that's a little bit outrageous… I will usually pull them off to the side and I'll say, 'hey, you know what, you're an ambassador for every other*

injured veteran there is and so when you do something like that, think about, you're not just making yourself look bad. Or maybe you think you're being funny right now, but you're also making people change their views as to what an injured veteran is like and you need to think about the larger picture…'" This is an explicit example of how wounded veterans police one another, enforcing the social boundaries and norms of the community (Schwalbe and Mason-Schrock 1996). Wounded veterans enact these symbolic boundaries because they perceive themselves to be interconnected—their credibility as a "wounded warrior" depends on others in the community.

Showing Humility

Humility is seen as the antithesis to an entitled attitude. To demonstrate one's authenticity as a "wounded warrior" and to avoid being seen as greedy or entitled, wounded veterans are expected to actively demonstrate their humility. One of the ways wounded veterans do this is by asking for only what they need and nothing more. With so many opportunities and resources available, especially for visibly wounded veterans, this is a standard practice that is used and openly discussed among wounded veterans. If veterans are thought to be taking more help or benefits than they need, they can gain a reputation of being greedy, jeopardizing their authenticity status. The most common displays of humility among the wounded veterans interviewed include: (a) not asking for additional resources or benefits, (b) putting the needs of others ahead of your own, and (c) not seeking the spotlight or media attention for personal benefit. These themes came out most often in discussions surrounding the resources and opportunities for "wounded warriors" and the media spotlight and attention for veterans.

Events and Opportunities

One of the most significant ways veterans demonstrate their humility is how they handle the opportunity to attend trips or events designated for "wounded warriors." Between the military's rehabilitation programs and the civilian non-profit organizations, there are special trips and retreats offered regularly for Iraq and Afghanistan wounded veterans. During the recovery process veterans are plugged in to a network of resources and their participation is a mandated part of their care plan. If veterans continue their connection with any of the local veteran service organizations or non-profits they will be more aware of these opportunities than other wounded veterans. There are a variety of opportunities, including all-expense paid skiing clinics, hunting trips, golf tournaments or other opportunities, and special events like professional sports or movie premieres. The question then becomes how do authentic wounded veterans handle these opportunities while adhering to the expectation that they are humble?

One way that veterans manage these opportunities is to routinely turn them down or defer to others who are more portrayed as needy or more deserving. Odin, an Army veteran who is a double-amputee, says that others are always encouraging him to take advantage of the available opportunities, but he can't bring himself to do it. He says,

> "*I know people tell me, 'Hey man, you know you can get this, and you can get that.' You know what, man; I'm not going to do it because if I don't need it, there's no reason for me to go for it. There are other guys out there who can probably use it. That's why I would rather – I know that they're obviously going to give it to whomever applies sometimes, but it's one more thing to give to somebody else who could actually put it to use."*

Odin cannot imagine taking that opportunity for himself if others are in greater need. This allows him to remain humble and downplay any continued personal/well-being support,

reinforcing his own health and vitality. Ryan, a Marine Corps veteran with visible and invisible injuries, uses the same justification for a fishing trip he's been interested in:

> *"I was introduced to this thing, and I've never taken advantage of it. It's a fishing/hunting trip for vets. And I was telling my mom I don't want to take advantage of that, there are vets who are far more in need of that than I am. And she's like, maybe they're offering it because no one's taking advantage of it. Maybe they're offering because it's what they specialize in. And they want to do something nice for a vet. And that's how they can provide a service. So like, take advantage of things like that. And just because I haven't doesn't mean that guys shouldn't."*

Even though Ryan sees the benefits of the civilian community that wants to help veterans, he maintains his position of humility—an attitude that demonstrates his continued authenticity as a "wounded warrior." Ryan continues to put others first and in the process denies his own interests, and even his own advice.

Veterans with invisible injuries may find it hard to even claim their right to those opportunities because of their contested membership as authentic "wounded warriors." They may fear being judged or questioned, avoiding these opportunities all together. Annette, an Army veteran who has PTSD from her combat deployments, said that her other wounded veteran friends would encourage her to join them on the trips or events they would go on. She resisted because she felt that she would be judged on whether she was really injured and if her injuries originated from combat (even though she is combat injured). She further rationalized her lack of participation by telling herself that she doesn't deserve those opportunities because there are other veterans more injured than her who should have that spot. Regardless of injury visibility, the idea that other wounded veterans deserve or need these opportunities more than they do is a common narrative in the community, and a way to enact one's humility and authenticity as a wounded veteran. If a wounded veteran is not espousing these sentiments, they may be pegged as greedy or

entitled. Even though Annette's PTSD substantially affects her day-to-day life and her friends were encouraging her to join them, she feels other wounded veterans deserve these opportunities more than her.

When wounded veterans do take advantage of these opportunities, some find ways to justify or validate their use to retain their humility. As a double amputee, Jackson has very visible injuries that fit the stereotypical 'look' of a "wounded warrior." Because of his visible injuries and his participation in several organizations serving wounded veterans, he is presented with many opportunities. He says,

> *"...There have been a lot of things that [this specific organization] personally has offered me, but I have deferred to another marine on active duty still….But I think everything has come full circle, you know, for organizations like this because I've been able to extend that to non-injured marines that I know, and that's what's kind of made me feel at peace with that….Don't get me wrong. I mean some of the stuff I do enjoy. But you'll never see me going to ask for it. 9 times out of 10 now, I defer it because I just don't want to deal with it anymore."*

Jackson avoids being seen as greedy by passing up the majority of the opportunities he's given or by giving those opportunities to currently serving military members. In doing this, he feels that he is actually helping these organizations to reach a broader community (outside of wounded veterans), which gives him the peace of mind (and justification) to know that he's giving back even as he's receiving. He can remain humble while still benefiting from his status as a "wounded warrior."

Todd, an Army veteran, described engaging in a similar giving back process. When he was in recovery there was a Christmas event organized by a non-profit for all the wounded veterans staying in the barracks. They would collect goods (like socks, t-shirts, etc.) all year long and then give wounded veterans bags to take anything they wanted or needed for free. In Todd's story about this event he emphasized that he always

went last, saying *"I would be the last one. But I also donated stuff too. I had these things, brand new, that I didn't want. I gave it to them. And they ended up raffling it off to the troops."* Again, Todd found a way to practice humility by going last and finding a way to give back that was beyond what was expected. He concluded by echoing a common sentiment I heard from many wounded veterans, *"I wouldn't turn anybody down for something. But I wouldn't ask them, what could you do for me? And I wouldn't even think that!"* When presented an opportunity or free stuff, veterans are caught between coming off as rude and seeming greedy. Authentic veterans are expected to never ask for these things, but in limited circumstances can accept the goodwill of others for their service.

Media Spotlight and Attention

Another way humility is judged in the wounded veteran community is based on how veterans handle the attention they get as a "wounded warrior." Along with the many opportunities that wounded veterans receive because of their status, wounded veterans are also in the public spotlight. The media gravitates to stories of post-9/11 wounded veterans, especially inspirational stories about veterans who are overcoming their injuries and disabilities (see Chapter 4). Luis is a Marine Corps veteran and also a double amputee. He participates in several sports and has played in the Department of Defense's Warrior Games. He has had several experiences with media outlets covering his story. He doesn't mind telling people about his injuries, but he says:

> *"…if I could [interview] with every news station, [and] I could be anonymous and not show my face I would do it. I don't do it to promote myself or get my name out there…I don't go on all the trips I can because I feel like other people should get a chance. So I'll go on one every few months, so I've been on one trip this whole time [I've been] injured and that was mammoth to go ski."*

Even though Luis has been in the spotlight, he advocates that his intentions are not about self-promotion or personal gain. Jackson and Ian, both visibly injured veterans (amputees), have also had their share of media experience. In their discussions about being interviewed for media outlets, each emphasized why they did it—to raise awareness or support an organization they cared about. They spoke about their time in the spotlight with a cavalier attitude, something they didn't necessary want to do but it was a means to an altruistic end. Wounded veterans can be in the spotlight and maintain their humility with the right attitude and purpose for their media appearances.

Carter, a Marine Corps veteran and single leg-amputee has been called out by other wounded veterans for using his status as a "wounded warrior" for personal gain. In addition to his regular job, he has interests in being a track and field athlete and a motivational speaker. He started a Facebook page to put himself out there more, but he got negative reactions from other wounded veterans so he ultimately decided to take it down. He says…

> *"…I've had people say I do it for attention. I'm doing this because I'm trying to become famous and this and that. I was like…I'd do this whether I had two legs or no legs period. If I had the opportunity, I would do this regardless. Given that I'm missing a leg is the opportunity that I have that puts me out there so yeah, I'm going to run with it, but I have no intention of making money from this. No, I could care less about money and so it just really put a bad taste in my mouth towards…"*

This backlash put Carter in a really difficult position of being torn between wanting to pursue speaking but also not wanting to isolate himself from the wounded veteran community. He acknowledges that putting himself out there meant being in the spotlight, but he points to his intentions as the source of his humility. He's not trying to make money off of it, or be greedy, he just enjoys doing it and has a unique way to grab

people's attention. Even though he wanted to pursue public speaking, at the time of our interview, he had stopped using his Facebook page and only did small-scale speaking engagements, like speaking to local elementary school classes when friends invited him to. This example shows how it can be difficult for wounded veterans to balance their humility and other social expectations while navigating the opportunities and attention that comes with being a "wounded warrior."

Humility is the guiding expectation for wounded veterans, a symbolic boundary maintained for ongoing acceptance of authenticity in "wounded warriors." Humility is expected as both a matter of attitude and one's actions. Veterans who are out for their own personal gain as a "wounded warrior", whether through events, opportunities, or media exposure, are labeled as greedy or entitled. The societal build-up of "wounded warrior" has made it a status that confers both tangible benefits and intangible accolades. Internal group boundaries and codes, like humility, are used to separate those seeking a selfish kind of attention as a "wounded warrior" from those who adhere to the ideals of selfless service. Humility also allows wounded veterans to further distance themselves from being seen as dependent or needy, two negative stereotypes associated with disability and mental illness.

Conclusion

Wounded veterans construct and maintain symbolic boundaries to control the continued acceptance of who is considered authentic as a "wounded warrior." Even combat wounded veterans, whose wounds are verified as authentic entry credentials, must continue to demonstrate their authenticity through certain actions, behaviors, and

attitudes. The worthiness of a "wounded warrior" is not only built on their wounds, but also how they represent themselves as a warrior. Veterans draw on significant cultural and institutional features of the military—the warrior symbol, tenets of masculinity, and a service orientation—to reclaim and validate the meaning of their own wartime service. Taking the empowerment stance and being humble gives veterans a way to distinguish themselves as worthy while also dismissing veterans who are perceived as playing the victim, acting greedy, or being entitled. These symbolic boundaries allow veterans to emphasize their traits as an honorable veteran and downplay stigma from their injuries or disabilities. Wounded veterans accomplish social closure of distinction through a process of continual policing and monitoring of one another's behaviors and attitudes as it relates to being a "wounded warrior."

The extension of the masculine warrior ethos outside of the military institution in service of the "wounded warrior" identity results in three particular consequences for wounded veterans. First, authenticity is constructed in such a way that it reifies the traditional stigma of disability and mental illness. Wounded veterans challenge stigma by disparaging veterans who do not present themselves as empowered, negatively reinforcing veterans who may be struggling with their injuries or have a different perspective post-injury. Wounded veterans who do not 'take up the fight' against their injuries lose social credibility, threatening their ability to be accepted as an authentic "wounded warrior." Second, the continued adherence to the warrior symbol and the altruistic nature of service alienates wounded veterans who want to move on from their military service or have fundamental disagreements with the military's institutional values. The label "wounded warrior" and the symbolic boundaries used by wounded

veterans keep veterans intimately connected to the social and cultural norms of the military long past their service obligation. Wounded veterans who do not continue to espouse or live by traditional military ideologies may find it difficult to fit in with their peers as a "wounded warrior." Lastly, the symbolic boundary of humility limits veterans from taking full advantage of the support and benefits earmarked for them. The public wants to help and honor veterans, but the social norms in the "wounded warrior" community conditions their participation. Wounded veterans who overly oblige in the goodwill of others face ridicule and social sanctions from their peers. As a group, wounded veterans reinforce social and cultural norms allowing for a very narrow understanding of who is considered worthy as a "wounded warrior."

Chapter 10

Conclusion

In this dissertation I have mapped out how post-9/11 wounded veterans become "wounded warriors", tracing the ways in which this social construct shapes the identity, social relationships, and community dynamics of Iraq and Afghanistan wounded veterans. Wounded veterans occupy a particular *social location* because of their unique veteran status, nested within civilian society, the larger military/veteran community, and inside their own group as "wounded warriors." In each context, wounded veterans navigate different expectations and meanings attached to their "wounded warrior" status. This dissertation traces a progressive focus through these contextual layers, systematically analyzing wounded veterans experiences as "wounded warriors": starting with the portrayal of "wounded warriors" in the media (Chapter 4), then moving to veterans' experiences in public interactions (Chapter 6), and ending with the internal community dynamics among wounded veterans (Chapter 8 and 9). I rely on two forms of qualitative data in my analysis, a content analysis of news media coverage and in-depth interviews, to capture how "wounded warrior" is socially constructed and examine how wounded veterans understand, navigate, and shape the various social expectations attached to their status as "wounded warriors."

In this final chapter, I distill two major contributions of my work and discuss potential directions for continued and future research. First, I outline how the interaction between veteran status, visibility and stigma shows the conditional nature of stigma. Second, I argue that this research reveals the work veterans do to regulate a communal veteran identity as "wounded warriors" through social closure and group boundaries.

Lastly, I discuss the broader implications of my findings and directions for future research, organizing this reflection around three distinct areas: (a) *social groups and collective identity processes,* (b) *status, stigma, and disability,* and (c) *veterans and their veteran identity.*

The Relationship of Visibility and Veteran Status with Stigma

From the outset, visibility, whether a veteran's injuries were seen or unseen, has been a major focal point of this study. Beginning with Goffman, research on stigma shows the distinctive experiences of people with known versus concealable stigmas (1963). In the military context, the history and evolving categorization of invisible combat injuries has revealed the differential treatment and recognition of war injuries (Finley 2011; Linker 2011; Scott 1992). In my research design and analysis I attend to visibility as a major analytical category—building in a comparison of media narratives and the experiences of visibly and invisibly wounded veterans. While the visibility of a veteran's injuries profoundly shapes their experiences as a "wounded warrior", I find that the resulting presence of stigma is dependent on the interaction between the visibility of veteran's injuries and their veteran status. Wounded veterans perceptions and experiences of stigma vary based on the relationship between their veteran status as "wounded warriors" and the visibility of their injuries. In particular, this relationship is conditioned on two factors: (1) the recognition or assumption of injuries being combat-related, and (2) a positive association between the injuries and "wounded warrior" status.

In each social context I identified—the media, civilian strangers, and with other veterans— "wounded warriors" with visible injuries are largely favored as the *good or*

celebrated "wounded warrior" while those with invisibly injuries find themselves *stigmatized or questioned* as "wounded warriors." News media narratives align with the public treatment of veterans where visibly wounded veterans, particularly amputees, are seen as accomplished, inspiring figures and invisibly wounded veterans are feared, mainly because of the suspected negative effects of PTSD. Inside the wounded veteran community, visibility helps position veterans atop the social hierarchy because their injuries signal a tangible sacrifice made in combat. Invisibly injured veterans grapple with continually having to prove their wounded status to their peers to gain full acceptance as a "wounded warrior." Each context feeds into one another, creating divergent trajectories for "wounded warriors." While veteran status aides all wounded veterans in being able to personally resist stigma in their self-definition or self-concept, its pervasive public benefits only apply to veterans with a narrow range of invisible injuries. Wounded veterans with severe burn injuries interviewed for this research have very visible injuries, yet they are not always recognized or associated with being a "wounded warrior." This changes their public interactions and experience with stigma. These veterans report a wide range of reactions in public settings—they are sometimes honored and recognized as "wounded warriors" but they also experience negative interactions when the origin of their injuries is not known.

The social experiences of "wounded warriors" are fundamentally shaped by the interaction between their veteran status and the visibility of the injuries. This research demonstrates that stigma is not a static experience or variable, that its presence and effect is largely dependent on context. While both physical disabilities and invisible injuries or illnesses are stigmatized in society, only invisible "wounded warriors" find themselves

regularly fighting the stigma of their injuries across different contexts. The continued, pervasive stigma of mental illness is affirmed and in this case, the fear of combat-related PTSD affects all veterans with invisible injuries. The stigma of physical disability, however, is shown to be malleable for "wounded warriors", overtaken by the symbolic value of their veteran status. While some stigmas may be permanent social scars affecting every aspect of life, others can be context dependent, alleviated under particular conditions or at the crossroads of an intersectional status. For post-9/11 wounded veterans, it is the smallest proportion of veterans that routinely and publicly benefit from their "wounded warrior" status, most other veterans experience or anticipate experiencing stigma from their injuries despite their origins in combat.

Protecting Meaning and Controlling the Community: Social Closure of Distinction

While visibility, identity, and stigma were anticipated to be important concepts upon entering this research, the internal boundary work among "wounded warriors" is a prominent theme that emerged entirely from participants. Wounded veterans control the communal expectations for who is an authentic "wounded warrior" to protect the meaning and symbolism of their unique veteran status. Sociological research has not yet addressed how veterans understand and uphold their military/veteran identity. Much of what we know about veteran status accounts for how others react to or interpret this status (Camatcho and Atwood 2007). My research reveals that veterans, particularly those whose military or veteran identity continues to be socially or financially consequential, do a great deal of work in maintaining expectations for themselves and others by regulating their veteran identity. The consequences of veteran's identification

ripple far outside of the individual veteran. The Iraq and Afghanistan wounded veterans interviewed for this work situate themselves within a collective understanding of what it means to be a "wounded warrior", affecting the social dynamics and interactions for *all* wounded veterans.

Wounded veterans actively define, craft, and negotiate their status as "wounded warriors", enforcing internal rules and norms for who is considered authentic and deserving of the advantages of this status. Post-9/11 wounded veterans use social and symbolic boundaries to accomplish *social closure for distinction*, preserving the material, social and symbolic benefits of the "wounded warrior" status and protecting the meaning of their service and sacrifice as combat wounded veterans. Wounded veterans rely on internal tools of identity and social norms to resist expanding external definitions of who can be considered a "wounded warrior" and challenge the negative or helpless media portrayals of wounded veterans. Combat wounded veterans use these identity expectations to ensure the continued symbolic value of their own military service and their status as veterans, reaffirming their place inside the authentic "wounded warrior" community.

The creation and maintenance of an authentic "wounded warrior" identity comes at a cost—creating inequality and hierarchical differentiation within the post-9/11 wounded veteran community that restricts and limits certain veterans participation the "wounded warrior" community. As wounded veterans try to challenge and negate stigma, they also reify it through their socially constructed expectations of authenticity. The study of veteran identification reveals more than individual self-conceptions, it is an essential

component in understanding how veterans act on the meaning of their military service and veteran status and the consequences it holds for both veterans and society.

Areas for Future Research

Social Groups and Collective Identity Processes

This dissertation is about how wounded veterans make and understand their identity as "wounded warriors" given the cultural, social, and institutional resources available to them. Wounded veterans not only experience the "wounded warrior" construct as a facet of their personal identity, but they also imagine their belonging to a collective group—both as a generation of war veterans and a subset of wounded veterans. Sociologists have always been attuned to the importance of social groups, from Weber's work on class, status, and party separations to Marx's delineation of proletariats versus the bourgeoisie, to Durkheim's articulation of how groups can influence suicide (Durkheim 1951; Marx and Engels 2002; Weber 1978). Groups use social closure to tighten the boundaries between insiders and outsiders and monopolize material and social benefits for their membership (Murphy 1988; Parkin 1979). Social stratification literature on social closure has focused primarily on the acquisition of material and tangible benefits through this process, with less attention to the role of cultural distinction in social inequality (Lamont et al. 2014). I show wounded veterans are an example of a group that uses social closure to monopolize three types of rewards—material, social, and symbolic—but they are most motivated to close off material opportunities by their desire for a cultural/symbolic distinction as authentic "wounded warriors." Combat veterans want to distinguish themselves from other types of wounded veterans who are also

technically considered “wounded warriors.” Their employment of social closure for distinction is motivated by monopolizing esteem, respect, and honor, yet still remains linked to material and financial benefits and social status.

Much of the sociological literature on group identity assumes groups are cohesive entities where insiders are bonded by their similarities and united against the differences of outsiders (Hogg 1996; Sanna and Park 1997). My work develops an example of intragroup differentiation—showing how wounded veterans cognitively and socially try to separate themselves from others occupying the same social category without creating a new identity. Social psychology research, especially on group processes, attends to how and why relationships form inside of groups (Levine and Moreland 1990; McGrath et al. 2000). While this can be useful to scholars of identity (and I borrow from status characteristic theory) much of the work is conducted in an experimental setting with small working/task-oriented groups or newly formed/spontaneous groups. This begs the question—what about long-standing groups formed around chosen or determined identities? How do groups maintain a collective identity while also creating internal divisions that distinguish degrees and quality of insider membership? This is an area of sociological research in need of more attention and development, especially in the case of collective identity work (Stryker and Burke 2000). Continued research efforts should extend boundary work research to understand what determines the boundaries that are drawn inside groups, not just between insider and outsider but also among insiders; also, who determines the contours of these boundaries and how does that affect the cohesive identity of the group?

This dissertation begins to explore this corner of sociology, showing how social meaning and cultural significance motivates the need for internal mechanisms of distinction. In future research, sociologists should consider military members and veterans a social group ripe for this particular kind of study. Veterans are a social group originating from a common institution, yet even veterans who served in the same cohort (time period) or the same unit may come to think of their veteran status or identity very differently. Scholars have the ability to control certain sociodemographic factors (such as military occupation/job, combat experience—yes or no, length of service) to gain a deeper understanding of how social and cognitive divisions are formed within the same social group. I hope my work will spark others scholars of identity to consider veterans as a novel group for future study.

Status, Stigma, and Disability

Stigma is an enduring facet of human society. Stigma has remained a chief concern in contemporary sociology with a robust line of research and continued theoretical development (Goffman 1963; Link and Phelan 2001). This qualitative study of "wounded warriors" provides a unique opportunity to examine the interaction among stigma, identity, disability, and status. Wounded veterans occupy an unusual social position because they possess wounds and disabilities that are traditionally stigmatized, yet are attributed to an honorable status in society through their military service. My research demonstrates that the experience of stigma for post-9/11 wounded veterans is conditioned on the interaction between the visibility of their injuries and their veteran status. Visibly injured veterans, especially those who align with the stereotypical images

of a “wounded warrior”, are publicly recognized as “wounded warriors” allowing them to easily dispel the stigma of their disabilities. Invisibly injured veterans anticipate that their veteran status will only amplify the stigma of their invisible injuries. PTSD and the fear of the dangerous/violent veteran is conflated with other invisible injuries, making veterans (even those who don’t have PTSD) weary about revealing their hidden “wounded warrior” status at all. This research shows that even within the same identity, stigma can act differently; motivating continued research on the multifaceted dimensions of stigma.

My work also continues to reaffirm the powerful and pervasive effect of the stigma of mental illness (Link et al. 1989). Even with measures to reduce the stigma of PTSD in the military and research demonstrating civilians relieve PTSD stigma for military veterans, invisibly injured veterans still perceive and act upon stigma by changing their behavior and their experiences as a “wounded warrior” (Tanielian and Jaycox 2008). While visibly wounded veterans are celebrated, both in public displays and media narratives, invisibly injured veterans live under a cloud fighting to be recognized in the same way; ultimately these veterans choose to ‘opt out’ of their public association of being a “wounded warrior” as often as possible. This may impact their lives as romantic partners, students, employees, and leaders as they continue to deal with complicated medical issues yet worry about the social stigma that would come from revealing the true source. Lastly, my findings on stigma show how groups use community expectations and norms in their identity work to resist and challenge stigma. Yet, even as wounded veterans seek to challenge stigma they also continue to reinforce its power by defining their worth as “wounded warriors” against the traditional

stereotypes associated with both physical disabilities and mental heath problems; thus, weakness, struggle, or feelings of being a victim are thought of negatively even though they are common feelings for people who have experienced substantial injuries. In trying to challenge stigma, wounded veterans have created a very narrow understanding of what it means to be a *good* "wounded warrior", expectations that could harm wounded veterans who can't or don't want to adhere to the warrior attitude.

Scholars of disability in social science argue the experience of disability is socially constructed; it becomes a deviant status in relation to an ableist world (Jenks 2005; Thomas 2010). Jenks (2005) articulates how disability is located somewhere between the medical and social perspectives, lying "in the interplay between individuals' physical bodies and society's constructed meanings of difference" (145-6). Wounded veterans exemplify the social construction of disabilities in society. The "wounded warriors" included in this study possess the same physiological and psychological symptoms as other civilians, yet their disabilities are publicly rewarded and praised. While veterans with visible disabilities still experience stares and other negative reactions to their disabilities, they also receive praise, gratitude, and gifts from total strangers. Even though veterans anticipate a stigma with their invisible injuries, continued social science research shows the public is willing to set aside their stigmatized beliefs when it is explained by military service (Hipes et al. 2014; MacLean and Kleykamp 2014). The unique case of veterans' disabilities and injuries originating from a positive, highly esteemed status reinforces the social malleability of even highly stigmatized statuses.

I hope this research will encourage continued inquiry into other forms of honored and esteemed disabilities, studying this as a unique intersection. Are other groups with

disabilities able to resist and challenge their stigmatized status based on the origin of their injuries? For example, people who were injured in mass shootings or acts of domestic terrorism—will their status as a victim of a national recognized tragedy be enough to overcome the traditional stigma of their disabled body? Or do they blend in as a normal disabled civilian because it is harder for others to associate their injuries to a recognized source? There are several victims of the Boston Marathon bombing who have prosthetic limbs like many of the "wounded warriors" in my sample. In fact, at the time of this writing there is a new major motion picture called "Stronger", starring Jake Gyllenhaal, depicting the recovery journey of Jeff Bauman who lost both of his legs in the bombing. Do these individuals construct an identity or experience external reactions to their disabilities that allow for the reduction of stigma? Similar questions could be asked of first responders—police officers, fire fighters, or others—who are permanently injured in the line of duty, another act of selfless service. Do their physical disabilities or PTSD take on new meaning based on the respected origins of how they acquired those statuses? I believe this line of inquiry will be able to further our sociological understanding of the connection between disability, stigma, and status in society.

Veterans and their Veteran Identity

Lastly, this research not only contributes to knowledge about the experiences of post-9/11 wounded veterans but also develops a better understanding of how veterans conceptualize their veteran status and identity. The use of qualitative methods, particularly in-depth interviews, provides a window into how veterans see themselves and their reflections on the meaning of their military service rather than how others see

veterans. The boundary and closure work that veterans do as "wounded warriors" is a testament to the multifaceted layers of veteran identity residing within the veteran community. Veterans themselves seek to distinguish their military service and veteran identity against others, and in the case of wounded veterans, at the cost of other veterans. Statistics and rhetoric about veterans often treat them as a monolithic group—*22 veterans per day die by suicide* or *national anthem protests hurt veterans*—but veterans are not all the same. A natural extension from this dissertation is to conduct the same study with non-combat wounded veterans who qualify for the DoD "wounded warrior" programs. These veterans are on the other side of the boundary constructed by combat wounded veterans (as peripheral "wounded warriors")—how do they understand their role in the "wounded warrior" community? What is their relationship to their status as a "wounded warrior"? How do they conceptualize their military service and the co-occurrence of a significant injury during their time on active-duty? In the future, I hope to complete this work to more fully theorize about the identity dynamics in the "wounded warrior" community.

The use of "wounded warrior" has demonstrated the importance and power of language for identity. I began this research because I was intrigued by this new term for an established social group (Gerber 2012; Linker 2011). My findings show that the phrase "wounded warrior" fuels veterans desires to erect boundaries and enact expectations that align and uphold the sacred warrior symbol. Language shapes the way groups are conceptualized, both by others and in self-identification processes. Despite their own disagreements with the term "wounded warrior", post-9/11 wounded veterans live under the identity as "wounded warriors" and will continue to do so for the

foreseeable future. “Wounded warrior” is more than a just new term, it signifies a shift in the way wounded veterans are conceptualized and treated, with implications for how these veterans come to understand themselves, their injuries, and their service. The language used by a nation to describe its wars, servicemembers, and veterans is a powerful tool for how generations of warfighters are understood, but as my research shows it also influences how they craft their own identity.

Scholars, especially military sociologists, have yet to seriously undertake the study of military and veteran identities. By doing so we can continue to develop research that understands how different groups of veterans craft meaning from their veteran status, potentially revealing insightful information their transition out of the military, how they conceptualization and access their VA benefits, and the personal value they derive from their military service (Burdett et al. 2012; Feinstein 2013). Combat wounded veterans reflect and revise the meaning of their military service through their veteran status as “wounded warriors.” Their creation, protection, and defense of group boundaries is based on the desire to protect the virtue of their military service as combat veterans who have sacrificed their physical body and mental health. It is through veteran status that we can expand our understanding of the meaning and value of military service for those who serve and we can more fully capture what it means for veterans *to be a veteran*.

Appendix A:
Content Analysis Initial Codes

Source Classification:
Source:
- The New York Times
- USA Today
- The Washington Post
- San Diego Union-Tribune

Year (select one):
- 2001 to 2013

Article Focus:
- Visible Wounds
- Invisible Wounds
- Mental Health
- Combination
- Not Applicable

Codes (Nodes in Nvivo):
Headline

Descriptive Adjectives
- Combat Injured Vet or SM
- Disabled Vet or SM
- Injured Vet or SM
- Invisible Wounds of War
- Polytrauma
- Signature Injury
- Warrior(s)
- Wounded Troops
- Wounded Vet or SM
- Wounded Warrior

Benefits

VA or DoD Benefits
- Disability Benefits
- DoD Benefits
- GI Bill
- Medical Retirement or Sep.
- VA Benefits

Other Benefits
- Celebrities
- Discounts
- Donations
- Free Products or Services
- Other People Helping
- Resources or Programs
  - Trips
- Support from Corporations
- Support from Orgs
- Veteran Hiring Initiative

Injuries

Injury Circumstances
- Combat Injury
- Non-Combat Injury

Injury Themes
- Advancements in Technology
- Alive Day
- Back to Active Duty
- Disability
- Everyday Life With
- Faking It
- Healing
- More Survive Wounds
- Proving Injury or Objectivity
- Returning To Normal
- Stigma
  - PTSD Stigma
- Trauma
- Unknown or Little Information
  - Unstudied or Understudied
- Wounded Veteran Community
- Violence

Invisible Injuries
- Chronic Disease or Illness
- Depression or Anxiety
- General Mental Health
- PTSD
- TBI

Other Health Issues
- Chronic Pain
- Drug and Alcohol Abuse
- Nightmares
- Seizures

Sleeplessness
Suicide

Visible Injuries
Amputee
Burn or Burn Scars
Disfigurement-Other
External Ear Injuries
External Eye Injuries
Paralysis
Scars-Other
Equipment
Service Dog
Prosthetic Limbs
Wheelchair

Organizations and Actors
Caregiver
Children of (vet)
Community Members or Public
Department of Defense
Military Hospital
Wounded Transition Unit
Department of Veteran Affairs
Government
Medical Doctor(s)
Non-Profit or Service Org.
Parent of (vet)
Politician
Spouse of (vet)
Veteran Quoted

Generations of Veterans
Comparison to
Previous Generations of Veterans
Vietnam Generation (more generally)
Vietnam Veterans
Post-9/11 Veterans

Treatments
Adapted Sports
Alt. or Unconventional Therapy
Counseling/Therapy
Hospitalization
Long-Term
Medication
Physical Therapy
Recreational Athletic Activities
Resources or Programs
Surgery

Veteran Frames
Credibility or Legitimacy
Gaps or Shortfalls in Care
Inspiring or Inspirational
Need to Fix or Improve Care
Sacrifice/Price of Freedom
Service and Team Oriented
Thanking or Gratitude
Veterans as Victims/Victimization
Of DoD or VA Bureaucracy
Veterans as Deserving
Increase Funding
Military-Civilian Divide
Walter Reed Scandal

Content Analysis Secondary Codes

Codes on Medical and Recovery Care Problems

Systematic Review(s) of Care
Diagnosis and Treatment
New Medical Centers
Walter Reed Scandal (direct mention)
VA Disability Claims
DoD Disability Claims and Recovery
New Improvements
Overwhelmed Systems
Poor Conditions in Recovery
Funding Cuts
Increase to Funding
Advanced Medical/Scientific Support
Increasing Costs for Care
Women Veterans

Inspiring/Inspirational

Codes on Injuries

Improved Care, Improved Diagnosis
Living with [Injury]-Negative Impact
Living with [Injury]-Positive Impact
Having [Injury] – Neutral (sidefact)
Outside Help from Orgs.
Need to Improve Care or Diagnosis
Delay of Care/Benefits
Stigma or Discrimination
Wounded Warrior Recovery Program
Signature Wounds of War
Need additional science/research on [injury]
[Injury] increase with post-9/11 wars
Recovery (positive)
Recovery (negative)

Appendix B:
Consent, Demographic Forms, and Interview Guides

Project Title	What Does it Mean to Be a "Wounded Warrior"?
Purpose of the Study	This research is being conducted by Sidra Montgomery, under the supervision o Meredith Kleykamp, at the University of Maryland, College Park. We are invit you to participate in this research project because you are an Iraq or Afghanista veteran who suffers from an injury, illness, or disability. The purpose of this research project is to better understand your everyday experiences and how you injuries/illness/disability impact your self-perception and identity.
Procedures	The procedures involve in-depth interviews where you will be open-ended ques posed by the researcher. Questions might include "How do your injuries/disability/illness impact your daily life?", "Do you consider yourself in disabled, wounded, hurt?", and "How do you think the media portrays 'wounde warriors'?" There are no right or wrong answers. It will be more like an inform conversation. You will be asked to participate in a minimum of two interviews. Each intervie likely to last between 1.5-2 hours. At the end of the first interview, I will ask yo fill out a brief demographic information form. The interview will be audiotaped that we accurately recall your responses. All audiotaped information will be transcribed to text files and saved in a password protected computer. Any name provided during the audiotaped portion of the interview will be replaced with pseudonyms during transcription. We may also have interactions outside of our interview (at meetings, events, gatherings, etc) that will be recorded through my notes. By signing your name below, you agree to be audiotaped during the interview a provide your consent for my recording (i.e. taking notes) of other interactions th may have outside of our interview. If you do not agree to audiotaping, the inter will not proceed.
Potential Risks and Discomforts	There are no known risks associated with this study. Some interview questions bring up sensitive or difficult topics for you, but you do not have to answer any question that makes you uncomfortable. Your participation is voluntary and you take a break or stop participating at any time.
Potential Benefits	This research is not designed to help you personally, but the results will help th investigator learn more about the lives of wounded Iraq and Afghanistan vetera that can be shared with researchers, policymakers, and others who work with wounded veterans. We hope that, in the future, other people might benefit from study through an improved understanding of the experiences of wounded Iraq a Afghanistan veterans.
Confidentiality	We will keep your responses confidential to the greatest extent possible. Any potential loss of confidentiality will be minimized by storing your personal information in a locked cabinet in the PI's office. Any electronic files with identifying information will be stored on a password protected computer and or accessible to the principal investigator. To help protect your confidentiality, we give you a "code" immediately and all identifying and contact information will stored separately from research data an the two will be linked by a "code" sheet

	we write a report or article about this research project, your identity will be prot to the maximum extent possible. If you would like to waive your anonymity and have the researcher use your rea name in all presentation and publications of this research, please initial here ___ Your information may be shared with representatives of the University of Mary College Park or governmental authorities if you or someone else is in danger or are required to do so by law.
Medical Treatment	The University of Maryland does not provide any medical, hospitalization or ot insurance for participants in this research study, nor will the University of Mary provide any medical treatment or compensation for any injury sustained as a res participation in this research study, except as required by law.
Right to Withdraw and Questions	Your participation in this research is completely voluntary. You may choose no take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you participating at any time, you will not be penalized or lose any benefits to whicl otherwise qualify. If you decide to stop taking part in the study, if you have questions, concerns, o complaints, or if you need to report an injury related to the research, please con the investigator: Sidra Montgomery 2112 Art-Sociology Bldg. University of Maryland College Park, MD 20742 970-222-6966 sidra26@umd.edu Or her advisor: Dr. Meredith Kleykamp, kleykamp@umd.edu, 301-495-3032
Participant Rights	If you have questions about your rights as a research participant or wish to rep research-related injury, please contact: **University of Maryland College Park** **Institutional Review Board Office** **1204 Marie Mount Hall** **College Park, Maryland, 20742** **E-mail: irb@umd.edu** **Telephone: 301-405-0678** This research has been reviewed according to the University of Maryland, Col Park IRB procedures for research involving human subjects.
Statement of Consent	Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to satisfaction and you voluntarily agree to participate in this research study. You receive a copy of this signed consent form. If you agree to participate, please sign your name below.

Signature and Date	**NAME OF PARTICIPANT** **[Please Print]**	
SIGNATURE OF PARTICIPANT		**DATE**

Demographic Questionnaire

Please answer the following questions to the best of your ability.
Leave blank any questions you choose not to answer.

Date:

1. Service Branch:
2. Date/Year Joined:
3. Time on Active-Duty *(years)*:
4. Year Separated or Medical Retired (*if applicable*):
5. Rank:
6. MOS/Specialty:
7. Number of Deployments (incl. length):
8. Locations of Deployments:
9. Date of Injury or Approx. Timeframe *(if known):*
10. VA Disability Rating (*if applicable*):
11. Descriptions of All Injuries/Disabilities/Conditions:
12. Sex:
13. Age:
14. Race/Ethnicity:
15. Highest Level of Education Completed:
16. Marital Status:
17. Children (if yes, how many?):

Thank You!

Visible Injuries Interview Guide
Interview #1

Path to the Military

Let's start by talking about your path to military service…

- Why did you decide to join the military?
    - *(probe): Tell me more about where you are from originally/where you grew up.*

- When you joined, what were you expecting to get out of your experience in the military?

- How did your friends and family feel about your decision to join the military at that time?

- At the time you joined, how long did you see yourself serving for? Did you have any expectations of what your life would be like after the military?

Military Service

Now let's shift to talking about your military service and deployments before your injury…

- Walk me through the timeline of your experiences in the military—from the time you joined to the occurrence of your injury (jobs, deployments, experiences).

- What kinds of jobs/work have you done during your time in the military?
    - What did you enjoy about the job/work? What did you not enjoy about the job/work?

- In the time period before you're injury…What would you say is the most positive experience you had in the military? Conversely, what would you say is the most negative experience you've had in the military?

- If you had to summarize your time in the military before your injury, how would you describe it?

- *(If applicable) Why did you decide to leave the military?*

Let's discuss your deployments in more detail *(if we haven't already)*…

- Tell me about any deployment(s) during your military service…

    - (probe for specific details as well as general thoughts…when did this deployment occur, for how long, where, environment/conditions during deployment, level of stressfulness, etc.)
    - Did you have a daily routine while on deployment? If so, what was it?

- How were you feeling about this deployment before you left? What was going through your head?

- Friends and Family: Were they a source of support for you? How much were you able to stay in touch with them during your deployment?

- What are some of your most memorable (positive or negative) experiences or emotions while on this deployment? What sticks out in your mind as you think back to that time in your life?

- *(If they had more than one deployment)* How was the coming home process for you?
    - *(specific probes)* How long was it until you felt fully "reintegrated" from that deployment? Did you ever get a feeling of being "back to normal", and if so, how did you know that you were there?
    - Does anything stick out in your mind from that deployment that was difficult for you to deal with?
    - Tell me about your relationship with your friends and family following this deployment.

- [Make sure to cover ALL deployments before moving on…]

Getting Hurt

Let's talk about your injuries and when you were hurt…

- Tell me what you remember from the day your injury happened.
    - Are there other pieces of information from friends and family that add to your memories from that day?

- What do you remember most about the time immediately after your injury? What was going through your head at the time? How were you feeling (emotionally)?

- Tell me about the role of your friends and family during this time…*(where they around/with you? How do you think they were feeling? How did they react to your injuries?)*

- Had you ever thought about what would you happen if you were injured on deployment?

Immediate Recovery Process

Now let's move to talking about your recovery process, starting with your immediate recovery process…

- Tell me about your immediate recovery process, walk me through a timeline of your recovery and what was happening at each step.
    - (*probes:* what kinds of doctors were you seeing, did you have any medical procedures/surgeries, were you living in a hospital or inpatient care setting, how often did you see friends and family)

- What was it like for you going through your recovery process?

- How were you feeling about yourself and the road ahead (both recovery and post-recovery)?

- Did you meet other wounded service members during your recovery process? Tell me about those relationships. What was the community like?

    - (Amended Question): What was the relationship like between combat injured and non-combat injured patients?

- What was your relationship like with the doctors, nurses, and other care providers that you saw?

- (*if applicable)* What was it like for you the first time you went out in public after being in the hospital/inpatient therapy?

- What were some of your most memorable (positive or negative) experiences or emotions during your time in recovery?

- If you could send a message to other service members who are in recovery right now…what would you say?

Visible Injuries Interview Guide
Interview #2

Last time we left off talking about _____, today I want to start with talking about your life post-recovery…

Post-Recovery Life: Outside of Inpatient or Intensive Treatments

- At what point did you feel like you were out of the "recovery" stage of your rehabilitation process?
    - *(probe):* When did you feel you like you had gained more independence and freedom over your time on a day-to-day basis?

- How do your injury/injuries impact your daily life? Has this changed over time? If so, how?
    - What are some of the struggles for you on a day-to-day basis?
    - What are some of your greatest accomplishments since being injured?
    - How has it impacted your relationships with spouse/significant other, family and friends?
    - How has it impacted your relationships with those you served with? Or those that you were in recovery with?

- If you had the chance to tell America something about your injuries or recovery process, what would it be? What would you want people to know about what you've been through?

Identity and Self-Concept

Now I want to ask you questions about your identity and how you see yourself…

- Do you consider yourself injured, disabled, wounded, hurt?

- Would other people consider you to have a disability or injury?

- When people see you in public…what do you think they think about you? Do you think other people consider you to be injured/disabled/wounded?

- Are there any common reactions from people when they see that you are injured or you tell them that you were wounded during your military service? How often does it come up?
    - Are there any interactions with others in particular that stick out in your mind?
    - *(If so probe for specifics)* What were you thinking? How did that make you feel? Did that impact future interactions or the way you present yourself in public?

- When did you first feel disabled/injured/hurt?

- Does it feel different being out in public with your injury compared to what it used to be like before your injury? Do you feel like people look at you (or purposefully not look at you) differently when you're out in public?
    - Do you try to hide your injuries when you are in public or other social settings? Have you at any point? Have you noticed different reactions based on how much of your injury is showing or not showing?

- Does your feeling disabled/injured/hurt depend on where you are? Who you are with? If so, how? In what ways does it change?

- Do friends, family, fellow service members, or acquaintances treat you any differently after your injuries? How does this make you feel?

- Do you ever compare yourself and your recovery to other wounded veterans?

- Do you commemorate your "alive day"? If so, what do you do?
    - How did you decide to do those things?
    - Tell me about what that day has felt like for you over the past several years—does it bring up any particular emotions? Feelings? Thoughts?

- Do you see differences (in treatment, recovery, transitioning back to life) between veterans with invisible injuries compared to veterans with visible injuries? Why do you think that is?

- What other identities are important to you? How would you describe yourself to someone that doesn't know anything about you?

- What expectations do you (or did you) have for your life moving forward from your injury? What did you want your life to look like?
    - How have your expectations changed over the course of the past few years?

<u>"Wounded Warrior" Construct</u>

I want to talk specifically about the term "wounded warrior"...

- Do you consider yourself to be a "wounded warrior?" Who makes up the "wounded warrior" community?

- What is a "wounded warrior"? What does it mean to be a "wounded warrior"?

- Have you ever participated in or been part of any events that are specifically for "wounded warrior?" Tell me more about that—what were you doing? Who was it with? How did you find out about that opportunity?

- *(If it was in public…)* Does that feel any different than when you are normally out in public? Do people have different reactions to you?

Now I want to talk about how the media portrays wounded/injured/disabled Iraq and Afghanistan veterans. ~~First, I will ask you to read this short article…~~

~~*Hand participant "Triple Amputee War Veteran Throws First Pitch" Article*~~

- ~~Do you think this article is representative of how the media portrayal of "wounded warriors?" Why or why not?~~

- (Amended Question): How do you think the media portrays "wounded warriors"?

- Do you see any differences in the way invisible injuries like PTSD and TBI are portrayed in the media versus visible injuries (like amputations, burn scars)?

- If you were speaking with a room full of journalists…what would you say the media "gets right" in it's portrayal of wounded veterans? What would you say the media "gets wrong" or doesn't do well with in it's portrayal of wounded veterans?

- Do you think this impacts the way that civilians think about wounded veterans?

- Has the media's portrayal of wounded veterans impacted the way you see yourself? Do you think it's impacted the way others see you?

Future Ahead/Wrap-up Questions

Just a few more questions before we wrap-up…

- What do you hope for in your future? How do you see yourself and your life in the years ahead?

- What advice would you give to other service members who are injured or disabled as a result of their service in the Iraq and Afghanistan wars?

- If you were interviewing other wounded veterans (if you were in my position), what other questions should I ask? Or are there other important topics you feel like I should include?

- Is there anything else you would like to share? Is there anything we didn't discuss that you wanted to talk about?

Invisible Injuries Interview Guide
Interview #1

Path to the Military

Let's start by talking about your path to military service…

- Why did you decide to join the military?
    - *(probe): Tell me more about where you are from originally/where you grew up.*

- When you joined, what were you expecting to get out of your experience in the military?

- How did your friends and family feel about your decision to join the military at that time?

- At the time you joined, how long did you see yourself serving for? Did you have any expectations of what your life would be like after the military?

Military Service

Now let's shift to talking about your military service and deployments before your injury…

- Walk me through the timeline of your experiences in the military—starting from when you joined (jobs, deployments, experiences).

- What kinds of jobs/work have you done during your time in the military?
    - What did you enjoy about the job/work? What did you not enjoy about the job/work?

- What would you say is the most positive experience you had in the military? Conversely, what would you say is the most negative experience you've had in the military?

- If you had to summarize your time in the military, how would you describe it?

- *(If applicable) Why did you decide to leave the military?*

Let's discuss your deployments in more detail *(if we haven't already)*…

- Tell me about any deployment(s) during your military service…
    - (probe for specific details as well as general thoughts…when did this deployment occur, for how long, where, environment/conditions during deployment, level of stressfulness, etc.)

    - Did you have a daily routine while on deployment? If so, what was it?

- How were you feeling about this deployment before you left? What was going through your head?

- Friends and Family: Were they a source of support for you? How much were you able to stay in touch with them during your deployment?

- What are some of your most memorable (positive or negative) experiences or emotions while on this deployment? What sticks out in your mind as you think back to that time in your life?

(If no knowledge of injury prior to coming home OR If they had more than one deployment)

- How was the coming home process for you?
    - *(specific probes)* How long was it until you felt fully "reintegrated" from that deployment? Did you ever get a feeling of being "back to normal", and if so, how did you know that you were there?
    - Does anything stick out in your mind from that deployment that was difficult for you to deal with?
    - Tell me about your relationship with your friends and family following this deployment.

- [Make sure to cover ALL deployments before moving on…]

Getting Hurt

Let's talk about your injuries and when you were hurt…

- *(If they know…)* Tell me what you remember from the day your injury happened.
    - Are there other pieces of information from friends and family that add to your memories from that day?
- *(If they don't know…)* Tell me about how you came to recognize that something was off or that you had an issue/problem.
    - Were friends and family part of this recognition process?

- *(If they knew…)*What do you remember most about the time immediately after your injury? What was going through your head at the time? How were you feeling (emotionally)?
- *(If they didn't know…)* Tell me about when you first sought out help. What was going through your head at that time? How were you feeling (emotionally)? What was it like when you first started seeing doctors and other medical professionals about what you were going through?

- Tell me about the role of your friends and family during this time…*(where they around/with you? How do you think they were feeling? How did they react to your injuries?)*

- Had you ever thought about what would you happen if you got hurt?

Immediate Recovery Process

Now let's move to talking about your recovery process, starting with your immediate recovery process…

- Tell me about your recovery process, walk me through a timeline of your recovery and what was happening at each step.
    - (*probes:* what kinds of doctors were you seeing, did you have any medical procedures/surgeries, were you living in a hospital or inpatient care setting, how often did you see friends and family)

- What was it like for you going through your recovery process?

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- Did you meet other wounded service members during your recovery process? Tell me about those relationships. What was the community like?

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- What was your relationship like with the doctors, nurses, and other care providers that you saw?

- (*if applicable)* What was it like for you the first time you went out in public after being in the hospital/inpatient therapy?

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- At what point did you feel like you were out of the "recovery" stage of your rehabilitation process?
    - *(probe):* When did you feel you like you had gained more independence and freedom over your time on a day-to-day basis?

- How do your injury/injuries impact your daily life? Has this changed over time? If so, how?
    - What are some of the struggles for you on a day-to-day basis?
    - What are some of your greatest accomplishments since being injured?
    - How has it impacted your relationships with spouse/significant other, family and friends?
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- Are there any common reactions from people when you tell them that you were wounded during your military service? How often does it come up?
    - Are there any interactions with others in particular that stick out in your mind?
    - *(If so probe for specifics)* What were you thinking? How did that make you feel? Did that impact future interactions or the way you present yourself in public?

- When did you first feel disabled/injured/hurt?

- Does it feel different being out in public with your injury compared to what it used to be like before your injury? Do you feel like people look at you (or purposefully not look at you) differently when you're out in public?
    - Do you try to hide your injuries when you are in public or other social settings? Have you at any point? Have you noticed different reactions based on how much of your injury is showing or not showing?

- Does your feeling disabled/injured/hurt depend on where you are? Who you are with? If so, how? In what ways does it change?

- Do friends, family, fellow service members, or acquaintances treat you any differently after your injuries? How does this make you feel?

- Do you ever compare yourself to other veterans, or veterans who have visible injuries?

- *(If they were injured on a specific day)* Do you commemorate your "alive day"? If so, what do you do?
    - How did you decide to do those things?
    - Tell me about what that day has felt like for you over the past several years—does it bring up any particular emotions? Feelings? Thoughts?

- Do you see differences (in treatment, recovery, transitioning back to life) between veterans with visible injuries compared to veterans with invisible injuries? Why do you think that is?

- What other identities are important to you? How would you describe yourself to someone that doesn't know anything about you?

- What expectations do you (or did you) have for your life moving forward from your injury? What did you want your life to look like?
    - How have your expectations changed over the course of the past few years?

<u>"Wounded Warrior" Construct</u>

I want to talk specifically about the term "wounded warrior"...

- Do you consider yourself to be a "wounded warrior?" Who makes up the "wounded warrior" community?

- What is a "wounded warrior"? What does it mean to be a "wounded warrior"?

- Have you ever participated in or been part of any events that are specifically for "wounded warrior?" Tell me more about that—what were you doing? Who was it with? How did you find out about that opportunity?
    - *(If it was in public…)* Does that feel any different than when you are normally out in public? Do people have different reactions to you?

Now I want to talk about how the media portrays wounded/injured/disabled Iraq and Afghanistan veterans. ~~First, I will ask you to read this short article…~~

~~*Hand participant [Selected Media] Article*~~

- ~~Do you think this article is representative of how the media portrayal of "wounded warriors?" Why or why not?~~

- (Amended Question): How do you think the media portrays "wounded warriors"?

- Do you see any differences in the way invisible injuries like PTSD and TBI are portrayed in the media versus visible injuries (like amputations, burn scars)?

- If you were speaking with a room full of journalists…what would you say the media "gets right" in it's portrayal of wounded veterans? What would you say the media "gets wrong" or doesn't do well with in it's portrayal of wounded veterans?

- Do you think this impacts the way that civilians think about wounded veterans?

- Has the media's portrayal of wounded veterans impacted the way you see yourself? Do you think it's impacted the way others see you?

<u>Future Ahead/Wrap-up Questions</u>

Just a few more questions before we wrap-up…

- What do you hope for in your future? How do you see yourself and your life in the years ahead?

- What advice would you give to other service members who are injured or disabled as a result of their service in the Iraq and Afghanistan wars?

- If you were interviewing other wounded veterans (if you were in my position), what other questions should I ask? Or are there other important topics you feel like I should include?

- Is there anything else you would like to share? Is there anything we didn't discuss that you wanted to talk about?

Appendix C:
Sample and Participant Information

Injury Visibility Status		
Visible	23	58.97%
Invisible	16	41.03%

Rank: Enlisted vs. Officer		
Enlisted	36	92.31%
Officer	3	7.69%

Service Branch		
Marine Corps	26	66.67%
Army	9	23.08%
Navy	4	10.26%

Date of Injury		
2004-2005	6	15.38%
2006-2007	10	25.64%
2008-2009	2	5.13%
2010-2011	10	25.64%
2012-2013	6	15.38%
N/A	5	12.82%

Gender		
Male	37	94.87%
Female	2	5.13%

VA Disability Rating		
10%	2	5.13%
60%	1	2.56%
70%	1	2.56%
80%	2	5.13%
90%	6	15.38%
100%	24	61.54%
No Answer	3	7.69%

Race		
White	20	51.28%
Hispanic	12	30.77%
Other	4	10.26%
Black	3	7.69%

Age at Time of Interview		
21-25	2	5.13%
26-30	14	35.90%
31-35	9	23.08%
36-40	4	10.26%
41-45	6	15.38%
46-50	3	7.69%
51-55	1	2.56%

Participant List and Demographic Information

Pseudonym	Gender	Age Range	Race	Service Branch	Visible/Invisible	Injuries
Luis	Male	21-25	Hispanic	Marine Corps	Visible	Double Amputee (Above the Knee)
Ethan	Male	26-30	White	Marine Corps	Invisible	Facial Trauma/Scars, TBI, PTSD, Hearing Loss, Migraines
Ian	Male	31-35	Hispanic	Marine Corps	Visible	Single Amputee (Below Knee), Scars (Left Leg, Right Arm)
Dylan	Male	31-35	White	Marine Corps	Visible	Single Amputee (Below Elbow), Hearing Loss, TBI, PTSD, Shrapnel
Jackson	Male	26-30	Black	Marine Corps	Visible	Double Amputee (Above the Knee), TBI
Susan	Female	46-50	White	Marine Corps	Invisible	PTS
Nathan	Male	41-45	White	Marine Corps	Invisible	TBI, PTSD, Cognitive Disorder, Hypertension
Mark*	Male	26-30	White	Marine Corps	Visible	Double Amputee (Above Knee), Some Fingers Amputated
Carlos	Male	51-55	Hispanic	Marine Corps	Visible	Knee Replacement (scarring), Hypertension, Hearing Loss
Ryan	Male	36-40	White	Marine Corps	Visible	Some Fingers Amputated, Internal Wounds-Pelvis
Wyatt	Male	26-30	White	Marine Corps	Invisible	PTSD, TBI, Hearing Loss
Carter	Male	26-30	Black	Marine Corps	Visible	Single Amputee (Below Knee), PTSD, TBI, Scars (Left Leg)
Marcus*	Male	26-30	Other	Marine Corps	Visible	Single Amputee (Above the Knee), Hearing Loss, PTSD, Nerve Damage
Ray*	Male	36-40	Hispanic	Army	Invisible	Shoulder Problems, Hearing Loss, TBI, PTSD
James	Male	31-35	White	Marine Corps	Invisible	TBI, Tenditious, PTSD
Andrew	Male	26-30	White	Marine Corps	Invisible	PTS, TBI, Chronic Pain, Migraines
Jason*	Male	26-30	White	Marine Corps	Invisible	PTSD, Bipolar
Brian	Male	31-35	White	Marine Corps	Invisible	Chronic Pain, Back Problems, PTS, Sleep Apnea, Anxiety
Samuel	Male	31-35	White	Army	Invisible	PTSD, Tendonitis, Back Pain, Tinnitus
Connor	Male	41-45	Other	Army	Invisible	PTSD, Diabetes, Arthritus, Tinnitus, Asthma, Sleep Apnea, Shrapnel
Sean	Male	46-50	White	Marine Corps	Visible	Right Eye Loss, Damage to Left Eye, TBI
Mario	Male	26-30	Hispanic	Marine Corps	Visible	Double Amputee (Above Knee)
Odin*	Male	26-30	Hispanic	Army	Visible	Double Amputee (Above Knee), Finger Amputated
Aaron*	Male	41-45	White	Navy	Invisible	Shrapnel, Soft Tissue Damage, Bone and Nerve Damag, PTSD
Kevin	Male	21-25	White	Marine Corps	Visible	Single Amputee (Above the Knee), Left Eye Loss, TBI, Scarring

Juan V.*	Male	26-30	Hispanic	Marine Corps	Invisible	Chronic Pain, Fibromyalgia, Arthritis, PTSD, TBI
Matthew	Male	26-30	Black	Marine Corps	Invisible	PTSD, Back Pain
Juan*	Male	26-30	Hispanic	Marine Corps	Visible	Triple Amputee (2 Above the Knee, Above the Elbow), TBI, PTS, Hearing Loss
Alex	Male	31-35	White	Marine Corps	Visible	Single Amputee (Below Knee), Nerve and Tissue Damage, Mild TBI, Hearing Loss
Antonio	Male	31-35	Hispanic	Navy	Invisible	PTSD, TBI, Mood Disorder, Chronic Pain
Liam	Male	31-35	Hispanic	Army	Visible	Amputee (right hand), Burns 42% to face, back, and arms
Robert*	Male	36-40	White	Navy	Visible	Burns 33% of body, scarring to hands and face, inhalation injury to lungs
Todd*	Male	41-45	White	Army	Visible	Burns 18% head and arms, fractured skull and jaw, right eye damage
Michael*	Male	31-35	White	Navy	Visible	Burns 98% of body affected (burns or skin grafts)
Daniel	Male	36-40	White	Marine Corps	Visible	Burns 54% of body, Single Amputee (below Elbow), Leg Fractures w/ Braces
Jacob*	Male	26-30	Hispanic	Marine Corps	Visible	Burns 55% of body, PTSD
Victor	Male	41-45	Hispanic	Army	Visible	Burns 45% of body, PTSD, mild TBI, sensory sensitivity
Julian	Male	41-45	Hispanic	Army	Visible	Burns 40% of body, PTSD, TBI, Hearing Loss, Eye Damage, Headaches
Annette*	Female	46-50	White	Army	Invisible	PTSD

** = participant's real name*

Appendix D:
Interview Codes

Source Classification:
Visible
Invisible

Codes (Nodes in Nvivo):
Injury Occurrence
    Thoughts about Getting Injured *(before injury)*

Injury Recognition Process

Recovery and Rehabilitation
    Teamwork
    Camaraderie
    Other Wounded Veterans
    Doctors, Nurses, Care Team
    Tension with Non-Combat
    Depression
    Perspective
    Friends and Family in Recovery
    Getting Out of the Military

Everyday Impact of Injuries
    First time feeling Disabled

Disabled or Disability

Interactions in Public
    Public Spectacle
    Educating Others
    Typical Reactions
    Invisible Injury Reveal
    Visible vs. Invisible In Public

Friends and Family
    Spouse or Significant Other
    Children

Injuries
    PTSD
    TBI
    Amputee
    Burns
    Hearing Loss
    Vision Impairment
    Chronic Pain
    Other Injuries
    Mental Health Issues

Prosthetics
Wheelchair
Service Dog

Faking or Exaggerating PTSD
PTSD Stigma

Vietnam Vets Comparison

Name Preference *(what R prefer people to say)*

Media Portrayal of Wounded Veterans
    Media & Invisible Injuries
    Media & Visible Injuries
    Media Experience

Thank You For Your Service
Acts of Gratitude

Alive Day

Differences between Visible and Invisible Injuries
Hierarchy of Injuries
Comparison of Injuries

Others Question Injury
Others Question Treatment

Wounded Warrior Phrase
Wounded Warrior Infrastructure
    Wounded Warrior Orgs
Wounded Warrior Opportunities

Community of Wounded Vets

Authenticity Themes
    Authenticity
    Humility
    Empowerment
    Entitlement
    Playing the Victim
    Greedy
    Being an Inspiration

Missed and Important
Important Quote

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