

SOCIAL SUPPORT IN ONLINE FORUMS FOR SERVICE MEMBERS AND THEIR
ROMANTIC PARTNERS MANAGING MENTAL HEALTH CHALLENGES

by

Faith Klatt

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Approved by:

Dr. Erin Basinger

Dr. Ashli Stokes

Dr. Christine Davis

ABSTRACT

FAITH KLATT. Social support in online forums for service members and their romantic partners managing mental health challenges. (Under the direction of DR. ERIN BASINGER)

Both service members and their romantic partners deal with mental health struggles as a result of military life. Despite the vast research done on mental health within the military, little is known about how both service members and their partners give and receive social support within online forums. A thematic analysis of posts made within an online forum that both service members and their partners had access to yielded 5 different themes: encouraging help-seeking, seeking and expressing solidarity, filling time meaningfully, sharing personal experiences, and engaging in self-care. These results show the ability of online forums to be useful tools to cope with mental health struggles, and also how people within online forums offer a lot of emotional and informational support when it comes to mental health. By showing the benefits that social support has within online forums for those struggling with their mental health, this thesis will contribute to further research on similar topics.

DEDICATION

This thesis is dedicated to anyone who feels alone or is struggling. There is always a light at the end of the tunnel. Better days are ahead.

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CHAPTER 1: INTRODUCTION

Wars in Iraq, Afghanistan, and elsewhere in the Middle East in recent years have led to many mental health challenges for individuals serving in the military (U.S. Department of Defense, 2015). Specifically, many of the service members that return from a deployment exhibit high rates of depression, post-traumatic stress disorder (PTSD), alcoholism and other substance abuse disorders, behavioral problems, and adverse mental health consequences of military sexual trauma (Waitzkin et al., 2018). Service members' mental health challenges are challenging on their own, but they also may manifest themselves in high rates of suicidality and completed suicide, which averages approximately 20 per day for veterans and more than one per day for active duty service members (Waitzkin et al., 2018). In fact, more active duty service members are currently dying from suicide than from combat (Waitzkin et al., 2018). Unfortunately, only about half of service members experiencing symptoms for PTSD or depression seek help (Tanielian & Jaycox, 2008). The stigma around seeking mental health within the military also has an impact on whether or not people seek help. For starters, many service members and veterans report that they saw a lot of stigma about mental health within their own units, which lead to people not seeking help or treatment (Clark-Hitt et al., 2012). Clearly, mental health challenges have a serious impact on the health and well-being of service members.

Not only is military life difficult for service members, but it can also be hard on their romantic partners. The spouses of deployed military members face unique challenges, including assuming the responsibility for the care of children and learning new skills, being the sole decision maker in the home, being unable to communicate with

their spouse, and fearing for the deployed spouse's safety (Eaton et al., 2008; Skomorovsky, 2014). Some research suggests that both deployment stress and social support (from family, nonmilitary friends, and one's partner) are independent predictors of psychological health and depressive symptoms in military spouses (Skomorovsky, 2014). Having to take on so many different roles can be a challenge for the romantic partner, and both deployment and reunion are major adjustments for them in many ways.

Beyond individual-level effects on the service member and their romantic partner, the military lifestyle may also have a negative impact on relationships in which at least one of the partners is in the military. Military relationships are different from other kinds of romantic partnerships because they face many unique challenges, such as extended periods of long distance and lack of access to communication (Eaton et al., 2008). The mental health struggles that many service members face when returning from a deployment can lead to problems in the relationship, and in turn, these problems can lead to increased mental health struggles (Nichols et al., 2013). Both partners and service members are at risk for depression, anxiety, post-traumatic stress disorder, and relationship distress during the six months following a tour of duty (Knobloch & Theiss, 2012). Returning service members and their partners face the tasks of becoming reacquainted, reorganizing daily routines, managing strong emotions, and sharing information about experiences during deployment (Knobloch & Theiss, 2012). Some couples may seek formal counseling or support groups or informal support from friends and family members in order to have a third party advise them in solving relational issues that may come up after a deployment.

Service members and their partners may find themselves turning to their partners for social support when it comes to dealing with challenges they face as a result of their mental health. Social support can be very useful, and it has been shown that social support can lessen hurt, reduce stress, diminish anxiety, relieve fear, and improve people's quality of life overall (Lakey, 2013; MacGeorge et al, 2011). However, unsupportive responses can correspond with depressive symptoms, psychological distress, and physical ailments (Ingram et al., 2001). Overall, social support has a variety of physical and psychological benefits that can impact both service members and their partners. Given the utility of social support for service members and their romantic partners, the goal of this thesis is to explore how service members and their partners utilize social support when it comes to mental health challenges. In the chapters that follow, I overview research about mental health in service members and their partners and about how social support can impact a person's mental health. Then, I describe a study that I implemented to investigate social support in online forums for military service members and their partners who are managing mental health challenges. The results of this study have the potential to contribute to research on social support, as well as imply practical recommendations for service members and their partners.

CHAPTER 2: LITERATURE REVIEW

2.1 Mental Health and the Military

Statistics indicate that around 35% to 45% of returning service members meet the criteria for at least one mental health problem following a deployment (Knobloch et al., 2013), and such problems are impacted by romantic relationships. For example, many soldiers report high levels of emotional reactivity and relational turmoil when they are dealing with things such as anxiety, depression, or PTSD (Ruhlmann et al., 2018). In addition, studies have shown that when a service member returns home with PTSD, their spouse may also show elevated levels of psychological distress (Bommarito et al., 2017). Unlike in the civilian population, service members appear to be at a particularly high risk for suicide after the breakup of a relationship (Granello & Granello, 2007). One study found that soldiers with depression or PTSD were five times more likely to experience problems in their relationship than those without PTSD (Ruhlmann et. al, 2018). Extending from that, service members with PTSD are significantly more likely to separate from their partners than those without PTSD (Ruhlmann et. al, 2018). Although it is a common assumption that service members suffer from mental health challenges only after returning from a deployment, many of them can suffer from these issues as a result of their demanding daily work schedules, which do not always allow for an adequate amount of time to sleep or relax (Black et al., 2011). Research in this area has largely focused on when service members return from a deployment, and not so much on issues that may arise before they deploy or years after they return (Maguire & Wilson, 2013). Clearly, the topic of the mental health of service members is a very important topic since so many of them struggle with mental illnesses.

The number of service members that suffer from mental illnesses is on the rise. Many military veterans are returning from Iraq and Afghanistan with symptoms of PTSD and other mental illnesses (Bohnert et al., 2011; Burnam et al., 2009). Studies have shown that roughly 18.5 percent of returned troops met criteria on a survey that showed them having PTSD or a mental illness (Burnam et al., 2009). Similarly, members of the Army are more likely to be diagnosed with a mental health condition than civilians are, and male veterans have a significantly higher risk of dying from suicide than their civilian counterparts (Black et al., 2011). The prevalence of mental health challenges in the military is particularly alarming because most service members are not seeking help in relation to these issues (Hoge et al., 2006). Some of those who do seek help feel like they do not get an adequate amount of information from their providers on their mental illness (Black et al., 2011). It is important to treat PTSD and other mental illness because of the potential outcomes they can lead to such as suicide and depression (Clark-Hitt et al., 2012). There has been little research on suicide in the Army specifically because most of the research focuses on PTSD and other mental illnesses that may lead to a suicide attempt occurring (Black et al., 2011). Overall, it is important for research to occur in this area because of how prominent these issues are and the negative effects that they have on so many people.

2.2 Mental Health Stigma and Military

Another issue that the military faces when dealing with mental health is that there is a stigma about mental health in the military. One reason behind this stigma may be that military culture promotes pride in inner strength, toughness, self-reliance, and pride in being able to simply shake off an injury (Burnam et al., 2009). This sense of pride leads

to service members feeling as though they are weak if they seek help. Many service members also worry that seeking help will harm their careers, and this fear is mainly seen with active-duty personnel because they are required to make information about their mental health known for their military medical records and for security clearance (Burnam et al., 2009). It is also common for service members to not trust the treatments they are given for mental health and to be wary of the side effects that medications can bring (Burnam, et al., 2009).

Most skepticism from service members comes from the overall culture that the military has. There seems to be a negative view of mental health issues in the military, and this is shown by the low number of people that are openly seeking help (Vogel et al., 2007). Stigma is often thought to be one of the major obstacles when it comes to dealing with psychological health in the military because it can be so difficult to change. This line of thinking could be called ‘traditional medical models’ of care because they emphasize a problem orientation in which people with a mental illness are seen as being deficient and responsible for their own problems (Davis, 2017). Many veterans report that they saw a lot of stigma within their own units about seeking mental health treatment and this often prevents them from doing so (Clark-Hitt et al., 2012).

Another issue that the military faces when communicating about mental health is that the media frames PTSD and other mental health issues in a specific way. The media’s framing of PTSD has a significant influence on how society views it and their opinions on how it should be prevented. For example, studies found that there was an increase in discussion about PTSD after soldiers returned from the Vietnam War (Houston, et al., 2016). However, PTSD mainly became known as a disease that was

associated with only the military (Houston et al., 2016). Many news articles that discuss PTSD with service members describe them as angry, violent, substance abusers, and irritable; however, news coverage of civilian PTSD showcases people as having anxiety and depression (Houston et al., 2016). The basic pattern of media framing by media outlets such as the *New York Times* could create the perception of an association between military and mental illness and violence (Houston et al., 2016). Overall, this research demonstrates how the media contributes to the stigma around mental health in the military.

2.3 Romantic Partners and Mental Health

Military couples face many challenges in their relationships, including a deployment. As of 2015, over half (54.3%) of all active-duty service members were married (U.S. Department of Defense, 2015). The stressors that military couples face are unique because of the geographic distance that may separate these couples for long periods of time, safety concerns, frequent relocation, training, and the reintegration period following a deployment (Frisby et al., 2011). Spouses must maintain their own everyday lives as well as deal with the constant uncertainty regarding the well-being and safety of their deployed loved one (Eaton et al., 2008). These events can contribute to overall feelings of stress and have been linked to increased divorce rates in couples in which one partner is deployed (U.S. Department of Defense, 2015). A deployment can be a stressful time and can lead to many struggles within a relationship until the partner returns home.

The military lifestyle does not only have a significant impact on the service members themselves, but also on their at-home partners. In fact, at-home partners can

suffer from symptoms of depression and anxiety during the six months after being reunited (Greene et al., 2010; Knobloch et al., 2018). A variety of factors can influence the stressfulness of deployment and reunion for spouses. For instance, romantic involvement with a service member is stressful as the partner is often left to take care of the home, experience relocation, and deal with prolonged physical separation (Joseph & Afifi, 2010). The length of a deployment is another important factor in the perceived stress experienced by spouses (Dimiceli et al., 2010). Many deployments can last from as long as a year to 18 months, and even longer in times of war, and this can increase the level of stress that the partner feels (Dimiceli et al., 2010). Additionally, Joseph and Afifi (2010) found that military wives often withhold information from their military partners to protectively buffer them from stressors, which may add to the stress that the military partners already experience. Wood et al. (1995) interviewed Army wives at four stages of the deployment: (a) before the deployment, (b) during the deployment, (c) immediately following a reunion, and (d) six to eight weeks after a reunion, and they found that before a deployment, wives were faced with the reality of a separation and often faced many stressors before their partner even left (Wood et al., 1995). A few wives expressed fears that they would not be able to cope well with a deployment, especially if they were newly married, pregnant, or experiencing marital problems (Wood et al., 1995). Shortly before their partners returned from a deployment, some wives expressed anxiety at the thought of their spouse returning because they knew of the potential for marital tension in the transfer of family duties, especially when they had children together (Wood et al., 1995). This study also found that personality characteristics such as optimism were associated with an easier adjustment, and that depression and loneliness were noted among those

who struggled more with the separation (Wood et al., 1995). Overall, romantic partners experience mental health struggles, just the same as their service member partners do.

The reintegration period following a deployment can be a challenging time for couples as well. After a deployment, military couples can struggle to rebuild their bond and figure out what each of their roles are (Knobloch et al., 2018). Knobloch and Theiss (2012) found that military couples often have difficulties connecting and communicating following the return from a deployment, and this can create a heightened feeling of isolation and greater instability in the relationship. Evidence has shown that depressive symptoms of returning service members after a deployment are negatively associated with both their own relationship satisfaction and their partner's relational satisfaction (Nelson Goff et al., 2007; Renshaw et al., 2008). Research has also shown that military couples may not be managing their stress as effectively given the higher divorce rate (Frisby et al., 2011). It is important for military couples to support each other through the reintegration phase after a deployment, and partners can help returning service members by assisting them with mental health care (Knobloch et al., 2018). It is also important for military couples to seek out support from others when it comes to mental health struggles they may be facing.

2.4 Mitigating Mental Health Challenges

There are a variety of ways that military couples may attempt to manage their mental health challenges, though not all are effective. Military spouses are more likely to seek out help for mental health problems than are their service member partners, but for some, the primary source of care is the on-post health care clinic, which research has shown may not be adequate in treating mental health problems (Eaton et al., 2008).

Findings from the Department of Defense Mental Health Task Force indicate that mental health services for spouses are also not adequately provided through the TRICARE insurance network (Eaton et al., 2008). In spite of the inadequacy of formal mental health support, military spouses are less likely to be concerned with the stigma surrounding mental health and may be more willing than service members to seek out mental health care (Eaton et al., 2008). Together, these findings show that spouses and significant others of service members experience mental health problems, but the care they are offered may not be as helpful as it should be. Therefore, service members and their partners may turn to online forums to vent their frustrations and discuss mental health difficulties they may be facing with other people who are struggling just like they are. Although many studies have been done about service members and their partners returning from a deployment, very little research has investigated how military service members and their partners discuss mental health challenges, particularly in online settings.

Social support as a resource for alleviating mental health issues. It can be hard for a person to deal with mental health challenges on their own. Often, people turn to their relational partners for help, which is only natural, as supporting others is a basic and representative form of human interaction expressed through actions such as persuading, informing, or entertaining others (Ki & Jang, 2018). The five primary forms of social support are informational, emotional, esteem, network, and tangible (MacGeorge et al., 2011). Informational support involves providing facts and service about a situation (Knobloch et al., 2018). Emotional support involves expressing love, empathy, and concern (Ki & Jang, 2018). Esteem support includes bolstering a person's self-concept by

voicing respect for an aspect of their identity (Knobloch et al., 2018). Network support includes connecting a person with others in order to facilitate feelings of togetherness or belonging (Knobloch et al., 2018). Lastly, tangible support is the supplying of material goods and resources (Knobloch et al., 2018). Social support can be very helpful to those suffering from mental health challenges. Even though a relational partner can be a source of support, many people, including military personnel and their romantic partners, turn to online forums for support as well.

Research examining supportive communication has grown significantly within the past 30 years and has documented the positive effects that supportive interactions have on the health and well-being of individuals struggling with mental health issues (Burleson & MacGeorge, 2002). Social connectedness has been positively associated with lower psychological distress and fewer symptoms of poor health amongst military spouses (Crouch, Smith, & Segal, 2017). Gottlieb and Bergen (2010) found that military spouses that received support from family, friends, and their spouse had improved emotional well-being and that well-being that might have been promoted by the resilience that was improved through close social interactions. Also, positive experiences and level of control for military spouses during deployment times was enhanced by the social support and cohesion that they are able to experience within their community (Eubanks, 2013). Overall, social support given to significant others of service members can have many positive effects on their physical and emotional well-being.

Although there have been many studies that examine social support in general in the context of the military, very few of them look at how service members or their partners utilize social support in online forums, specifically when at least one of the

partners has a mental illness. In other contexts, studies have examined social support and online postpartum depression discussion groups, online support groups for those living with irritable bowel syndrome, and those with HIV/AIDS (Evans et al., 2012; Kummervold et al., 2002; Mo & Coulson, 2014). These studies suggest that online support groups may be a helpful venue for persons living with chronic illness or mental illness to receive informational and emotional support (Mo & Coulson, 2008), and those benefits may extend to military partners. Generally, research on military personnel's use of online forums suggests that military family members do discuss the challenges they face while navigating military life online, including feeling alone or trying to deal with anxiety (Jennings-Kelsall et al., 2012). Thus, online forums are likely a useful source of social support for service members and their partners.

Online forums remain relatively understudied in spite of their utility, but they provide an appropriate and useful setting for examining how service members and their partners ask for or give social support when discussing their mental health. Given the above research, I propose the following research question:

RQ1: How do service members and their partners communicate social support in online forums?

CHAPTER 3: METHODS

I used a qualitative research approach to answer the research question that frames this study. I examined how people shared their mental health challenges with others online, exploring the meanings associated with their conversations about mental health and military life and focusing in particular on their supportive interactions. Specifically, I used thematic analysis to examine military service members' and their romantic partners' communication about mental health in online forums by studying interactions in an existing data set composed of data from military-focused online forums.

Data for this research project were collected from existing online forums geared toward service members, their partners, and other family members and friends as a setting for discussing challenges they may be facing related to military life. Specifically, the data were collected from publicly available online forums in which individuals discussed their experiences with U.S. military life. Since these forums were publicly available, they did not require group membership or a password in order for forum messages to be viewed. To locate the online forums, searches such as "military life and online support," "military and marriage," and "military family and coping" generated discussions from 37 online forums. The discussion threads collected had been written up to three years prior to the data collection, which produced 5,925 pages of double-spaced text. Since the data were existing and publicly available and did not involve interaction with any participants, IRB approval was not needed.

3.1 Data Analysis

Because the data focused broadly on military life, the first step in data analysis included culling the data to find posts relating directly to service members' and their

partners' discussions of mental health. I generated a list of search terms related to mental health (e.g., "depression," "PTSD," "anxiety," and "traumatic brain injury¹") and searched for each term individually across the data set. Each time I located one of the terms, I examined the context for the post, and if it was written by a service member or their romantic partner, the entire post was retained for further analysis. The reduced data, consisting of 399 pages and representing 6.7% of the total data set, contained posts related to mental health written by service members or their partners and was used in all remaining analyses. Though demographic data are not available, a majority of the data reflected experiences from partners of service members.

I analyzed the data using Braun and Clarke's (2006) thematic analysis approach. Generally, thematic analysis consists of six steps. To begin, I familiarized myself with the data by immersing myself and deeply engaging with the data. The goal of this step was to become familiar with the data set's content and to begin to notice things that might be relevant to the research question (Braun & Clarke, 2012). This stage in the analysis requires the researcher to get into a mode of reading that actively engages with the data, beyond just reading the data (Terry et al., 2017). Thus, in order to be observant of patterns in the data, I took notes about patterns that occurred in the data and started to ask questions about the data (Terry et al, 2017). To make sure I read the data thoroughly, I read the data through twice. While reading, I took notes both in a notebook and on a printed copy of the data and wrote down any questions or patterns that I noticed. These notes were also used to help me remember the important information that I discovered

¹ Traumatic brain injury is different in important ways from other mental health conditions because it is not treatable (Hammond et al., 2012, Hammond et al., 2011, Hammond et al., 2015). Frequently both military and mental health research include traumatic brain injury, so to be consistent with prior research, it was included here, though it is important to note that it was not commonly found in this data set.

through reading. For every 20% of the data that I got through, I looked back over my notes and wrote down which patterns I saw occurring most frequently and synthesized these observations into ideas or insights related to the data as a whole (Terry et al., 2017). I assigned a code to each sentence or post in the data to get a sense of what experiences were the most prevalent and salient. I examined those codes and picked out the most common codes.

Secondly, I began to generate initial codes. The goal of coding in this phase was to help me make sense of the data, develop insight, and provide a rigorous foundation for the analysis (Terry et al., 2012). A code should capture the essence of what is in the selected data segment so that it is meaningful without reading the data (Braun et al., 2015). Codes are used in order to identify and provide a label for a feature of the data that is relevant to the research question (Braun & Clarke, 2012). Some codes mirror participants' language and concepts, while others invoke the researchers' conceptual and theoretical frameworks (Braun & Clarke, 2012). Therefore, coding involved locating the relevant data within each data item and then 'tagging' the data with a code or phrase that captured the meaning of the segmented piece of data (Terry et al., 2017). I began this process by going through the data incident by incident on a printed transcript and assigning each incident a code. By doing this, I was able to decide whether or not I could apply a code I had already used or whether a new one was needed to capture that piece of data (Braun & Clarke, 2012). When I completed coding the entire data set, I read through the codes I had assigned multiple times and revisited the material I coded at the start to check whether it was necessary to recode some of the data. After I coded all data items thoroughly, I created a list of compiled codes that adequately represented the data.

Third, I shifted from codes to themes in order to further my analysis. Generally, a theme is used to capture something important about the data in relation to the research question, and it should represent something patterned within the data set (Braun & Clarke, 2006). A theme also identifies a broader level of meaning than a code, so several different codes were combined to create each theme (Braun et al., 2015). Thus, this phase involved again reviewing the coded data to identify areas of similarity and overlap between codes, and then clustering the codes that share some unifying feature together so that they reflected and described a meaningful pattern in the data (Braun & Clarke, 2012). Not all of the codes I identified in the first and second steps of data analysis contributed to the developing analysis or to the research question, so I was thoughtful when choosing which codes contributed to a theme. Another important element of this stage was beginning to explore the relationship between themes and to consider how themes worked together to tell an overarching story about the data (Braun & Clarke, 2012). I worked to ensure that themes were presented in sufficient depth and detail to convey the richness of the data (Braun & Clarke, 2012). I created a thematic map in order to have visual aids and enhance my ability to identify potential themes and to see how each of the themes related to one another in a relevant way (Terry et al., 2012).

Fourth, I reviewed the developing themes in relation to the coded data and the entire data set. This phase was mainly about quality checking and was important since I was working with such a large data set (Braun & Clarke, 2012). The first level of reviewing involved refining the themes in order to make sure that there was a coherent pattern (Braun & Clarke, 2006). In some instances, the review of themes confirmed that they worked and showed a relevant story that answered the research question. Often,

however, the review process led to adjustments to the themes and the thematic map (Terry et al., 2012). Data within the themes needed to go well together, but there needed to be identifiable distinctions between the themes as well (Braun & Clarke, 2006). The second level involved questioning the validity of the individual themes. I read over my entire data set again in order to make sure the themes worked in relation to the data set and the thematic map, as well as to make sure that I had not missed any themes. I asked myself questions such as: “Is it a theme or just a code? What are the boundaries of this theme? Is there enough meaningful data to support this theme? Is the data too diverse and wide ranging?” Such questions allowed me to ensure that the themes were coherent. Upon asking myself these questions, I collapsed two of the themes together (Braun & Clarke, 2012), and this review process resulted in the identification of a new theme. At the end of this phase, I had a fairly good idea of what my themes were, how they fit together, and the story that they told about the data.

Fifth, I defined and named the themes. The goal of this step in data analysis was to ensure clarity, cohesion, precision, and quality of the developing analysis (Terry et al., 2012). This phase involved selecting extracts to present and analyze and then figuring out the story of each theme with these extracts (Braun & Clarke, 2012). This phase involved identifying the essence of what each theme was about and what aspect of the data each theme captured (Braun & Clarke, 2006). For each individual theme, I conducted and wrote a detailed analysis. This analysis tells the reader what about the extract is important and why in a narrative way (Braun & Clarke, 2012). As well as telling the “story” that each theme encompasses, this involved considering how each theme fits into the overall “story” that the data were telling (Braun & Clarke, 2006). This included examining

whether the themes included enough detail, or if they were too thin. If a theme was too thin, I dropped it from the analysis, as well as considered whether it was actually a sub-theme that was connected to a broader theme (Terry et al., 2012). Sub-themes capture a distinct aspect of a theme and can be useful for giving structure to a large and complex theme or for demonstrating hierarchy of meaning within data (Braun & Clarke, 2006; Terry et al., 2012). By the end of this phase, I had clearly defined what my themes were and what they were not. This is also the point at which I started thinking about the names I gave each theme in the final analysis, making sure the names were concise and immediately give the reader a preview of what each theme was about.

Last, I completed the final analysis and reporting of the data. The purpose of the report is to provide a compelling story based on my analysis (Braun & Clarke, 2012). This writing process included searching for data quotations and building an analytic narrative with plenty of evidence from the data that answers the research question (Braun et al., 2015). I chose examples from the data set that were particularly vivid or captured the essence of the theme. The analysis went beyond description and included arguments that answered the research question. I made sure to consider the order in which I presented my themes, making sure that themes connected logically and built upon the previous themes mentioned (Braun & Clarke, 2012), and I did not provide data extracts with little to no analysis or extracts that simply summarize the data. While revising the analysis, I made sure that data-based claims were properly used to make an argument and tell a story. Overall, I wrote the analysis in a way that tells a story about the themes and provides sufficient evidence to answer my research question.

3.2 Credibility

Qualitative researchers must attend to credibility in their research. This is important to ensure that that research is appraised as credible by the reader, and that the research adequately represents the participants' reality (Davis & Lachlan, 2017). To ensure credibility, I compared the results with other studies looking at similar topics in order to verify my findings. I also examined research that has looked at mental health of service members and/or their partners. I followed a consistent protocol for data collection, coding, and analysis by making sure that I was following my data analysis steps very carefully. Finally, I discussed my analysis of the data with another researcher who checked my work behind me to make sure my research is credible.

CHAPTER 4: RESULTS

The analysis resulted in five themes: encouraging help-seeking, seeking and expressing solidarity, filling time meaningfully, relating to others, and engaging in self-care. These were all common ways in which posters in the online forum offered social support to one another, and were also ways in which people asked for or received social support.

4.1 Encouraging help-seeking

One theme that emerged was a suggestion by forum participants that service members and partners should attend counseling as a way to handle the struggles that come with mental health issues. Many posts discussed how beneficial counseling can be, especially when it comes to dealing with being separated from one's partner for an extended amount of time because of military service. For example, one poster stated that "a good counselor should be able to help you come up with good coping skills and mechanisms to help you deal and cope with him leaving and coming back again." Counseling was brought up as a helpful resource consistently as a way to help individuals struggling with a mental illness, their partners, and their relationship.

Many posts included suggestions for counseling at both individual and couple levels. One poster, whose husband suffered from PTSD, described how "I feel selfish and inadequate and it's apparently taken my stubborn ass this much to realize that I do need help in this, too," and one of the responses to this post advised, "what you need to start with is counseling for yourself as an individual and then go to it as a couple. There is nothing wrong with that at all, you can just be overwhelmed." Another poster within the same thread said, "I would suggest counseling as an individual and then as a couple if it

is possible.” One response post mentioned the benefits of attending counseling as an individual when the partner is struggling with a mental illness by saying “getting counseling for yourself can help you become more familiar with the types of behaviors that he is showing you.” Participants in the online forums believed that counseling at both the individual and couple levels can be very beneficial when it comes to mental health.

Although going to counseling was commonly suggested, there were many participants, service members in particular, who were reluctant to attend counseling. One post from a woman seeking help about her husband, who was feeling numb and showing symptoms of PTSD after a deployment, received a response to her post saying, “I want to go to counseling but he is hesitant...he did some counseling for his previous two deployments but they were different and we weren't together for those.” This shows the challenges that couples can face if one partner is unwilling to attend counseling.

Although many may assume that counseling would be suggested just for those suffering from a mental illness, partners should also learn coping mechanisms and ways to respond to behaviors that their partner may exhibit because of a mental illness. Several posts suggested that those dealing with a significant other struggling with a mental illness encourage them to attend counseling. One such post seeking guidance was by a woman whose husband was currently deployed and showing signs of PTSD. One response post suggested, “First I would suggest counseling for you to help you get through this. You will need some guidance and support going through this.” The post then goes on to say

I don't know that you could talk him into any sort of counseling while he is deployed but hopefully once home he might speak with someone to help him deal with these feelings. He is not the first or only one to go through this.

It appears as though many times, the partner had to push their service member to attend counseling, and this could be because of the stigma that is attached to going to counseling within the military.

These response posts show a trend of people suggesting counseling for both partners, as well as a normalization of what the individual is facing. Many posts suggested something similar to this post: “I agree counseling would be a good idea - Military One Source.” Military One Source is a resource website created by the Department of Defense for service members, their spouses, and their family members to locate resources including counseling. Military One Source was a common suggestion among posts for an avenue to take to locate a counselor or therapist. Another response post stated, “If he's struggling, it would be ideal for him to seek counseling. There seems to be greater underlying problems that he has and before any relationship is possible, he will need to sort them out on his own.” Another poster suggested,

I know your [dear husband] is away, and that creates a challenge in regards to marriage counseling, but personal counseling that is not specific to the depressive issues may be helpful for you in helping you to start sorting through it all and having a better idea of which direction you want to go moving forward and building a plan for that so that when your husband returns you are in a good position to proceed accordingly.

Since counseling is available for both service members and their spouses through Military One Source, the option of going to counseling is seen as a normal and an easily accessible choice to make.

4.2 Seeking and Expressing Solidarity

A second theme that emerged was participants in the forums seeking and offering reassurance that they are not alone with their mental health struggles. Many original posts include phrases such as “I don’t know if anyone else is dealing with this problem but I could use some advice” or asking “Has anyone else gone through this part before?” and “Has anyone else dealt with this kind of situation?” Their sentiments were frequently met with validation that indeed, others are or have been in the same exact situation. It seems as though many people struggling with their mental health in online forums find comfort and support in knowing that they are not alone.

Many people seemed to find support in knowing that they were not the only ones who felt certain emotions. One poster described how their partner had deployed, and then things weren’t the same when they returned so they found themselves struggling with their mental health because of feelings of loneliness. A responder related by saying, “I know how you feel. I moved last year from Germany to Virginia and all my friends and family are back in Germany. At the beginning I felt often depressed and lonely.” Another poster discussed how they were facing depression after their partner left for boot camp, and a response replied “As far as my own experiences with my [dear boyfriend] going away to boot camp, what you're feeling is pretty much the same as how I felt.” And yet another response said, “I know how you feel! It can be lonely.” Many posts have the goal to support others through the affirmation of their feelings and experiences.

Several responses also showed solidarity by sharing that they were in the same exact situation as others and therefore, they could relate to what they were experiencing. One poster who was experiencing feelings of depression and loneliness while her husband was deployed expressed “I cant take it im so lonely. I just dont know what to

do I'm in a slump my days are long but my nights are longer and im not sleeping i feel like im at a loss." Another poster responded by saying, "I'm in the same boat! I've lived here for almost 4 yrs. It gets lonely. We only have one car and [dear husband] works nights. It sucks to that my family never calls me and if I call them they don't ever want to talk." Another poster discussed how her husband was leaving for training and would be gone for an extended amount of time: "I know I have family and friends but he is my rock and the one who I go to when the problem is family or friends. How did you cope, how are you coping?" A response said, "I really have no advice to give since I am pretty much in the same boat as you...[Dear Husband] leaves in about a month for basic and already I dissolve into tears at the slightest provocation...but solidarity right!...we shall all get through this together!" These posts involve the ability to create a sense of solidarity by helping those that are going through a hard time to understand that there are other people that are in the same situation as they are.

One particularly common response to reassurance-seeking was an offer to talk privately. In fact, almost every response within the data set included some kind of sentiment like "private message me" or "feel free to reach out to me." Even though these responses in themselves were a form of reaching out to others, these messages offered even further support and were essentially saying that they want to be there for that person beyond just their messages in an online forum. Such offers further extended the feeling that those struggling are not alone and that they have a support system who was willing to talk to them whenever they need it. For example, one poster said, "An ex of mine was hospitalized for PTSD- so I'm here if you ever need to PM me for sure." Other posters say things like "I guess I am just trying to say YOU ARE NOT ALONE and neither am

I. Big hugs. I feel for you. PM me if you ever need to vent,” “Feel free to PM me if you want to talk,” “i wish you the best as well please PM me if you ever need someone to talk to,” “ this is the hardest part of the military life. private message me if you want to talk more... stay strong,” and “if you ever, ever need to do more ranting, just PM me!!” These sentiments opened up the opportunity to talk and connect with someone beyond just a response post in the forum and showed posters’ willingness to be supportive even after they are done commenting on the forum.

4.3 Filling time meaningfully

A third theme in the data had to do with filling time meaningfully in order to not dwell on the negative feelings and emotions that can come from being part of the military lifestyle. Many posts discussed how one of the worst things that a person can do is spend time alone and focus on things that may only make their mental health worse. The main goal of participating in these activities is to find things that bring about happiness in moments when things like anxiety and depression are present.

Journaling was suggested commonly as a way for those struggling with their mental health to cope with the struggles they may be facing. For example, one poster recommended journaling by saying that what worked for them:

keeping a journal and writing in it daily helps many. Just the act of writing it and getting it out onto paper can help a lot. You don't have to show the journal to anyone, it's just a way to vent and get any feelings of the day out, good or bad.

Another poster discussed the benefits of keeping a journal and suggested, “maybe look into keeping a journal or creating a blog?? Sometimes getting your thoughts and feelings out there can be really helpful.” Other posters suggest the benefits of journaling as being

a way to process and get out one's thoughts and emotions without having to necessarily share them with someone else. A different poster suggested, "get a journal to write in, it helps to get things out onto paper and not to always 'burden' [your partner] with your feelings if you are depressed or feeling down." For those with significant others who were facing challenges, a poster suggested "encourage him to write in a journal. That is what my husband finds helpful, and he allows me to read what is in his journal so that I can understand him better." The overall benefits of journaling can help to get out thoughts and emotions, and can become an outlet that may be therapeutic for many.

Keeping busy was another important way to help the time pass, while also keeping one's mind off of the struggles that they were facing. Many posts offered suggestions on how to pass the time in general, whether this be finding a new hobby, joining a club, or spending time with friends and family. One poster seeking support while a significant other is gone for training said, "I feel so lonely and not being able to talk to him makes me sick. I'm only 5 days in and I have 72 more left. Any advice on how to get out of this depression?" A poster replied, "Keep busy, spend time with friends, focus on work or school, find a hobby and write him letters. It will go by a lot faster than you think. Just take a deep breath and take it one day at a time." Another response on the same post said, "The first few days/week is the hardest. My advice is to keep busy and have small milestones/events that you look forward to." It is apparent that keeping busy is a good way for a person to distract themselves by investing time in activities that will be meaningful to them.

Volunteering was another common suggestion for people to help pass the time. One poster was looking for ways to pass the time during her significant other's

deployment so that she did not just mope around and feel depressed all the time. One response laid out reasons why volunteering can be such a beneficial way to spend time by saying,

Volunteer- it is a win/win/win approach to your situation - it gets you out of the house, gives you somewhere to be with something to do, allows you to start to network for personal and professional contacts and you do good for whatever cause/organization it is you volunteer for. Volunteering looks great on a resume and can also be a great way to get your foot in the door for possible employment opportunities within the organization you volunteer with. There is a great boost to your mood when you have accomplished something through volunteering as well.

Another posted agreed, saying, "I agree. Find an organization that you want to volunteer with. It can help you professionally, but also personally. You will start to find friends and it will keep you busy-which is key to surviving deployment." Volunteering is often seen as a meaningful way to pass the time and keep one's mind off the mental health challenges that they may be facing.

4.4 Relating to others

A fourth theme focused on relating to others through sharing personal experiences. This theme differed from the others because the responses consisted of stories about what posters had been through and were intended to show some commiseration or empathy. Many posters discussed their own struggles and experiences with military life and the mental health challenges that they've faced because of that.

Sharing personal experiences with others helped to create a sense of community, and it seemed to be therapeutic for both original posters and their responders. This exchange of personal stories offered a way for people to relate to one another.

One of the most common stories that online posters shared was about their experiences with a mental illness or the experiences they've had because their spouse had a mental illness. One poster described how "my [dear fiancé] returned from Afghanistan about four months ago and the beginning was such a struggle. We were fighting constantly and I wanted for him to go back to his pre-Afghanistan self almost desperately." In response to this, many posters brought up how many service members may return with PTSD:

My guy has been in army for 18yrs... has seen lots of combat... but says that the first tour in iraq was the worst he ever saw. He had nightmares for a year, couldnt sleep in the house alone. would run around the house locking all of the doors and windows like 10 times a night. In crowds you can see him constantly scanning for trouble

and

My husband has a dual diagnosis of TBI and PTSD and is 10 percent disabled. I guess I would give you the worst case scenario, which is that he has permanent changes in his memory and personality. It has changed our marriage, but we were married and I meant my vows.

Another message said, "My husband and I have been through nearly four deployments (I say nearly because he is almost home from his fourth deployment, oh yeah) and he has

never come back the same man.” These personal stories seem to not only aim in lending support, but also to help prepare those for what may lie ahead.

4.5 Engaging in self-care

A fifth theme that emerged was engaging in self-care and making time to focus on oneself. Often, having to help care for someone struggling with their mental health can become very emotionally and mentally draining and lead to further complications. Therefore, many posters discussed the importance of self-care and taking time to focus on themselves. In order to effectively help or support someone who is struggling, these posts talked about how it is essential for both service members and caregivers to be focused on improving their mental well-being. The military lifestyle can be a challenge for everyone involved, and therefore it is important to support not only other people, but also oneself.

Many of the posters specifically noted that it is important to take care of oneself before trying to help anyone else. One poster described how her significant other was struggling with PTSD after suffering both physical and mental injuries while in Iraq and Afghanistan. Upon his return he began to act like a different person and “some of the things he says and does can just be so hurtful, not just to me, but everyone really, and well, maybe, I hurt too, and I too am lost.” A response suggested,

I would say take care of yourself. It's like if the airplane is going down, you put the oxygen mask on yourself before you put it on anyone else. Make sure YOU are centered and healthy before you try and help him. If you can find your center, then you won't get caught up in his tornado.

Another poster added on to this by saying, “As others have said, please make sure you take care of yourself first. you cannot help someone else until you are better yourself,”

and others added, “This man needs you, but you need to take care of yourself too so you can be there for him,” “ You can wear yourself to a frazzle if you don't take care of your needs - be kind and gentle to yourself, and that will make it easier to face what is to come,” and “Don't forget to take care of yourself, ask a girl friend if she wants to take a girl's weekend and go do something fun.” These responses emphasized the importance of taking the time to care for oneself so that they can assist other people. Too often, those caring for someone suffering from a mental illness neglect their own mental health which can lead to further problems for both members of the relationship.

Many posters also acknowledged how military life can create high stress and anxiety levels and the emotional toll that this can take on both members of a relationship. One poster had some advice for those dealing with overwhelming emotions by saying “I know it must all seem overwhelming right now, but it isn't. Take a deep breath, relax and just take it a day at a time.” Another poster brought up how “there are cases of secondary PTSD found in children and close family members as well” and “He has PTSD and TBI. I have my own depression and now secondary PTSD thanks to his uncontrollable outbursts.” One poster summed it up well by saying

At the end of the day, all you can do at this point is to take care of you and your children - both from a mental health perspective and from a preparatory perspective so that whatever the outcome of the situation with your marriage turns out to be you are situated securely.

These discussions bring up the importance of taking time for self-care in the midst of struggles, especially since both members of the relationship can struggle with their mental health.

Overall, many people on online forums offer social support by encouraging help-seeking, seeking and expressing solidarity, filling time meaningfully, relating to others, and engaging in self-care. These all encourage people to take care of their mental health and spend time actively improving themselves and their mindset, as well as help people to understand that they are not alone in their struggles.

CHAPTER 5: DISCUSSION

In this thesis, I sought to analyze the ways in which both service members and their partners expressed supportive communication for mental health challenges. Specifically, I identified several ways people communicated support through a medium that is becoming more commonly used: online forums. The results of this study suggest that social support is offered in a variety of ways in online forums when it comes to the mental health of service members and their partners, including seeking emotional support, connecting with individuals who could empathize and offer advice, and providing people with suggestions about how to cope with mental health struggles. Both the service members and their partners participated in the online forums to cope with their mental health struggles, as well as to seek out support from others. Although many people in the online forums were struggling with their own mental health, many of them were also posting in regards to their significant other's mental health struggles. These findings are useful for (a) contributing to research on social support, and (b) implying practical recommendations to support the mental health of service members and their partners. The data also had (c) personal implications for me as the partner of a deployed service member. I reflect on each of these points in the paragraphs that follow.

5.1 Contributions for Social Support Research

The central experience for service members and their partners posting in the online forums was both gaining and expressing social support because of the mental health stressors brought on by the military lifestyle. Previous research has demonstrated the importance of social support for various health conditions (Bambina, 2007; Braithwaite et al., 1999; Colineau & Paris, 2010; Coursais & Miu, 2009; Nicholas et. al,

2009). Although there has been much research done on social support, relatively little is known about the emerging phenomenon of online social support (White & Dorman, 2001). There is also limited research on how social support is used within online forums for both service members and their partners when it comes to mental health. Online forums are not only important for the ease of access to social support that they offer, but also for the valuable links to formal support services that they often facilitate, such as Military OneSource, Family Readiness Groups (FRG), a chaplain, Tricare, and counselors (Desens et al., 2019). Although information about these formal resources can be found on several different military-sponsored websites, having them recommended by opinion leaders and others with similar experiences in an online forum may provide a level of endorsement that makes the suggestions more acceptable to fellow military family members (Desens et al., 2019).

Social support researchers should find these results useful because they show that both service members and their partners who suffer from mental illnesses can turn to online forums to find social support. These types of social support appeared to be the same regardless of whether the poster was a service member or a romantic partner. It is also important to note that the same types of social support were offered to those suffering from a mental illness and to those supporting someone with a mental illness. The results also suggested that partners may struggle with their mental health even when a deployment or a separation isn't going on. Most research on the military looks at a time frame during or after a deployment, and it is important for researchers to consider that mental health struggles in this context are not just brought on by the stressors of deployment. This is also important for those looking to offer social support, such as

therapists and counselors who should encourage those struggling to seek and receive support to utilize online forums as a way to cope with their mental health struggles.

Whereas social support has traditionally been thought of as being shown in-person, there is a need to do more research in the realm of online forums and social support because of their prominence now. Unlike traditional face-to-face social support, which is bounded by time constraints, the participation in online forums is less limited. The international scope of online spaces permits forum members to draw from a wide variety of perspectives, experiences, abilities, and points of view, while at the same time promoting a feeling of universality (Braithwaite et al., 1999, Finn, 1995, Winzelberg, 1997). The results from this thesis closely align with a study done by Davison et al. (2000) which examined support group participation both face-to-face and online. Davison et al. (2000) found that social support was closely related to interpersonal consequences of diseases and that health conditions that are typically largely overlooked were highly represented in the online community (Davison et. al, 1999). These results also echo the findings of Colineau & Paris (2010) and Wright & Bell (2003) who concluded that in addition to providing information support, weak-tie networks, such as online forums, are a great source of emotional support. Waliski et al. (2012) also found that military spouses reported that when close friends or family members stepped in to help during a deployment, it sometimes caused additional stress because family members did not understand or have the experience of living the military life. This aligned with the results from the present study, in which posters sought support from weak-tie networks who had gone through similar experiences.

Informational and emotional support were the most frequently requested and provided types of social support found within the forums. For instance, encouraging help-seeking and seeking and expressing solidarity are both examples of emotional support, whereas advice to fill time meaningfully, engage in self-care are examples of informational support. Instrumental and network support were requested and provided far less frequently. Similar results were found in online forums and support groups for those dealing with other health issues (Braithwaite et al, 1999, Bambina, 2007; Colineau & Paris, 2010; Coursaris & Miu, 2009; Nicholas et al., 2009). These results are important because they show how vital both emotional and informational support can be and that even these kinds of support can be offered within online forums.

Stigma is another important aspect that may have played into whether or not service members and their relational partners chose to turn to online forums for support. Since seeking out health for mental illness is commonly looked down upon because of the strong mindset that the military creates and the potential consequences, many of the posters may have turned to online forums because of the anonymity. The experience of relating to others, in particular, may have seemed more appealing because the threat of stigma felt diminished in an online setting. This is interesting information because online forums could be thought as a place where stigma is diminished and social support is more willingly given and requested.

Another notable piece of information was that a large amount of the significant others discussed their mental health struggles having taken place during or immediately following a deployment rather than prior to a deployment or long after it ends. This aligns with previous research which found that the accumulation of stressors before, during, and

after a deployment can cause both service members and their partners to suffer from mental health problems, including symptoms of depression, anxiety, and posttraumatic stress during the six months after being reunited (McNulty, 2005; Nelson Goff et al., 2007; Renshaw et al., 2008). Significant others were most interested in finding out information about how to cope with deployment and what to expect. Often, just the mental health of the service member is the highlight of research during and after a deployment. However, this thesis shows how significant others also suffer from the same mental health struggles as service members and that social support is an important way for them to receive encouragement, help them to cope with stress, and improve motivation. Although research often examines the effects that the military life can have on the mental health of service members, more research is needed in the area of the mental health of the partners.

5.2 Practical Implications

The results of this study have practical implications for supporting the mental health of service members and their partners. The fact that not only are service members struggling with their mental health on a regular basis, but their significant others as well shows a need for change. One way that this change could take place is by healthcare professionals and therapists taking an active role in the online forum community and providing people with helpful information. Another factor that therapists should take into consideration is the fact that so many patients would probably feel comfortable using computer-mediated communication in order to discuss the personal challenges they are facing. Even though these online forums are open to both service members and their partners, a larger proportion of those posting consisted of the self-identifying partners of

significant others of the service members. This shows a need for programs aimed specifically at the significant others dealing with mental health.

Each branch of the military has some form of a Family Readiness Group (FRG), which is a command-sponsored organization consisting of family members, spouses, and service members. The goal of this organization is to provide an avenue for mutual support and assistance, as well as relay information from the command to the family members and spouses. Based on the findings from this study, one recommendation is that FRG groups could host workshops discussing mental health and how to deal with it in a variety of settings, as well as include resources for both gaining and providing support.

In addition, FRGs are the main communication source for many families across the deployment cycle. A large problem facing FRGs, however, is distance. For example, there may be significant others who don't live close enough to the base to travel for events or who are not able to attend because of work. To combat this challenge, FRG groups could make an initiative to create online Facebook groups or virtual workshops encouraging social support between significant others specifically, given my findings that significant others are now turning to online forums as a way to find support instead, in part because of the convenience that they offer. Therefore, FRGs could also implement a social support based plan utilizing online forums or other Internet-based groups where they allow members to connect and offer one another support, especially since many people within a unit can theoretically relate to each other's struggles.

On top of changes within the FRGs, change in the military as a whole would be beneficial. Research has shown that when service members wives' seek help, they may be served by civilian providers with few connections with military health care systems

and have little to no information on the mental health barriers that the significant others face (Lewy et al., 2014). It is important that counseling services both in and outside of the military understand the ways in which both service members and their partners are affected by the military lifestyle. Thus counselor training programs should take into account the specific struggles that service members and their partners face, as well as create and facilitate online forums or groups specifically for service members and their partners to connect and offer each other social support.

5.3 Personal Implications

While I was doing this research, I often found that I had so much empathy for anyone struggling with their mental health because of the military lifestyle. This is due in large part to the fact that while conducting my work on this thesis, my significant other was deployed. In many ways, I found the results uplifting just because it showcases the good parts of humanity and the ability of humans to connect and relate to one another on such a deep level. I also found myself angry at times because of the lack of policy and change in regard to mental health in the military and their loved ones who are also extremely affected by the hardships of military life. While reading through the online forum posts, I thought a lot about divorces taking place while one member of a couple was deployed, about families facing health issues, not being able to attend the funeral of a close family member, and missing out on so many milestones in their young child's life. To me, it would almost be impossible to not struggle with your mental health when dealing with so many tough situations.

After experiencing such a roller coaster of emotions myself throughout the past year, I found that having a close social group was one of the ways that made the long

days of deployment a little easier. I also found that the support that my significant other and I could offer each other was also extremely valuable. It was especially helpful to have friends who also had a significant other who was deployed because they were able to easily relate to my exact same situation. I found myself thinking often that it was so nice to not feel alone, and to know that I had people who were there to sympathize with me. I also found it helpful to take time to find new activities that I enjoy, spend as much as time as possible with family and friends, and set goals for myself to help the time pass by. In this way, I could relate to the desire that so many others on the online forum shared to know that you are not alone. Even though most people understand that they are truly never alone in their experiences and emotions, it is nice to have that affirmation that other people are experiencing what you've felt and gone through. Being able to feel that sense of community of those who experience the same emotions and experiences as you is a powerful tool and a great source of comfort.

5.4 Limitations and Directions for Future Research

The results of this are constrained by several limitations. First, the nature of the data collection procedures precluded me from obtaining demographic characteristics of online forum participants beyond their self-identified role as a service member, or a romantic partner of a service member. Key variables such as gender, age, geographic location, military branch affiliation, and the number of participants who were posting in the online forum were unavailable to me. I was also unable to tell who was a service member or relational partner unless they self-identified, as well as who had a mental health diagnosis and who did not. It appeared as though a majority of the posters were relational partners of service members, though that conclusion is speculative. The ability

to know the military branch was a limitation because each branch is unique in its culture, mission, and deployments. There are many other social media platforms where service members and their partners regularly communicate, such as private Facebook groups, Twitter, and Instagram. There are also platforms specifically for different groups, such as male spouses of active duty service members, significant others of same sex couples, dual military couples and family members of deployed service members, as well as for the different military branches (Desens et al., 2019). An examination of social support across a wide variety of social media platforms and across groups should be considered for a more comprehensive dive into social support communication within a variety of areas in the military.

Another limitation is that collecting data online prevented me from being able to probe deeper into the participants' thoughts by interacting with them and clarify their comments or ask how they felt about the support they received. A strength of this research is that I was able to access these naturally occurring exchanges within the online forums without any interference caused by me. The downside of this method, however, is that it did not allow me to dive deeper into specific issues of interest or learn more information about the participants. Other methodologies, such as focus groups and interviews, allow for interaction between the researcher and the subjects to gain rich descriptions (e.g. Rossetto, 2013; Parcell & Maguire, 2014). I encourage scholars and researchers to build on my findings using research designs that look at the short-term and long-term effectiveness of social support within online forums.

Looking to the future, studies should examine the role that social support plays for service members and their partners by examining the ways in which social support is

offered in different phases throughout the deployment cycle, following individual significant others or service members, or a group of military significant others within a specific unit. Ideally, each individual would be tracked over time and then interviewed at the end of the deployment or a few months following in order to learn about their received and given social support changes over time. Research should also look into the effectiveness that social support in online forums has on both service members and their significant others over time.

5.5 Conclusion

This research investigated the ways in which service members and their partners express supportive communication in online forums in order to shed light on the experiences of a population that is not often looked at together. These findings reveal that the communication in online forums about mental health is often aimed at giving social support or wanting to receive social support. The emphasis of this study was on the examination of the provision of social support in posted messages about mental health. Results revealed five distinct ways that social support was communicated: encouraging help-seeking, seeking and expressing solidarity, filling time meaningfully, relating to others, and engaging in self-care. Above all, this research suggests that both researchers interested in investigating the impact of social support on service members and their partners, and practitioners who desire to improve the lives of those serving in the military and their partners would benefit from considering the many mental health struggles that they often face, and how social support can mitigate these challenges.

REFERENCES

- Allen, E. S., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2010). Hitting home: Relationships between recent deployment, post traumatic stress symptoms, and marital functioning for Army couples. *Journal of Family Psychology*, 24, 280–288. <https://doi.org/10.1037/a0019405>
- Austin, Z., & Sutton, J. (2014). Qualitative research: getting started. *The Canadian Journal of Hospital Pharmacy*, 67, 436-440. <https://doi.org/10.4212/cjhp.v67i6.1406>
- Bambina, A. (2007). *Online social support: The interplay of social networks and computer-mediated communication*. Cambria Press.
- Black, S. A., Gallaway, M. S., Bell, M. R., & Ritchie, E. C. (2011). Prevalence and risk factors associated with suicides of army soldiers 2001-2009. *Military Psychology*, 23, 433–451. <https://doi.org/10.1080/08995605.2011.590409>
- Bohnert, A., Zivin, K., Welsh, D., Kilbourne, A., & Bohnert, A. (2011). Ratings of patient-provider communication among veterans: Serious mental illnesses, substance use disorders, and the moderating role of trust. *Health Communication*, 26, 267–274. <https://doi.org/10.1080/10410236.2010.549813>
- Bommarito, R. Sherman, M., Rudi, J., Mikal, J., & Borden, L. (2017). Challenges facing military spouses during postdeployment reintegration: a review of the literature and current supports. *Military Behavioral Health*, 1, 51-63. <https://doi.org/10.1080/21635781.2016.1243494>

- Braithwaite, D., Waldron, V., & Finn, J. (1999). Communication of social support in computer-mediated groups for people with disabilities. *Health Communication, 11*(2), 123-151. https://doi.org/10.1207/s15327027hc1102_2
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, K. J. Sher (1st Ed.), *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57-71). American Psychological Association.
- Braun, V., Clarke, V., & Rance, N. (2014). In Vossler, A. & Moller, N (1st Ed.), *The Counselling & Psychotherapy Research Handbook* (pp. 183-197). SAGE publications.
- Burnam, M. A., Meredith, L. S., Tanielian, T., & Jaycox, L. H. (2009). Mental health care for Iraq and Afghanistan war veterans. *Health Affairs, 28*, 771–782. <https://doi.org/10.1377/hlthaff.28.3.771>
- Clark-Hitt, R., Smith, S. W., & Broderick, J. S. (2012). Help a buddy take a knee: Creating persuasive messages for military service members to encourage others to seek mental health help. *Health Communication, 27*, 429-438. <https://doi.org/10.1080/10410236.2011.606525>
- Colineau, N., & Paris, C. (2010). Talking about your health to strangers: understanding the use of online social networks by patients. *New Review of Hypermedia & Multimedia, 16*(1), 141-160. <https://doi.org/10.1080/13614568.2010.496131>

- Coursaris, C. & Miu, L. (2009). An analysis of social support exchanges in online HIV/AIDS self-help groups. *Computers in Human Behavior*, 911-918.
<https://doi.org/10.1016/j.chb.2009.03.006>
- Crouch, C., Smith, D., & Segal, M. (2017). Military spouses stationed overseas: role of social connectedness on health and well-being. *Military Behavioral Health*, 5(2), 120-136. <https://doi.org/10.1080/21635781.2016.1272014>
- Davis, C. (2017). *Communicating hope: An autoethnography of a children's mental health care team*. Routledge.
- Davis, C., & Lachlan, K. (2017). *Straight talk about communication research methods*. Kendall Hunt Publishing Company.
- Davison, K. P., Pennebaker, J.W., & Dickerson, S.S. (2000). Who talks? The social psychology of illness support groups. *American Psychologist*, 55, 205-217.
<https://doi.org/10.1037/0003-066X.55.2.205>
- Desens, L., Kreps, G., & Su, Y. (2019). Online social support: analysis of an online discussion forum for significant members of deployed service members. *Journal of Veterans Studies*, 4(2), 94-111. <https://doi.org/10.21061/jvs.v4i2.69>
- Dimicelli, E., Steinhardt, M., & Smith, S. (2009). Stressful experiences, coping strategies, and predictors of health-related outcomes among wives of deployed military servicemen. *Kinesiology and Health Education*, 36, 351-373.
<https://doi.org/10.1177/0095327X08324765>
- Eaton, K. M., Hoge, C. W., Messer, S. C., Whitt, A. A., Cabrera, O. A., McGurk, D., ... & Castro, C. A. (2008). Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service

- members involved in Iraq and Afghanistan deployments. *Military Medicine*, 173, 1051–1056. <https://doi.org/10.7205/MILMED.173.11.1051>
- Eubanks, T. (2013). Life as a military spouse. *Urologic Nursing*, 33(2), 97-99. <https://doi.org/10.7257/1053-816X.2013.33.2.97>
- Evans, M., Donelle, L., & Hume-Loveland, L. (2012). Social support and online postpartum depression discussion groups: a content analysis. *Patient Education Counseling*, 87(3), 405-410. <https://doi.org/10.1016/j.pec.2011.09.011>
- Finn, J. (1995). Computer-based self-help groups: a new resource to supplement support groups. *Social Work with Groups*, 18, 109/-117. https://doi.org/10.1300/J009v18n01_11
- Finn, J. (1999). An exploration of helping processes in an online self-help group focusing on issues of disability. *Health and Social Work*, 24, 220-231. <https://doi.org/10.1093/hsw/24.3.220>
- Frisby, B. N., Byrnes, K., Mansson, D. H., Booth-Butterfield, M., & Birmingham, M. K. (2011). Topic avoidance, everyday talk, and stress in romantic military and non-military couples. *Communication Studies*, 62, 241–257. <https://doi.org/10.1080/10510974.2011.553982>
- Gottlieb, B. & Bergen, A. E. (2010). Social support concepts and measures. *Journal of Psychosomatic Research*, 69(5), 511-520. <https://doi.org/10.1016/j.jpsychores.2009.10.001>
- Granello, P. & Granello, J. (2007). *Suicide: An essential guide for helping professionals and educators*. Pearson/Allyn & Bacon.

- Greene, T., Buckman, J., Dandeker, C., & Greenberg, N. (2010). How communication with families can both help and hinder service members' mental health and occupational effectiveness on deployment. *Military Medicine*, 175, 745-749. <https://doi.org/10.7205/MILMED-D-09-00278>
- Hammond, F., Davis, C., Whiteside, O., Philbrick, P., & Hirsch, M. (2011). Marital adjustment and stability following traumatic brain injury: A pilot qualitative analysis of spouse perspectives. *Journal of Head Trauma Rehabilitation*, 26, 69-78.
- Hammond, F., Davis, C., Cook, J., Philbrick, P., & Hirsch, M. (2012). Relational dimension of irritability following traumatic brain injury: A qualitative analysis. *Brain Injury*, 26, 1287-1296
- Hammond, F., Davis, C., Cook, J., Philbrick, P., & Hirsch, M. (2015). A conceptual model of irritability following traumatic brain injury: A qualitative, participatory research study. *Journal of Head Trauma Rehabilitation*, 31, 1-11.
- High, A. C., Jennings-Kelsall, V., Solomon, D. H., & Marshall, A. D. (2015). Military families online: Seeking and providing support through internet discussion boards. In E. Sahlstein Parcell & L. M. Webb (Eds.), *A communication perspective on the military: Interactions, messages, and discourses* (pp. 101–120). Peter Lang.
- High, A. C., & Solomon, D. H. (2011). Locating computer-mediated social support within online communication environments. In K. B. Wright & L. M. Webb (Eds.), *Computer-mediated communication in personal relationships* (pp. 119–136). Peter Lang.

- Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of American Medical Association*, 295, 1023–1032. <https://doi.org/10.1001/jama.295.9.1023>
- Hourani, L., Lambert, S., Peeler, R., Lane, B., & Borst, C. (2017). Graphic novels: A new stress mitigation tool for military training: Developing content for hard-to-reach audiences. *Health Communication*, 32, 541-549. <https://doi.org/10.1080/10410236.2016.1140265>
- Houston, J. B., Spialek, M. L., & Perreault, M. F. (2016). Coverage of posttraumatic stress disorder in the New York Times, 1950-2012. *Journal of Health Communication*, 21, 240–248. <https://doi.org/10.1080/10810730.2015.1058441>
- Ingram, K.M., Betz, N.E., Mindes, E. J., Schmitt, M. M., & Smith, N.G. (2001). Unsupportive responses from others concerning a stressful life event: Development of The Unsupportive Social Interactions Inventory. *Journal of Social and Clinical Psychology*, 20(2), 173-207. <https://doi.org/10.1521/jscp.20.2.173.22265>
- Jennings-Kelsall, V., Aloia, L. S., Solomon, D. H., Marshall, A. D., & Leifker, F. R. (2012). Stressors experienced by women with Marine Corps families: A qualitative study of discourse within an online forum. *Military Psychology*, 24, 363–381. <https://doi.org/10.1080/08995605.2012.695255>
- Joseph, A., & Afifi, T. (2010). Military wives' stressful disclosures to their deployed husbands: The role of protective buffering. *Journal of Applied Communication Research*, 38, 412-434. <https://doi.org/10.1080/00909882.2010.513997>

- Knobloch, L. K., & Theiss, J.A. (2012). Experiences of U.S. military couples during the post-deployment transition: Applying the relational turbulence model. *Journal of Social and Personal Relationships*, 29, 423-450.
<https://doi.org/10.1177/0265407511431186>
- Knobloch, L. K., Ebata, A. T., McGlaughlin, P. C., & Ogolsky, B. (2013). Depressive symptoms, relational turbulence, and the reintegration difficulty of military couples following wartime deployment. *Health Communication*, 28, 754-766.
<https://doi.org/10.1080/10410236.2013.800440>
- Knobloch, L. K., Basinger, E. D., & Theiss, J. A. (2018). Relational turbulence and perceptions of partner support during reintegration after military deployment. *Journal of Applied Communication Research*, 46, 52-73.
<https://doi.org/10.1080/00909882.2017.1409906>
- Kummervold, P.E., Gammon, D., Bergvik, S., Johnsen, J.A., Hasvold, T., & Rosenvinge, J. H. (2002). Social support in a wired world: use of online mental health forums in Norway. *Nordic Journal of Psychiatry*, 56(1), 59-65.
<https://doi.org/10.1080/08039480252803945>
- Lakey, B. (2013). Social support processes in relationships. In J.A. Simpson & L. Campbell (Eds.), *Oxford library of psychology. The Oxford handbook of close relationships* (pp. 711-728). Oxford University Press.
<https://doi.org/10.1093/oxfordhb/9780195398694.013.0032>
- Lewy, C., Oliverm C., & McFarland, B. (2014). Brief report: Barriers to mental health treatment for military wives. *Psychiatric Services*, 65(9), 1170-1173.
<https://doi.org/10.1176/appi.ps.201300325>

- Macgeorge, E. L., Feng, B., & Burleson, B. R. (2011). Supportive communication. In M. Knapp & J. Daly (Eds.), *Handbook of interpersonal communication* (pp. 317-354). Sage.
- Maguire, K., & Wilson, S. (2013). Introduction to the special section on communication and wartime deployment. *Health Communication*, 28, 749-753.
<https://doi.org/10.1080/10410236.2013.802970>
- McAninch, K. Werhman, E., & Abendschein, B. (2018). Identifying sequences of advice-giving in online military discussion forums. *Communication Quarterly*, 66, 557-575. <https://doi.org/10.1080/01463373.2018.1473456>
- McNulty, P. (2005). Reported stressors and health care needs of active duty navy personnel during three phases of deployment in support of the war in Iraq. *Military Medicine*, 170(6), 530-535. <https://doi.org/10.7205/MILMED.170.6.530>
- Meadows, S. O., Tanielian, T., Karney, B. R., Schell, T. L., Griffin, B. A., Jaycox, L. H. ... Vaughan, C. A. (2016). *The deployment life study: Longitudinal analysis of military families across the deployment cycle*. RAND.
- Mo, P., & Coulson, N. S. (2008). Exploring the communication of social support within virtual communities: a content analysis of messages posted to an online HIV/AIDS support group. *CyberPsychology & Behavior*, 11(3), 371-374.
<https://doi.org/10.1089/cpb.2007.0118>
- Mo, P. & Coulson, N. S. (2013). Are online support groups always beneficial? A qualitative exploration of the empowering and disempowering processes of participation within HIV/AIDS- related online support groups. *International*

Journal of Nursing Studies, 51(7), 983-993.

<https://doi.org/10.1016/j.ijnurstu.2013.11.006>

Nelson Goff, B. S., Crow, J.R., Reisbig, A. M. & Hamilton, S. (2007). The impact of individual trauma symptoms of deployed soldiers on relationship satisfaction. *Journal of Family Psychology*, 21, 344-353. <https://doi.org/10.1037/0893-3200.21.3.344>

Nicholas, D., Picone, G., Vigneux, A., McCormick, K., Mantulak, A., McClure, M., & MacCullough, R. (2009). Evaluation of an online peers support network for adolescents with chronic kidney disease. *Journal of Technology in Human Services*, 27, 23-33. <https://doi.org/10.1080/15228830802462063>

Nichols, L. O., Martindale-Adams, J., Graney, M. J., Zuber, J., & Burns, R. (2013). Easing reintegration: Telephone support groups for spouses of returning Iraq and Afghanistan service members. *Health Communication*, 28, 767-777. <https://doi.org/10.1080/10410236.2013.800439>

Parcell, E. & Maguire, K. (2014). Turning points and trajectories in military deployment. *Journal of Family Communication*, 14(2), 129-148. <https://doi.org/10.1080/15267431.2013.864293>

Pearrow, M., & Cosgrove, L. (2009). The aftermath of combat-related PTSD: Toward an understanding of transgenerational trauma. *Communication Disorders Quarterly*, 30, 77-82. <https://doi.org/10.1177/1525740108328227>

Rains, S. A., & Wright, K. B. (2016). Social support and computer-mediated communication: A state-of-the-art review and agenda for future research. *Annals*

of the International Communication Association, 40, 175–211.

<https://doi.org/10.1080/23808985.2015.11735260>

Renshaw, K. D., Rodrigues, C. S. & Jones, D. H. (2008). Psychological symptoms and marital satisfaction in spouses of Operation Iraqi Freedom veterans: relationships with spouses' perceptions of veterans' experiences and symptoms. *Journal of Family Psychology*, 22, 586-594. <https://doi.org/10.1037/0893-3200.22.3.586>

Rhidenour, K., Barrett, A., & Blackburn, K. (2017). Heroes or Health victims?:

Exploring how the elite media frames veterans on Veterans Day. *Health*

Communication, 9, 1–12. <https://doi.org/10.1080/10410236.2017.1405481>

Rossetto, K. (2012). Relational coping during deployment: Managing communication and connection in relationships. *Personal Relationships*, 20(3), 568-586.

<https://doi.org/10.1111/pere.12000>

Ruhlmann, L. M., Novak, J. R., Nelson Goff, B. S., Fuss, C. Gnagi, T. & Schiferl, M.

(2018). Psychological and relational health profiles of soldiers in committed romantic relationships. *Journal of Family Psychology*, 32, 1057-1067.

<https://doi.org/10.1037/fam0000471>

Skomovsky, A. (2014). Deployment stress and well-being among military spouses: The role of social support. *Military Psychology*, 26, 44-54.

<https://doi.org/10.1037/mil0000029>

Tanielian, T., & Jaycox, L. (2008). *Invisible Wounds of War: Psychological and cognitive injuries, their consequences, and services to assist recovery*. RAND Corporation.

- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic Analysis. In Rogers, W. & Willing, C. (2nd E.d.) *The SAGE Handbook of Qualitative Research in Psychology* (pp. 17-37). SAGE publications.
- U.S. Department of Defense. (2015). 2015 demographics: Profile of the military community. Retrieved from <http://download.militaryonesource.mil/12038/MOS/Reports/2015-Demographics-Report.pdf>.
- Villagran, M., Ledford, C. J. W., & Canzona, M. R. (2015). Women's health identities in the transition from military member to service veteran. *Journal of Health Communication, 20*, 1125–1132. <https://doi.org/10.1080/10810730.2015.1018619>
- Vogel, D., Wade, N., Wester, S., Larson, L., & Hackler, A. (2007). Seeking help from a mental health professional: The influence of one's social network. *Journal of Clinical Psychology, 63*, 233–245. <https://doi.org/10.1002/jclp.20345>
- Waitzkin, Cruz, Shuey, Smithers, Muncy, & Noble. (2018). Military personnel who seek health and mental health services out of the military. *Military Medicine, 183*, 232-240. <https://doi.org/10.1093/milmed/usx051>
- Waliski, A., Bokony, P., & Kirchner, J. (2012). Combat-related parental deployment: identifying the impact on families with preschool-age children. *Journal of Behavior in the Social Environment, 11*(6), 653-670. <https://doi.org/10.1080/10911359.2012.655621>
- White, M. & Dorman, S. (2001). Receiving social support online: implications for health education. *Health Education Research, 16*(6), 693-707. <https://doi.org/10.1093/her/16.6.693>

- Wilson, S. R., Gettings, P. E., Hall, E. D., & Pastor, R. G. (2015). Dilemmas families face in talking with returning U.S. military service members about seeking professional help for mental health issues. *Health Communication, 30*, 772-783.
<https://doi.org/10.1080/10410236.2014.899659>
- Winzelberg, A. (1997). The analysis of an electronic support group for individuals with eating disorders. *Computers in Human Behavior, 13*, 393-407.
[https://doi.org/10.1016/S0747-5632\(97\)00016-2](https://doi.org/10.1016/S0747-5632(97)00016-2)
- Wood, S., Scarville, J., & Gravino, K. S. (1995). Waiting wives: Separation and reunion among Army wives. *Armed Forces and Society, 21*, 217-326.
<https://doi.org/10.1177/0095327X9502100204>
- Wright, K., & Bell, S. (2003). Health-related support groups on the internet: linking empirical findings to social support and computer-mediated communication theory. *Journal of Health Psychology, 8*(1), 39-54.
<https://doi.org/10.1177/1359105303008001429>