

ONLINE SOCIAL SUPPORT: BUFFERING DEPLOYMENT STRESS AMONG
MARINE CORPS SPOUSES

by

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DEDICATION

To my father and mother, Alfonso and Gloria Campos, who have been my inspirations to never stop learning. Thank you for your sacrifices, support, and love.

To my United States Marines, Col Mark J. Desens, Capt Mark A. Desens, and 2nd Lt Max Desens. I am eternally grateful to you for your service to this great nation. You are my heroes and my inspiration.

Finally, I dedicate this work to all of our nation's service members and their families. I extend my eternal gratitude for all that you have sacrificed to keep our country free.

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A person may take the shirt off your back and the shoes from your feet, but he can never take away what you have learned."

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LIST OF ABBREVIATIONS

Computer-mediated communication.....	CMC
Computer mediated social support.....	CMSS
Department of Defense	DoD
Non-deployed parent.....	NDP
Significant Other.....	SO
Social Support.....	SS

ABSTRACT

ONLINE SOCIAL SUPPORT: BUFFERING DEPLOYMENT STRESS AMONG MARINE CORPS SPOUSES

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Dissertation: Dr. Gary Kreps

During recent years, Marines, along with the other Services, have experienced a heightened operational tempo where deployments are more frequent with limited time at home. The stressors of deployment on the non-deployed spouse can not only affect her own health and well-being, but also the health and well-being of her children and the deployed service member. Online social support through weak tie networks can serve as a buffer against these deployment stressors.

This study examined the types of social support messages that were enacted on discussion boards for significant others (SO) of service members as a means of coping with deployment stress across all phases of deployment. Using content analysis, findings showed that information, emotional, esteem, and network support were enacted in varying frequencies throughout the different phases of deployment. Information and emotional support were the most frequently “requested” and “provided” categories of

social support, particularly during the pre-deployment and deployment phases. The lowest frequency of social support, both requested and provided, was during the post-deployment phase. Finally, the quantitative analysis demonstrated that respondents in the discussion forum provided the significant others with the same type of social support that the SO's requested.

Using the case study method, this study examined how Marine Corps spouses used online social networks to communicatively adapt to deployment stress during each phase of the deployment cycle. The results showed that the spouses used their online social network predominantly for information and emotional support during the deployment phase. The pre-deployment phase was used to establish their online social networks. Most of the spouses decreased or discontinued their participation in their online social network during the post-deployment phase. Finally, the study examined how Marine Corps spouses evaluated social support provided in online social networks. The spouses reported both positive and negative evaluations of the social support provided.

Given the recent budget cuts across the federal government, the findings from this study have implications for Department of Defense policy and resourcing. Additionally, the changing nature of social support needs across the deployment phases as evidenced by this study can inform not only policy and resourcing decisions, but also health intervention and program development.

CHAPTER ONE: INTRODUCTION

Of the approximately two million active duty personnel, who have been deployed to Afghanistan or Iraq, over 100,000 have had three or more deployments (Lincoln & Sweeten, 2011). More than 1.7 million children in the United States have a parent in the military. Since September 11, 2001, approximately 900,000 children have had at least one parent who has deployed more than once for Operation Iraqi Freedom or Operation Enduring Freedom (Lester et al., 2012). During recent years, with the wars in Iraq and Afghanistan, Marines, along with the other Services, have experienced a heightened operational tempo where deployments are more frequent with limited time at home. These deployments can place a tremendous amount of stress on families that can affect their physical and psychological health (Lester et al., 2012).

The non-deployed parent (NDP) experiences stressors across the deployment cycle. The spouse may experience elevated levels of depression and anxiety (Verdeli et al., 2008) and poor emotional functioning (Esposito-Smythers et al., 2011). NDP's have to adapt to role changes that include the responsibility of looking after all aspects of the family and home. Deployments can also cause a change in pay, which may serve as an added stressor for NDP's. Another significant stressor is the anxiety due to the dangers and uncertainties of the military spouse's deployment to a war zone. In a study of Army spouses of deployed soldiers, the main deployment stressors included safety of the

deployed spouse, feeling lonely, and raising/disciplining children without their deployed spouse (Elliott, 2011).

Spouse of National Guard members deployed to Iraq identified major stressors based on the phase of deployment (Lapp et al., 2010). For the predeployment phase, the primary stressor was their life being “on hold” in that they could not make plans as they prepared for deployment (Lapp et al., 2010). The biggest stressors during the deployment phase were worrying, waiting, going it alone, pulling double duty, and loneliness (Lapp et al., 2010). The spouses worried about the safety of their deployed service member. Waiting involved wondering when they would receive communication from their service member. “Going it alone” refers to functions that were shared as a couple, but that now spouses have to do alone (Lapp et al., 2010). “Pulling double duty” refers to single parenting where there was no break in caring for the children (Lapp et al., 2010). “Loneliness” refers to extreme feelings of being alone (Lapp et al., 2010). The stressors of the postdeployment phase were related to adjusting to the “new normal” as couples reintegrated (Lapp et al., 2010).

For some spouses, the stress of deployment resulted in somatization of the stress. Somatization occurs when physical symptoms occur, oftentimes as a result of stress, without a known medical condition. Some of the somatic complaints included: feeling tired or having little energy; trouble sleeping; menstrual cramps/problems with periods; back pain; feeling your heart pound or race; feeling tired or having little energy (Burton, Farley, & Rhea, 2009). There was a significant positive correlation between level of perceived stress and level of somatization (Burton, Farley, & Rhea, 2009).

The stress of multiple deployments as well as the anxiety due to the uncertainty of the deployments, especially for those deployed to a war zone, can also cause psychological maladjustment in the children of deployed service members and manifest itself in behavior specific to a child's developmental level (Lincoln, Swift, & Shorteno-Fraser, 2008; Lester et al., 2010; McFarlane, 2009). Preschool-aged children may exhibit behaviors that include regression to behaviors that they have previously outgrown. School-aged children may display emotional problems, worry, sleep difficulties, and difficulty in school (Lester et al., 2010; Esposito-Smythers et al., 2011; Lincoln, Swift, & Shorteno-Fraser, 2008; Park, 2011). Adolescents with a deployed parent reported feeling symptoms of depression, uncertainty and loss (Huebner et al., 2007), and also exhibited higher levels of posttraumatic stress and high blood pressure when compared to their peers whose parents were not deployed (Finkel, Kelley, and Ashby, 2003).

Understanding the effects of deployment stress on the NDP is of particular importance because child distress is linked to parental distress (Lester et al., 2010; Verdeli et al., 2008; Lincoln & Sweeten, 2011; Esposito-Smythers et al., 2011). When the NDP experiences a degradation of coping resources due to distress and uncertainty, their children are affected and become more vulnerable to the effects of deployment (Lincoln, Swift, & Shorteno-Fraser, 2008). Children of parents with high levels of stress were seven times more likely to be at higher risk for psychosocial problems (Lincoln & Sweeten, 2010). The distress experienced by infants and young children are particularly influenced by the distress experienced by the non-deployed parent or other caregivers (Murray, 2002). Children's depression and internalizing symptoms such as anxiety or

sadness, and externalizing symptoms such as aggressive behavior, are predicted by the non-deployed parent's general mental health status, particularly depression (Verdeli et al., 2008). According to Carlson (2004), non-deploying parents who cope effectively with the deployment can help mitigate the negative influences of deployment on their children. Other research supports the finding that parental wellness is the single most predictive factor of child wellness (Flake et al., 2009). In a study of Army spouses of deployed soldiers, parent resilience was found to be the best predictor of children's coping with deployment (Orthner & Rose, 2007).

While the stressors of deployment can adversely affect the health and well-being of family members at home, it can also affect the health of the deployed family member. According to Gerwitz et al. (2011), deployed family members identified home front stressors as the greatest contributing factor to their stress. This has been identified as the main cause of mental health problems in deployed service members, greater than even occupational stress (Gewirtz et al., 2011). The significance of home front stressors is that they can affect not only the service member's health, but also their mission readiness and the readiness of the military unit that they belong to.

Because the stress of deployments on the non-deployed spouse can affect the health and well-being outcomes of their children and also the deployed service member, it is important to understand how to assist the non-deployed spouse cope with those stressors. According to the Department of Defense Survey of Active Duty Spouses, spouses at home identified communication such as "email to and from deployer (95%)," "telephone calls (93%)," "temporary reunions with spouse (83%); and "instant/text

messaging with deployer (55%)” as important or very important to coping with a most recent deployment (Blaisure et al., 2012). The spouses also identified other items that were important to coping that could be categorized under informational support and emotional support. Items under informational support included: knowing the length of the deployment (93%); pre-deployment information (76%); understanding why deployment is important/necessary (66%); and reunion planning information or classes (50%) (Blaisure et al., 2012). Emotional support included items such as support from the civilian community (60%); contact with someone in deployer’s unit (60%); family readiness/support group (57%); and telephonic counseling/support service (42%) (Blaisure et al., 2012).

The Department of Defense has developed formal programs to support military families and assist them in coping with the stress of deployments. Military families benefit from informal, formal, and unit-level support (Blaisure et al., 2012). According to the Department of Defense Survey of Active Duty Spouses, the top formal support services that service members and their spouses reported using included Tricare, which is medical benefits; Family Readiness Groups, which is unit level information and referral; and Military OneSource, which is a website that offers information for service members and families as well as employment assistance type services such as non-medical counseling and referrals (Blaisure et al., 2012). In addition to formal support programs, service members and their spouses reported using informal support resources such as family, religious institutions, and neighbors (Blaisure et al., 2012).

With the expansion of the number of computer mediated support groups (CMSS) such as online discussion boards, informal support groups at the grassroots level are available for military spouses. Of interest to this particular study are the computer mediated support groups for significant others of a service member who is about to deploy, deployed, or returning home. There is limited research on support seeking and enacted social support that occurs in these online networks.

Even as the wars of the last decade come to an end, regular deployments in the Marine Corps will continue. Since the psychological health and well-being of the non-deployed spouse can influence the health and well-being of the children and even the deployed service member, this study will focus on the non-deployed spouse. Each Service is uniquely different in its mission and its culture. Hence, when studying stress, deployment, and support, it is important to study it within the context of a specific Service.

Purpose of the Study

As the Marine Corps continues its mission of being the nation's crisis response force, regular deployments will be a part of military life for its Marines and their families. For Marine Corps leaders to make informed decisions about the best allocation of resources for programming to support families and to assist them in coping with the stressors of deployment resulting in positive outcomes for personal health and well-being, they need to understand how to do this through both formal and informal support networks. As stated previously, the Department of Defense has learned from spouse

surveys the types of formal and informal support programs that military spouses across the different Services use to cope with deployment stress (Blaisure et al., 2012).

However, informal support networks that are available through online social networks such as online discussion boards need to be closely examined. Because a deployment consists of three phases – predeployment, the deployment itself, and postdeployment-communicative coping through online social networks needs to be further investigated across the lifespan of a deployment cycle. An understanding of the different stages of deployment improves family and individual coping (Laser & Stephens, 2010). Thus, the purpose of this study is to understand how military spouses and/or significant others (e.g. fiancé's, girlfriends) communicatively cope with deployment stressors using computer mediated social support through each phase of the deployment cycle.

The next section is the review of relevant literature. The first part of the review examines the deployment cycle and the different stressors unique to each phase of the cycle. This is followed by a discussion of social support, more specifically, the conceptualization of social support and its buffering effects against stress. To better understand how computer mediated social support is enacted through an online social network to cope with deployment stress, the weak ties network theory (Granovetter, 1973) will serve as a theoretical framework. Marine Corps spouses and the importance of online social support will be examined next. Finally, the research questions will be presented.

CHAPTER TWO: REVIEW OF THE LITERATURE

Stress and the Deployment Cycle

There are stressors that are unique to each of the three phases of the deployment cycle (Blaisure et al., 2012; Laser & Stephens, 2011). The first part of the deployment cycle is the predeployment phase. This period starts when the service member is notified of the deployment itself and continues until the service member departs. Predeployment can take from six months to one year. During this period, the service member participates in unit training and qualification for key tasks (Chapin, 2012). During this period, the service member may be away from home for a few days to a few weeks for unit exercises in preparation for the deployment. In a study of the impact of combat-related deployments on families with pre-school aged children, the nondeployed spouse reported feeling high anxiety about parenting alone, stress about how to tell the children, and emotional withdrawal from the deploying spouse (Waliski, Bokony, & Kirchner, 2012). Although the nondeployed spouse received a plethora of information about the deployment and available resources, it was too much information at once for the nondeployed spouse to attend to.

The second phase of the deployment cycle is the deployment phase. This phase begins when the service member leaves until his/her return home. Stressors for the nondeployed spouse during this phase of the deployment include renegotiation of

boundaries, caring for children alone, and maintaining a relationship with the deployed spouse while apart (Blaisure et al., 2012). Both the deployed service member and the nondeployed spouse have noted that this phase of the deployment cycle was hardest on the nondeployed spouse (Waliski, Bokony, & Kirchner, 2012). Nondeployed spouses also reported feeling isolated and alone, and needing more support services during the deployment (Waliski, Bokony, & Kirchner, 2012). They may also feel a sense of abandonment, loss, emptiness, pain, and disorganization (Lester & Stephens, 2010). Parental stress during the deployment had a negative effect on children's psychological and physical health during deployment (Lester & Stephens, 2010).

The final phase of the deployment cycle is the postdeployment phase. During this time, spouses may experience positive feelings such as joy and relief, but may also experience annoyance, anxiety, and stress as they adapt to the changes in roles and responsibilities once their deployed spouse returns home (Blaisure et al., 2012; Palmer, 2008). Nondeployed spouses may experience stress related to negotiating parenting roles, household roles and their newly established independence (DeVoe & Ross, 2012).

Social support is a resource for military spouses to help them cope with the stress of deployment. Support from various social networks can play an integral role during deployment for the nondeployed spouse (Merolla, 2010). The next section focuses on social support and briefly describes how broader theories inform the role of social support in buffering against the stress of deployments.

Social Support

Thus far, the literature has highlighted the importance of social support as a resource for nondeployed spouses to cope with deployment stress (Merolla, 2010; Huebner et al., 2009; Chapin, 2011; DeVoe & Ross, 2012). This study is particularly interested in Marine Corps spouses' communicative adaptation to deployment stress with a focus on social support. Hence, enacted social support is a main emphasis. Goldsmith (2004) posits that enacted support occurs in the context of conversation. According to Goldsmith (2004), this includes an exchange of messages as well as how conversational partners process interpretation and coordination between them. According to Goldsmith (2004), enacted social support is "what individuals say and do to help one another." The three commonly recognized types of enacted social support described in research are emotional, informational, and tangible (Goldsmith, 2004; Fisher, 2008). However, other social support scholars have developed additional categories of social support that have been included in various versions of social support behavior coding schemes (Cutrona & Suhr, 1992; Braithwaite, Waldron, & Finn, 1999, Bambina, 2007). In addition to emotional, informational, and tangible support, the categories of esteem support and network support are frequently included in social support coding schemes (Cutrona & Suhr, 1992; Braithwaite et al., 1999).

Cutrona and Suhr's social support behavior codes are the most expansive with five categories and twenty-three subcategories. This social support behavior-coding

scheme was used in Cutrona and Suhr's (1992) study of the controllability of stressful events to determine the type of enacted social support among married couples.

Braithwaite et al. (1999) later applied Cutrona and Suhr's (1992) social support behavior codes in their study of enacted social support in computer-mediated groups for people with disabilities. The main 5-category taxonomy was maintained, however, they eliminated the subcategory "listening" under the main category "emotional support". Since the listening subcategory was defined as "attentive comments as the recipient speaks," this did not apply to an online forum and was thus eliminated in their coding scheme.

Categories of Social Support

As stated previously, there are five main categories of social support as identified by Cutrona and Suhr (1992), and later adapted by Braithwaite et al. (1999). This section defines each of the categories and lists its subcategories (Cutrona & Suhr, 1992).

Emotional Support. Emotional support focuses on communicating love or caring. The subcategories under the emotional support category include: relationship; physical affection; confidentiality; sympathy; listening; understanding/empathy; encouragement; and prayer (Cutrona & Suhr, 1992).

Informational Support. A second category of social support is informational support. Informational support refers to providing information "about the stress itself or how to deal with it" (Cutrona & Suhr, 1992, p. 159; Braithwaite et al., 1999). The subcategories for informational support include: suggestion/advice; referral; situation appraisal; and teaching. Informational and social support have been found to be the most

common types of social support provided both in face-to-face communication and online communication (Cutrona & Suhr, 1992; Braithwaite et al., 1999; and Bambina, 2007). The frequency of informational support was highest in a face-to-face context; whereas emotional support was highest in an online support forum (Braithwaite et al., 1999, Bambina, 2007).

Esteem Support. Esteem support involves “communicating respect and confidence in abilities” (Cutrona & Suhr, 1992, p. 159). The subcategories of esteem support include: compliment; validation; and relief of blame.

Network Support. Network support is defined as “communicating belonging to a group of persons with similar interests and concern” (Cutrona & Suhr, 1992, p. 159). The subcategories of network support are access, presence, and companions (Braithwaite et al., 1999).

Tangible Support. The final type of support is tangible support. Tangible support refers to “providing or offering to provide goods or services needed in the stressful situation” (Cutrona & Suhr, 1992, p. 159). This type of social support was low in both a face to face as well as in an online forum (Cutrona & Suhr, 1992; Braithwaite et al., 1999; Bambina, 2007). Since the frequency of tangible support was so low in past studies, Bambina (2007) did not include it in her study of an online cancer forum.

Evaluation of Enacted Support

It is not enough to examine the enactment of social support. In addition to the enactment of social support, the evaluation of the enacted social support by participants is equally as important. How the participant evaluates the enacted social support determines

whether positive coping is achieved in dealing with a stressful situation (Goldsmith, 2004). According to Goldsmith (2004), “the degree to which enacted support facilitates or inhibits adaptive coping is pivotal to whether buffering effects on physical and psychological health are observed.”

Goldsmith (2004) proposed a model (Figure 1) that identifies a pathway from enacted social support to individual well-being. In her discussions regarding enacted social support, she places special emphasis on examining the conversations and the participants’ evaluations of those conversations. One of the problems she has identified with previous scholarship regarding social support is that the focus is on identifying the types of social support messages and the frequency of their occurrences (Goldsmith, 2004). The assumption is that the more social support messages there are, the greater the buffering effects on stress. However, the recipient may not perceive some social support messages as helpful. Therefore, the buffering effects of a particular social support message may be completely ineffective. For example, a table she compiled of both helpful and unhelpful forms of enacted social support from various studies contain behaviors that appear as both helpful and unhelpful such as “information and advice” (Goldsmith, 2004, Fisher, 2008).



Figure 1. Pathway from enacted social support to individual well-being (Goldsmith, 2004)

In using an example specific to the nondeployed military spouse, there may be a military spouse, who is new to the unit and does not know very many people. Another spouse may say to her, “There are lots of unit activities with the other spouses. You should attend some of the events and get to know some of them.” The only problem is that the recipient of the message does not have a car and cannot get to any of the social activities. She has been provided informational support and advice; however, she most likely received the message as being unhelpful because she cannot attend the activities. Goldsmith’s (2004) model informs social support scholarship that it is not only the enacted social support that is important, but also the participant’s evaluation of the enacted support that results in maladaptive or adaptive coping, which in turn, affects physical and psychological well-being.

In addition to how the support recipient interprets or evaluates the support, Goldsmith (2004) has identified additional variables that can affect the buffering effects of enacted support. These variables include: the type of relationship in which support is offered; the type and quality of support that is offered; and the degree and character of stress experienced by the support recipient (Goldsmith, 2004). Social support scholars have recommended that future research on enacted social support include an examination of the types of social support given by different sources for specific life events.

Social Support and Stress Buffering

There are a number of theories of stress and adaptation that provide a rationale for social support as a resource for families to help cope with deployment. These theories

will be addressed briefly to make the connection between social support and positive health and well-being outcomes. The first theory is the buffering hypothesis. Cobb (1976) posited the concept of the buffering hypothesis to explain how social support can protect a person against stress. The buffering hypothesis states that psychosocial stress will have negative effects on the health and well-being of those with little or no social support; however, those with strong support systems will experience lessened or no negative effects on their health and well-being (Cohen & McKay, 1984). According to Cobb (1976), social support can protect people in crisis from a variety of health issues to include psychiatric illness. Social support has been found to be a significant negative predictor of stress, and actual social support has been identified as a potential buffer of stress (Lin, 2009). Past research has supported buffering hypothesis in its application to stress and social support during illness such as breast cancer (Koopman, Mermanson, Diamon, Angell, & Spiegel, 1998), and to address psychological factors and resilience related to suicidality (Johnson, Wood, Gooding, Taylor, & Tarrier, 2011).

McCubbin and Patterson's (1983) Double ABCx Model of family stress and adaptation is another broad theory that informs the role of social support for military families in coping with the stressor of deployments. This theory is an expansion of Reuben Hill's theory, the ABCx model. According to this model, how a family copes with a stressor is dependant on the type and combination of the stressors (A), the resources families have available to them to cope with the stressor (B), the perception of the stressor (C), which can turn into a crisis (x) (Blaisure et al., 2012). McCubbin and Patterson's refined model attempted to account for how stress and adaptation works in a

family's life across time to include pre-crisis, post-crisis, and adaptation (Blaisure et al., 2012). When this model is applied to deployment, the deployment is the stressor.

Resources available to the family such as interpersonal skills/family communication, material (tangible) resources, and connections to family and community can help a family cope with the stressor, which in this case is the deployment. Perceptions of the event such as the adjustment to family routines or loss of parent partner can also influence whether the stressor of deployment becomes a crisis. For this particular study, enacted social support as a means of coping with the deployment is the focus of the discussion.

Sources of Social Support

Sources of social support include formal and informal support networks (Huebner, Mancini, Bowen, & Orthner, 2009). Huebner et al.'s (2009) approach to establishing positive individual and family outcomes uses these support networks as a foundation for building social capital and community capacity. Social capital consists of aggregated resources such as instrumental support, good will, and friendships. Social capital, in turn, contributes to community capacity, which consists of shared responsibility and collective competence (Huebner et al., 2009).

Formal support networks in the Marine Corps include unit leadership as well as formal programs for Marines and family members provided by Marine and Family Programs, a division of Manpower and Reserve Affairs. These programs provide information, training, and support services to enhance personal growth and resiliency amongst Marines and their families. Informal support networks include social

connections that are less organized and consist of personal relationships such as neighbors, family, friends, church members, and work associates (Huebner et al., 2009).

These formal and informal support networks function in a bidirectional manner where formal networks can lead to the formation of informal support networks and vice versa (Huebner et al., 2009). For example, in preparation for a deployment, a unit may have a family readiness event such as a picnic where formal resource information is shared as well as providing opportunities for family members to meet each other and possibly create new, informal support networks. Conversely, members of an informal social network such as a group of spouses in a unit, who have become friends, may act as a referring agent to formal resources when a member of their informal network needs tangible, informational, or even emotional support. Huebner et al. (2009) posit that the primary function of formal networks should be to support the informal social networks because it is these informal social networks that individuals and families rely upon the most on a regular basis.

Theoretical Framework: Weak Tie Network Theory

Informal social networks can consist of individuals and support groups that are physically available to nondeployed spouses. Some of these informal social networks consist of “strong ties.” Strong ties are individuals with whom one has a close relationship such as family and friends (Wright, Rains, & Banas, 2010). However, informal social networks also consist of “weak ties,” which are individuals who are not interpersonally close, but with whom people interact with in a limited ways such as those

mentioned previously (e.g., co-workers, service providers, community groups) (Wright, Rains, & Banas, 2010). Weak tie networks are relationships that interact frequently with each other, but are not considered close (Wright & Miller, 2010; Rains & Keating, 2011).

Granovetter's (1973) weak-tie network theory offers a theoretical framework for examining informal online social support. Granovetter (1973) posits that weak ties are "indispensable to individuals' opportunities and their integration into communities." Weak tie networks also offer greater opportunities for the dissemination of informational support to a larger number of people in comparison to information through strong tie networks alone (Granovetter, 1973). The next section describes the advantages of weak tie networks, particularly those that exist online

Advantages of Online Weak Tie Networks

There are four dimensions that influence an individual to prefer weak-tie support to strong ties. These dimensions include: 1) access to different viewpoints; 2) reduced risk; 3) access to objective feedback from others, and 4) reduced role (Wright, Rains, & Banas, 2010). When examining online social support within a health context, patients preferred weak-tie networks for a number of reasons, many of which reflect the dimension identified by Wright and Miller (2010).

Access to Different Viewpoints. First, strong-tie networks may be unable to provide effective support (Rains & Keating, 2011), particularly informational support. Individuals in weak tie networks can be a greater source of information than strong tie networks and can also provide different points of views that allows for greater social

comparisons, which in a health context can result in decreased anxiety (Wright & Miller, 2010; Wright & Bell, 2003).

In addition to informational support, weak tie networks are also a great source of emotional support (Colineau & Paris, 2010; Wright & Bell, 2003). According to Colineau and Paris (2010), people chose weak tie networks because of the members' ability to understand their experience and because of the emotional distance afforded by the online communication. In focus groups of nondeployed spouses, the spouses reported that when extended families stepped in to help during deployment, it caused additional stress instead of being more helpful (Waliski, Bokony, & Kirchner, 2012). Extended families were either more needy or there were differences in parenting styles.

Because other members were going through the same experience or had gone through the same experience, military spouses also preferred seeking support from other military spouses because they also understood what they were going through (Rosen & Moghadam, 1990). Although this particular research was not in the context of computer-mediated communications because it was conducted prior to the boom of the Internet in the 1990's and the emergence of online support groups, there is little research on the effects of computer mediated social support on stress among military spouses. However, given the pervasiveness of various computer-mediated communication channels, it is important to consider whether weak tie networks through online groups can provide the social support needed to buffer against the stress of a deployment.

Reduced Risk. The dimension of reduced risk offers another reason for preferring weak-tie support. Weak-tie support through online social networks offers its members the

protection associated with anonymity (Wright & Bell, 2003). This is particularly salient to people with stigmatized health issues such as substance abuse, eating disorders, and mental illness (Wright & Bell, 2003). People can seek support without fear of being judged or labeled. Anonymity also precludes embarrassment, allowing people to say personal things even though they do not know one another (Walther & Boyd, 2002).

Accessibility. Although not identified as one of the four dimensions for preferring weak-tie networks, accessibility to social support for those who have limited mobility due to illness is another advantage to online social networks (Brathwaite, Waldron, & Finn, 1999). Geographic isolation for military families, who are not near a military installation (e.g. families of Guard and Reserve), may similarly have limited access to face-to-face social support programs regularly available on installations. Computer mediated social support via online informal social networks may be their best option for obtaining social support.

Availability of Support. In addition to geographic accessibility, CMSS is available twenty-four hours a day, seven days a week (Walther & Boyd, 2002; Eastin & LaRose, 2005). Because online discussion groups are asynchronous, individuals can participate at a time that is convenient to them. However, for those preferring real time support, there are also synchronous online social support groups that exist through other online platforms (Green-Hamann, Eichhorn, Sherblom, 2011).

Interpersonal exchanges in online social networks bring people together in their communities by helping promote trust and build support. Online health communities, found mostly on online discussion boards, have been found to promote deep relationships

where members are viewed as peers rather than as strangers and as rich sources of informational and emotional support (Colineau & Paris, 2010). According to Buis (2007), the primary type of support offered in online communities is informational and emotional support. In a study that examined health blogging, social support and psychosocial well-being, comments posted to blogs resulted in bloggers feeling a greater sense of information and emotional support (Rains & Keating, 2011). Additionally, Rains and Keating (2011) found that weak ties might be most important when support from strong ties is unavailable. The availability of social support via weak ties when social support is unavailable through strong ties is especially salient to military families because of geographic separation from close family ties.

One of the significant findings that highlight the benefits of online social networks is its relationship to perceived stress. Wright, Rains, and Banas (2010) in their study of weak-tie support network preference and perceived life stress among participants in health-related computer-mediated support groups, weak tie preference was found to be negatively associated with perceived stress. Perceived life stress was assessed using the global measure of perceived stress scale, which measures the degree to which situations in one's life are perceived as stressful (Cohen, Kamarck, & Mermelstein, 1983). The limitation to this scale, in terms of its generalizability and possible application to the deployment context was that the validation data were collected from two samples consisting of college students and one consisting of participants enrolled a smoking-cessation program. Additionally, the scale was limited to asking questions about stress-related items experienced in the past month. The scale would have to be administered

during each phase of the deployment cycle to obtain an accurate measurement if perceived stress during an entire deployment. However, the results are notable because the study demonstrates that weak tie networks are valuable in addressing stress.

Online Social Networks and Social Support

Research has focused predominantly on examining how participants communicate social support on online social networks and support groups more than it has on the effects. The upcoming section discuss what is known about the effects of online social support on well-being, the uniqueness of social networking platforms, online social support across different contexts, and reasons people are choosing to go to online social networks for social support.

Effects of Online Social Support on Well-Being

The buffering effect of social support on stress and its effects on health and well-being have been discussed previously. In addition to face-to-face interactions, social support can be communicated through online social networks. The assumption would be that since social support buffers the effects of stress on health and well-being in face-to-face situations, then online social support should also provide the same effect. However, research has not supported that finding. In a meta-analysis of 45 publications on virtual communities related to health, there was no robust evidence on the health benefits of virtual communities or peer-to-peer online social support (Eysenbach et al., 2004). Eysenbach et al. (2004) attributes this to possibly a lack of professional interest in

examining online peer-to-peer interventions or because such interventions are conducted with other complex interventions thus confounding the results.

There is a more recent study that examined the effects of health blogging (Rains & Keating, 2011). In this study, 121 participants, who blogged about their health, completed a social support survey and a measure of well-being. A content analysis was also conducted on their blogging site. The results revealed that blog reader support was positively associated with bloggers' self-efficacy (Rains & Keating, 2011). Additionally, when family and friend support was low, blog reader support was negatively associated with loneliness and positively associated with personal growth (Rains & Keating, 2011). This study specifically examined blogging platforms.

There are a plethora of social networking platforms, each with unique characteristics and functionalities for communicating social support online. In order to understand the effects of online social support on health and well-being, research needs to examine social support on the various types of online social networking platforms.

Uniqueness of Online Social Networking Platforms

It would be difficult to generalize the results of any one online social networking platform to the many that exist. High and Solomon (2008) conducted a comparison of online social networks. They examined online support groups, public discussion boards, mediated social networks, instant messaging (IM) and virtual worlds. In their review, they discussed the platform; the defining feature; the primary types and mechanisms of social support; and factors that affect quality of support. Each platform possesses a particular technological feature that affects the qualitative difference in the social support

experienced on that particular platform. For example, participants in online discussion boards can develop ties to other like-minded individuals in a discussion board specific to their interests or situation (e.g. health, hobbies, military spouses). This particular platform can be an important venue for emotional, information, and network support (High and Solomon, 2008).

Another study compared online community environments involving voice chat rooms, online forums and instant messaging (Xie, 2008). Results revealed that the different environments were better for certain types of social support based on the environment's technological features. Voice chat rooms were best for companionship. Online forums were best for informational support. Finally, instant messaging worked best for exchanging emotional and instrumental support (Xie, 2008).

Virtual worlds such as Second Life offer participants an almost synchronous platform for interacting with others. In a virtual world, participants create an avatar to provide a visual presentation of themselves. Their avatars can communicate synchronously with other individuals, also represented by avatars, thus providing a real-time social presence. Participants in virtual worlds report developing strong personal relationships in their social groups as well as feeling connected (network support) (Green-Hamann, Eichhorn, Sherblom, 2011).

Online Social Support Across Different Contexts

Online social support has predominantly been researched in online health communities. Examples of such online communities that have examined social support include chronic kidney disease (Nicholas et al., 2009); people with disabilities

(Braithwaite et al., 1999); and eating disorders (Eichhorn, 2008). Other research on online social support has included special groups such as maternity groups (Qian & Mao, 2010) and groups for the elderly (Xie, 2008). Despite the differences in the type of group or the online social networking platform, all of these studies examine how social support is communicated online.

Much of the research has focused on the types of social support that is enacted in online social networks (Braithwaite et al., 1999; Eichhorn, 2008; Qian & Mao, 2010; Xie, 2008). The types of social support found include: information, emotional, network, instrumental, esteem, and tangible social support. The most frequently enacted types of social support were informational and emotional support (Ginossar, 2008; Eichhorn, 2008; Qian & Mao, 2010).

Although the online social networking groups possess social support behavior as a commonality, the type of social support needed may depend on the focus of the online group (e.g. health issue) and the type of participants. For example, in an online social network for people with disabilities, social support is communicated in special ways such as humor poetry, nonverbal cues, and signature lines (Braithwaite et al., 1999). In an online cancer community, there was a difference in the way participants communicated social support online based on gender, and whether the participant was a patient or family member (Ginossar, 2008). In online cancer communities, women participated more than men. Women also posted more information-seeking email messages whereas men were most likely to post more information-provision emails (Ginossar, 2008). In this same

study, patients posted twice as many email messages as family members. Patients also exchanged emotional support messages more than family members.

Reasons for Choosing Online Social Networks

Another commonality between online social networks is the participants' preference for choosing to join in these online support groups. One of the main reasons is the opportunity to communicate with other people like themselves, whether they have the same health issue, interests, or lifestyle. For teenagers in the chronic kidney disease online group, it was an opportunity to find someone their age and with similar interests in addition to being able to vent their feelings about managing kidney disease in their daily lives (Nicholas et al., 2009). Patients in another group preferred to receive emotional support from other community members who could understand their situation since they lived through it or were currently living with the disease (Colineau & Paris, 2010). Many participants in these online social support groups provide social support by sharing personal experiences (Nicholas et al., 2009; Qian & Mao, 2010). Others also shared their experiences as a strategy for seeking social support (Eichhorn, 2008).

Additional research needs to be conducted on the effects of online social support on well-being and health. With the ever-changing technology to include online platforms, mobile devices, and the needs unique to the online communities and individuals, finding the effects will be a challenge. However, the common thread of social support will serve as the foundation for expanding this research.

The next section discusses online social networks and Marine Corps spouses, which is the population that is examined in the qualitative methods of this study. The

information provides a brief description of this population to include their use of online social networking platforms and technology for accessing these platforms.

Marine Corps Spouses and Online Social Networks

Understanding the demographics of Marine Corps spouses and their preferences for communication channels can help to inform which platforms are more likely to be used for connecting with informal support networks. The Marine Corps is the youngest and most junior of all of the Armed Services. Almost half of all Marines (46.9%) are married. Fifty-six percent of Marine enlisted spouses are 25 years old or younger; 9% of officer spouses are 25 years old or younger (Department of Defense Demographics Report, 2009). The average age of Marine spouses is 25.1 years old (Department of Defense Demographics Report, 2009). Although demographics are not available for Marine spouses' participation in social networking sites, the Pew Research Center provides data on how civilians similar to our target population use online social networks.

In 1995, only 14% of adults in the United States used the Internet. However, in 2011, over 78% of adults and over 95% of teenagers use the Internet (Zickuhr & Smith, 2011). Ninety-four percent of adult users of the Internet are aged 18-29 years old, which represents the greatest percentage of service members, while eighty-seven percent of Internet users are representative of 30-49 year olds, which represents mid-senior level service members.

Research shows that 77% of women, ages 18-29 years old, who own cell phones, are using them to access the internet; 69% of women ages 30-49 are also using their phones to access the Internet. In August 2012, approximately 75% of women were users

of social networking sites, compared with 63% of men (Rainie & Duggan, 2012).

Another Pew Internet Survey (Brenner, 2012) demonstrating the social impact of social networking sites reported that “Internet users get more support from their social ties, and Facebook users get the most support.”

Women, more than men, have been found to participate in online social support groups (High & Solomon, 2008; Ginossar, 2008). They were also more likely to report that the online support groups were important to them, and that the information received influenced life decisions (High & Solomon, 2008). This is particularly salient in examining social support in an online context for Marine Corps spouses since a high percentage are women. Thus far, the research on computer-mediated social support through informal weak ties (e.g., Facebook, online discussion boards) amongst military spouses during deployment has been sparse.

A recent study on Army spouses, whose soldiers were deployed, examined the relationship of Facebook use and perceived online social support (Elliott, 2011). Results demonstrated a significant positive relationship between Facebook use and perceived online social support (Elliott, 2011). The limitation to this study is that the use of a social networking platform (i.e., Facebook) was measured, which does not offer insight into how social support is enacted on other social networking platforms. The communicative process that Goldsmith (2004) recommends addressing when examining social support is not considered. Elliott (2011) had recommended a longitudinal study across the deployment cycle to better understand military spouses’ Facebook use during the different phases of deployment as well as examining various sources of social media.

Enacted social support on online social networks such as discussion forums may help Marine Corps spouses communicatively cope with the stressors of deployment. Social support can be available whenever or wherever they need it; additionally, online social networks can be accessed on the communication channels (i.e. mobile devices, computer) that this target population uses the most.

Research Questions

Online discussion forums are examples of weak tie social networks where social support is enacted through discussion posts by online participants who may only know each other through their online connection. Online discussion forums with “deployments” as a topic are currently available specifically for Marine Corps spouses. Although health scholars have extensively studied social support messages for specific health-related topics in online discussion forums, research specific to discussion forums for military spouses from any of the Armed Services has not been conducted.

In Goldsmith’s (2004) review of various studies on enacted support, recommendations for future research on enacted support include examining specific types and sources of support for particular kinds of life stresses. Based on the weak tie network theory, the first research question relates to online social support with weak tie networks. Hence, our first research question will be addressed using content analysis methods:

***RQ1:** What types of social support messages are enacted on discussion boards for significant others of service members as a means of coping with deployment stress across all phases of deployment and what is their frequency?*

In addition to examining the frequencies of social support that exist online, this study also examined whether SO's were receiving the type of social support that matched their request for social support in their original post.

***RQ2:** Does the type of social support provided match the type of social support requested?*

The first two research questions address what types of social support messages are enacted on online social networks, their frequency, and whether other members reciprocated their request for a certain type of social support. However, they do not provide a deeper understanding of how SO's seek online social support during the different phases of deployment and how they evaluate that support. Referring to Goldsmith's (2004) pathway from enacted social support to individual well being, she emphasizes the need to attend to the communication processes that link supportive behaviors to the receiver's evaluation of the supportive behaviors. Research questions three and four address these two areas. Additionally, the first research question examines SO's from all Services. One of this study's aims is to focus on the experience of Marine Corps spouses. Because Service cultures are uniquely different, this study examined Marine Corps spouses' experience with online social support and deployment. The following research questions will be addressed using qualitative methods:

***RQ3:** How do Marine Corps spouses use online social networks to communicatively adapt to deployment stress during each phase of the deployment cycle?*

***RQ4:** How do Marine Corps spouses evaluate social support provided by online social networks?*

Research questions three and four will be addressed using the case study method. These methods are further explained in the next chapter.

CHAPTER THREE: METHODS

Multiple Methods Design

The investigator used multiple methodologies to investigate the research questions. This study applied a quantitative design using the content analysis method for examining the categories of social support messages in an online discussion forum of significant others of deployed service members. It examined the types of social support messages that exist in the discussion forum across the phases of deployment as well as their frequency. The content analysis also examined whether participants provided the same type of social support that was requested by the original poster in the online discussion forum.

The investigator initially wanted to focus the study on SO's of deployed Marines. However, a large enough sample size of Marine SO's was not available in the target population for the content analysis. Therefore, in order to better understand online social support in the context of Marine spouses who have experienced a deployment, a qualitative design using the case study method was undertaken. Additionally, although the results of the content analysis provides the frequencies of social support messages, it cannot address the last two steps in Goldsmith's (2004) model, which is the participant's evaluation of the enacted support and how that evaluation enabled them to cope with the deployment stressors. This study used the case study method to understand how spouses

of deployed Marines evaluated online social support. This study, however, did not examine the effects of social support on individual well-being. Other methodological designs would be better suited for such an examination. The use of qualitative methods also helped to understand how Marine Corps spouses use online social networks to communicatively adapt to deployment stress across the deployment cycles. The next section will address the methodology for the quantitative content analysis method followed by the case study method.

Quantitative: Content Analysis

Operationalization

Target Population. The target population for this study is a discussion forum of significant others whose service member is currently in one of the following phases of deployment: pre-deployment, deployment, or post-deployment. A discussion forum is a mediated, online social networking platform where members can post a message. A participant can post a unique message to start a discussion thread and other participants can provide responses to the post. Discussion boards are usually moderated and require participants to register in order to be able to post to the discussion board. Anyone may view the posts without registering.

Since the focus of this study is Marine Corps spouses, a search of Yahoo Groups and Google search was conducted using the search terms “Marine Corps spouses, discussion boards, and deployment.” One of the sites returned was a discussion forum for spouses, girlfriends, and fiancés of all service members. Since this site was not just

for Marine spouses, a site search for “Marines and Deployments” was conducted. The search returned sixty-six discussion threads. Approximately 26 of the 66 discussion threads were posted by a Marine significant other on the topic of deployment. The sample size for Marine Corps SO’s was low so the search was expanded to include all SO’s, regardless of Service. Upon further examination of each discussion thread, it was discovered that the postings were responses to an original post and did not accurately reflect the original discussion thread. Thus, a review of the entire census of the discussion threads on the site, which consisted of approximately 1,552 discussion threads, was conducted to find the discussion threads specifically dealing with deployments. A total of 151 discussion threads were found that related to deployment. The discussion threads were dated from May 2008 to January 2013.

Unit of Analysis. The unit of analysis was each discussion thread, which included the initial post by the original poster, the responses to original post by participants in the online forum, and posts by the original poster to the respondents. Although many studies on online social support have coded each individual post, this study’s approach was to code the enacted social support messages within the context of the whole conversation within the discussion thread. According to Goldsmith (2004), the frequency of enacted social support does not determine the success of the recipient’s evaluation of the social support as effective. Thus, the frequency of enacted support as measured in past studies by coding every single post is not salient to this study. Rather, the entire communication encounter which consists of the type of social support requested, the type of social

support enacted in response to the request, and the evaluation by the recipient of the enacted social support is the focus and unit of analysis for this study.

The investigator captured each discussion thread by printing and saving the discussion thread as a PDF file. The author and research assistant examined each discussion thread. They coded for the types of social support requested and the types that were provided. They did not code for the number of instances in each post. Each discussion thread was coded in its entirety. For example, if three respondents each provided emotional social support, then only one instance of emotional social support was coded for the entire discussion thread.

This provided a complete and accurate record of all postings. It also ensured that only that data is included in the sample even if additional posts are added after the data collection date. Each discussion thread was assigned an identification number.

Coding Schemes

Social Support Behavior Codes. This study used an adapted version of Braithwaite, Waldron, & Finn's (1999) category system of social support and associated subcategories – information support, tangible assistance, network support, esteem support and emotional support. The subcategories represented examples of the types of messages that might fit within the larger categories (Braithwaite, Waldron, & Finn, 1999).

This study chose to eliminate the category of tangible support from its coding scheme. Because this is an online discussion forum consisting of participants from different geographic regions, tangible assistance, where the sender takes physical action to support a recipient, may not be applicable. In Braithwaite et al.'s (1999) study of

online social support in computer-mediated groups for people with disabilities, tangible assistance had the lowest frequency, and was only 2.7% of the social support messages identified. Bambina (2007) had found no instances of tangible support in her analysis of SOL-Cancer Forum and thus excluded this category in her coding scheme. Additionally, Bambina (2007) noted that physical contact between participants in online social networks is very rare.

Braithwaite et al.'s (1999) emotional support category included subcategories that were subsequently excluded from this study's coding scheme. One of these subcategories was "relationship". The relationship subcategory "stresses the importance of closeness and love in relation with the recipient" (Cutrona & Suhr, 1992, p. 161). Since this study's target population is an online forum where participants are connected by weak ties vice close, social ties, this subcategory would not be appropriate. The second subcategory was "physical affection," which is defined as "offers physical contact, including hugs, kisses, hand-holding, shoulder patting" (Cutrona & Suhr, 1992, p. 161). Again, for an online discussion forum, physical contact is outside the realm of this type of social network. The third subcategory that was excluded was "confidentiality" which is defined as "promises to keep the recipient's problem in confidence" (Cutrona & Suhr, 1992, p. 161). Although this subcategory may have been appropriate in Cutrona and Suhr's (1992) study of social support in face-to-face communication between spouses, all communication is public in an online forum unless participants contact each other through a separate personal message. The fourth subcategory that was excluded was "prayer" which is defined as "prays with the

participant” (Cutrona & Suhr, 1992, p. 161). Although respondents to a post can offer prayers for the original poster, the act of praying together with a participant is not feasible in an online environment. Thus, the final subcategories for emotional support in this study’s coding scheme include sympathy, understanding/empathy, and encouragement.

Final Coding Scheme. The final social support-coding scheme is an adapted version of Braithwaite et al.’s coding scheme with the exclusion of the tangible support category and the subcategories of emotional support mentioned in the previous paragraph. The main support categories for this study’s coding scheme include information support, esteem support, network support, and emotional support.

A pilot test using 20% of the discussion threads was conducted using the adapted social support coding schemes for both “requested” and “provided” social support. A second pilot test was conducted with a research assistant to confirm the applicability of the coding scheme to the discussion forum to be studied as well as to clarify confusion with any of the subcategories. After final review, the coding scheme for “requested” (Table 2) and “provided” social support (Table 1) was developed with examples of each category/subcategory that reflect the online discussion forum being studied. ReCal2 (Freelon, 2010) was used to determine intercoder reliability, which is addressed later in this paper.

Support Type	Purpose of Communication	Example
Informational support		
Suggestion/advice	Offers ideas and suggests actions	<i>Have you thought about taking a class or taking up a new hobby to keep your busy during the deployment? It will make the time go quicker.</i>
Referral	Refers the recipient to some other source of help	<i>You should call your Family Readiness Officer for some help.</i>
Situation appraisal	Reassesses or redefines the situation	<i>Many of us go through the same feelings that you're experiencing,</i>
Teaching	Provides detailed information, facts, or news about the situation or about skills needed to deal with the situation	<i>The family readiness officer has the most up to date information on the unit and can help you with some of the challenges that you're facing during the deployment.</i>
Esteem Support		
Compliment	Says positive things about the recipient or emphasizes the recipient's abilities	<i>You will make it through this. You have shown a lot of strength through this so far.</i>
Validation	Expresses agreement with the recipient's perspective on the situation	<i>I know what you mean about missing your husband during the deployment. It's really tough sometimes.</i>
Relief of blame	Tries to alleviate the recipient's feelings of guilt about the situation	<i>It's not your fault. There's nothing you could have done about it.</i>
Network support		
Access	Offers to provide the recipient with access to new companions	<i>I have some friends that live in your area. I can introduce you to them if you'd like. Their husbands are deployed too. It might be nice if you could get together.</i>
Presence	Offers to spend time with the person, to be there	<i>Message me anytime if you want to talk.</i>
Companions	Reminds the person of availability of companions, of others who are similar in interests or experience	<i>Get connected with the other spouses in your unit and be sure to join the unit activities. It may help you a lot.</i>
Emotional support		
Sympathy	Expresses sorrow or regret for the recipient's situation or distress	<i>I'm sorry that you have to go through this alone.</i>
Understanding/empathy	Expresses understanding of the situation or discloses a personal situation that communicates understanding	<i>I totally understand how you feel. I remember going through a similar situation during my husband's first deployment.</i>
Encouragement	Provides the recipient with hope and confidence	<i>I know that you'll make through the deployment. You are stronger than you realize. Hang in there!</i>

Table 1. "Provided" Social Support Behavior Codes
Based on Definitions of Social Support Behavior Codes (Curtona & Suhr, 2002)

Support Type	Purpose of Communication	Example
Informational support		
Suggestion/advice	Asks for ideas or advice.	<i>Any advice on how to handle this situation?</i>
Referral	Asks for others sources of help like military agencies.	<i>Do you know of a resource that can help children during deployment?.</i>
Situation appraisal	Request respondents to reassess or redefine the situation	<i>Should I be looking at this deployment in a different way?</i>
Teaching	Seeks information, facts, or news about the situation or about skills needed to deal with the situation	<i>Can you tell me how to contact my deployed spouse in case of emergency?</i>
Esteem Support		
Compliment	Says positive things about the recipient or emphasizes the recipient's abilities	<i>You will make it through this. You have shown a lot of strength through this so far.</i>
Validation	Seeks agreement with her perspective on the situation	<i>Do you think that these feelings are normal?</i>
Relief of blame	Tacitly seeks to have the respondent alleviate the recipient's feelings of guilt about the situation	<i>Maybe I shouldn't have said that to him.</i>
Network support		
Access	Seeking to meet new friends online.	<i>I joined this discussion forum hoping to meet new friends</i>
Presence	Seeks time to spend with respondents.	<i>Is anyone available to chat about this?</i>
Companions	Reminds the person of availability of companions, of others who are similar in interests or experience	<i>Don't forget that we're here for you. We've all been through this before and can help.</i>
Emotional support		
Sympathy	Tacit request for sorrow or regret for their situation or distress	<i>This is the toughest thing I've ever done.</i>
Understanding/empathy	Seeks respondents to express understanding of the situation or to share a personal situation that communicates understanding	<i>Has anyone else had these feelings?</i>
Encouragement	Asks the respondents for hope and confidence	<i>This has been really tough for me. Does anyone have words of encouragement?</i>

Table 2. "Requested" Social Support Behavior Codes
Based on Definitions of Social Support Behavior Codes (Curtona & Suhr, 2002)

A codebook that included the coding schemes was developed, which provided a comprehensive guide for all coding decisions (Appendix A). The codebook contains the social support coding schemes as described above with examples of each of the categories.

Recording Instrument

An Excel spreadsheet was initially used for recording responses by the two coders to conduct the intercoder reliability test. The codebook found in Appendix B was formatted so that the responses would all be in numeric format. This is a requirement for calculating intercoder reliability using ReCal2 (Freelon, 2010). Once intercoder reliability was established, a survey form (Appendix C) was created in Survey Gizmo, an online survey tool, to allow for an easier coding by the coders.

Coding

There were two coders for this study, the investigator and a research assistant. All coding was done independently with at least 20% overlap for the reliability test. Each coder completed the final coding separately.

Training and Reliability

Prior to the study, the research assistant was trained on the codebook and the social support behavior codes. Approximately 20% of the full sample was selected to assess for intercoder reliability. The appropriate size of the sample should be 10% of the full sample (Lombard, Snyder-Duch, & Bracen, 2004). According to Keyton (2006), interrater reliability should be conducted when two or more coders are assigning communication behaviors to categories. ReCal 2 (Freelon, 2010) was used to determine reliability on each variable. ReCal 2 is for data sets that have been coded by two coders, and allows users to calculate reliability for more than one variable on a single execution (Freelon, 2010). Inter-rater reliability was calculated for all subcategories. The percent

agreement for all was about 90%. Cohen's kappa was above 0.82 for all subcategories, which is an acceptable level of coding reliability. The closer the reliability coefficient is to 1.00, the greater the degree of reliability (Keyton, 2006). A reliability coefficient of .70 or above is acceptable for establishing intercoder reliability (Keyton, 2006).

Tabulation and Reporting

A one-way chi-squared test was performed to explore the differences in the frequency for each of the various social support categories for requested social support, and then social support provided. Although each of the categories had numerous subcategories, the main category was used for the calculations. Once all data was collected and analyzed, a detailed report was provided in the "Results" section of the paper.

Qualitative Method: Case Study Design

A qualitative study using a case study approach was undertaken to address research questions three and four. The investigator used a purposive sampling strategy to recruit Marine Corps spouses in Marine units that have deployed during the past three years. The rationale for selecting Marine Corps spouses was to focus on a specific Service since the culture of each Service is unique. Although the other Services also experience deployments, they all differ in their mission. A subset of a purposive sample is a snowball sample. Participants were asked if they knew anyone else who might be interested in participating in the study. These referrals were used to recruit additional subjects.

According to Stake (1995), the numbers and types of case studies used should be dependent upon the purpose of the inquiry. There are three types of case studies: the instrumental case study, which provides insight into an issue; the collective case study, which examines a number of cases to examine a particular phenomenon; and the intrinsic case study, which helps to gain a deeper understanding of the case (Zucker, 2009). This study used the collective case study approach, with each case or unit of analysis consisting of an interview with a Marine Corps spouse.

Human Subjects Review Board & Privacy

An application, which included the informed consent, was submitted to the Human Subjects Review Board for approval prior to the commencement of the study. The following items were included in the informed consent procedures: a description of the nature of the study; recruitment and introduction script; formal request for the subject's permission to participate in the study. The protocol was subsequently classified as exempt under category 2.

Case Study Protocol

A case study protocol was developed to increase the reliability of the case study analysis (Yin, 2009). The case study protocol includes the following sections: an overview of the case; field procedures; case study questions; interview questions, and a guide for the case study report.

Case Overview

The investigator interviewed four Marine Corps spouses whose service member had deployed in the past three years. Based on Granovetter's (1973) weak tie network theory, the investigator examined how these Marine Corps spouses used online social networks to communicatively adapt to deployment stress during each phase of the deployment cycle. The investigator also examined how Marine Corps spouses evaluated the enacted social support in these online social networks.

Field Procedures

Informed Consent. Although the Human Subjects Review Board classified this study as exempt, the informed consent was reviewed with each participant prior to the interview. The participants were told that their identity would remain anonymous and that the recordings of their voices would not be used other than for transcription purposes. Each participant was assigned a code number as an identifier to ensure the participant's privacy and confidentiality. The participants were advised that they could decline from answering any of the questions or withdraw from the interview at any time. The participants were also told that their identity would not be revealed.

Data Collection. Focused, semi-structured interviews were conducted using open-ended questions via telephone and recorded on a digital device. The length of time for each interview was approximately thirty minutes. The investigator used Level 1 questions (Table 1), which are questions that were asked of the participants. The questions are divided for each phase of the deployment cycle – pre-deployment, deployment, post-deployment.

Demographic Questions
<ol style="list-style-type: none"> 1. How many years have you been in the Marine Corps as a family? 2. How many deployments have you been through? 3. Where did your service member deploy to [limit answer to last deployment] 4. How long was he/she gone? 5. Do you have children? If yes, what are their ages? 6. What is your age? 7. What is your education level (e.g. high school graduate, college graduate, etc.) 8. What is your spouse's rank? 9. What installation were you stationed at during the deployment?
Pre-deployment Questions
<ol style="list-style-type: none"> 1. What were your concerns when you found out that your spouse was going to deploy? 2. Describe any online social networking platforms (e.g. Facebook, discussion forums, etc.) that you used during this phase of deployment. 3. How often did you participate in them? 4. Describe how participating in online social networks helped you make it through the predeployment phase. 5. Were there difficult times during the predeployment phase where using an online support network helped you cope with the predeployment stress? Give some examples. 6. Give me some examples of support from your online social network that were helpful to you during this phase of the deployment. Describe why it was helpful. 7. Describe examples of support that were not helpful to you and why.
Deployment Questions
<ol style="list-style-type: none"> 1. Describe the stressors you experienced during the deployment once your spouse left. 2. Describe any online social networking platforms (e.g. Facebook, discussion forums, etc.) that you used during this phase of deployment. 8. How often did you participate in them? 3. Describe how participating in online social networks helped you make it through the deployment

<p>phase.</p> <ol style="list-style-type: none"> 4. Were there difficult times during the deployment where using an online support network helped you cope with the deployment stress? Give some examples. 5. Give me some examples of support from your online social network that were helpful to you during deployment. Describe why it was helpful. 6. Describe examples of support that were not helpful to you and why.
<p>Post-deployment Questions</p>
<ol style="list-style-type: none"> 1. Describe the stressors you experience once your spouse returned from deployment. 2. Describe any online social networking platforms (e.g. Facebook, discussion forums, etc.) that you used to cope with stressors during this phase of deployment. 9. How often did you participate in them? 3. Describe how participating in online social networks helped you make it through the postdeployment phase. 4. Were there difficult times during postdeployment where using an online support network helped you cope with the postdeployment stress? Give some examples. 5. Give me some examples of support from your online social network that were helpful to you during this phase of the deployment. Describe why it was helpful. 6. Describe examples of support that were not helpful to you and why. <p><i>I know we've talked about a lot of your experiences but we may not have had the opportunity to talk about something you feel is important or you might have wanted to share more about something we didn't get a chance to cover. Was there anything else that you wanted to add before we conclude the interview?</i></p>

Table 3. Level 1 Interview Questions

The case study protocol also includes Level 2 questions (Table 4), which are questions that are asked of the individual case (i.e., questions that are asked in the case study protocol to be answered by the investigator in a single case, even if the single case is part of a larger, multiple case study) (Yin, 2009). According to Yin (2009), Level 2 questions serve the purpose of guiding the investigator to make sure she stays on track during the data collection procedures.

1. What are the greatest stressors for Marine Corps spouses during each phase of the deployment?
2. How do Marine Corps spouses obtain social support through weak tie networks online to assist them in coping with the stress of deployment?
3. What types of enacted social support do the spouses find helpful during each phase of the deployment?
4. Do they feel that the social support that they receive through their online social networks help them to cope with the stress of deployment?
5. Why are online support networks important to them?
6. Does social support through online social networks help buffer the stress of each deployment phase?

Table 4. Level 2 Questions

Analysis

Once the data was collected, the interviews were transcribed by a transcription service and saved as a Microsoft Word document. Upon receipt of the transcripts, the investigator compared them to the original audio files to ensure accuracy. A database was developed using Microsoft Access. The investigator initially identified a priori themes based on the weak ties network theory, research questions and findings from the content analysis. The investigator used the constant comparative method (Keyton, 2006) to code the data. She conducted an initial review of the data, highlighting the data that were relevant to the a priori themes identified. The investigator also highlighted and noted data that did not fall under one of the a priori themes to determine whether the themes needed to be deleted or new themes added. The data was reviewed a second time to ensure that the additional themes did not emerge from the data. The final themes included: 1) online social networks; 2) enacted social support; and 3) evaluation of enacted social support.

A database was created using Microsoft Access. The database contained the following fields: 1) subject ID; 2) category; 3) data from interview; 4) phase of deployment; and 5) notes. The investigator used Creswell's (2007) template for coding a multiple case approach. In his template the case context and description are presented followed by a within-case theme analysis of each case. Then, a cross-case theme analysis is conducted. Finally, codes for assertions and generalizations are applied across all cases (Creswell, 2007).

The investigator reviewed the transcripts and coded the data for each of the four cases. The data fields associated with the data (i.e., subject ID, category, phases of deployment, and any notes) were also completed. The investigator analyzed each case separately then conducted a cross-case theme analysis to identify any similarities and differences in the themes across the three phases of deployment. Finally, in line with Creswell's (2007) coding template, assertions or inferences regarding the data were identified.

The Case Study Report

The investigator used a format for multiple case studies in which no single cases are presented (Yin, 2009). Yin (2009, p. 172) states the following in regards to this format:

In this situation, there may be no separate chapters or sections devoted to the individual cases. Rather, your entire report may consist of the cross-case analysis, whether purely descriptive or also covering explanatory topics. In such a report, each chapter or section would be devoted to a separate cross-case issue, and the

information from the individual cases would be dispersed throughout each chapter or section. With this format, summary information about the individual cases, if not ignored altogether, might be presented in abbreviated vignettes.

Yin (2009) also provides an example of this type of multiple-case report where the investigator of a book about six federal bureau chiefs synthesized information from all of the chiefs and reported them according to different topics (Yin, 2009). None of the chiefs were presented as a single case study.

In this study, the investigator provided a brief overview of each case. She conducted a cross-case analysis of the themes. The results were presented by deployment phase and reported by each theme using a descriptive format.

CHAPTER FOUR: RESULTS

Overview of Results

This study was conducted to understand how military spouses communicatively cope with deployment stressors using computer-mediated social support through each phase of the deployment cycle. In support of this purpose, the following research questions were posed: 1) What types of social support messages are enacted on discussion boards for significant others (SO's) of service members as a means of coping with deployment across all phases of deployment and what is their frequency; 2) Does the type of social support provided match the type of social support requested; 3) How do Marine Corps spouses use online social networks to communicatively adapt to deployment stress during each phase of the deployment cycle; and 4) How do Marine Corps spouses evaluate social support provided by online social networks?

The quantitative portion of this study using the content analysis method provided results for research question one and two. The qualitative portion of this study provided results for research questions three and four. Research questions three and four are addressed using a case study analysis.

Research Questions 1

The first research question examined the types of social support that are enacted in an online discussion forum for military spouses and the frequency of their occurrence. The discussion threads that were analyzed focused specifically on deployment. A social support coding scheme based on the social support behavior codes created by Cutrona and Suhr (1992) and adapted by Braithwaite et al. (2000) to study social support in computer-mediated groups for people with disabilities was further adapted for use in this study.

Most studies on social support focus on the types and frequency of social support provided. Bambina's (2007) study of online cancer forums was one of the first studies to examine both the type of social support requested and the type of social support provided. However, rather than coding each message post under a social support category, this study examined each discussion thread holistically, or rather, within the context of the entire conversation. To answer the first research question, this study examined the frequencies for the type of social support requested and the type of social support provided. The percent of total was the instances of each type of social support per 151 discussion threads, which was the total number of units analyzed. Research question two examined whether the type of social support provided matched the type of social support requested.

Descriptive Statistics

This section contains the descriptive statistics about the original poster and her family. The type of significant other was categorized as spouse, girlfriend, fiancé', or unable to tell. Of the total number of original posters (n=151), 84.1% (n=127) were spouses; 2.7% (n=4) were girlfriends; 7.3% (n=11) were fiancé's; and 6% could not be categorized (n=9).

The breakdown of their service member according to Service was as follows: 9.9% (n=15) Marine Corps; 9.3% (n=14) Army; 1.3% (n=2) Navy; 0.7% (n=1) Air Force; 1.3% (n=2) National Guard/Reserves; and 77.5% (n=117) Unable to tell.

For the number of deployments the original poster has gone through, 34.7% (n=52) were going through their first deployment; 3.3% (n=5) had been through 1-2 deployments; none of the original posters had been through three or more deployments; and 62% (n=93) were classified as "unable to tell."

The length of time that the SO's had been together with their service member were as follows: 8.6% (n=13) had been together less than one year; 1.3% (n=2) had been together 1-2 years; 2.0% (n=3) had been together three years; 5.3% (n=8) had been together four or more years; 82.8% (n=125) could not be categorized.

The phase of deployment that the original poster's service member was in was as follows: 25.8% (n=39) were in the pre-deployment phase; 64.9% (n=98) were deployed; 5.3% (n=8) were in the post-deployment phase; and 4% (n=6) could not be categorized.

Value	Count (n)	Percent of Total (%)
Original poster		
Spouse	127	84.1%
Girlfriend	4	2.7%
Fiancé'	11	7.3%
Unable to tell	9	6.0%
Service		
Marine Corps	15	9.9%
Army	14	9.3%
Navy	2	1.3%
Air Force	1	0.7%
National Guard/Reserves	2	1.3%
Unable to tell	117	77.5%
Number of Deployments		
None- First Deployment	52	34.7%
1-2	5	3.3%
3 or more	0	0.0%
Unable to tell	93	62.0%
Length of time couple has been together		
<1 year	13	8.6%
1-2 years	2	1.3%
3 years	3	2.0%
≥4 years	8	5.3%
Unable to tell	125	82.8%
Phase of Deployment		
Pre-deployment	39	25.8%
Deployed	98	64.9%
Post-deployment	8	5.3%
Unable to tell	6	4.0%
Length of deployment		
6-7 months	18	12.5%
8-12 months	15	10.4%
>1year	4	2.8%
Unable to tell	107	74.3%
Does the poster have children		
Yes	38	25.2%
No	24	15.9%
Unable to tell	89	58.9%

Table 5. Descriptive Statistics

The lengths of deployment were categorized as follows: 12.5% (n=18) were in a 6-7 month deployment; 10.4% (n=15) were in a 8-12 month deployment; 2.8% (n=4) were in a deployment lasting greater than a year; and 74.3% (n=107) could not be classified. Lastly, 25.2% (n=38) had children; 15.9% (n=24) had no children; and 58.9% (n=89) could not be categorized.

Social Support Requested

The original post in each discussion thread was analyzed for the type of social support requested. The requests for social support in each discussion thread were categorized into one or more of the following social support categories: information support, esteem support, network support, or emotional support. The requests were coded by subcategory, and then the frequencies were added to obtain the larger category total. Although there were 151 discussion threads, the instances of social support requested was 193 since, oftentimes, more than one type of social support was requested in a single thread.

The categories and subcategories of social support requested along with their frequencies and percent based on the total instances of social support requested (n=193) are presented in Table 6. The type of social support most requested by the original posters was information support (49%, n=95). The most requested subcategory of information support was “advice/suggestion” (46%, n=90) followed by “situation appraisal” (2%, n=4), and “referral” (.5%, n=1). The second most requested category of social support was emotional support (42%, n=81). The most requested subcategory of emotional support was “understanding/empathy” (28%, n=55), followed by

“encouragement” (9%, n=17), and “sympathy” (5%, n=9). Network support (7%, n=13) was ranked third in requested support. The most requested subcategory of network support was “access” (5%, n=9), followed by “companions” (1.5%, n=3), and finally “presence” (.5%, n=1). Esteem support (2%, n=4) was the least requested support. The most requested subcategory of the esteem support category was “validation” (1.5%, n=3), followed by “compliment” (.5%, n=1). There were no requests categorized under “relief of blame”.

Support Categories	Frequency	% of Total
Information Support	95	49%
Advice/Suggestion	90	46%
Referral	1	.5%
Situation appraisal	4	2%
Teaching	0	0
Esteem Support	4	2%
Compliment	1	.5%
Validation	3	1.5%
Relief of blame	0	0
Network Support	13	7%
Access	9	5%
Presence	1	.5%
Companions	3	1.5%
Emotional Support	81	42%
Sympathy	9	5%
Understanding/empathy	55	28%
Encouragement	17	9%

Table 6. Social support requested
N= 193 Request social support instances

A chi-square test of goodness-of-fit was performed to determine whether the four categories of social support were equally requested. Requests for the four categories of social support were not equally distributed. The chi squared equaled 133.860 with 3 degrees of freedom. The two-tailed P value was less than 0.0001. The results of the chi-square test clearly show that information and emotional support were significantly more likely to be requested in an online social support forum for significant others of service members. Results also show that network and esteem support were less likely to be requested in the same online forum.

The requests for social support were then analyzed by the deployment phase (Table 7). Information support (18%, n=34) was the most requested social support in the pre-deployment phase followed by emotional support (8%, n=15). This was followed by network support (1%, n=2) and esteem support (.5%, n=1). In the deployment phase, the most requested category of support was emotional support (31%, n=61), followed by information support (26%, n=51), network support (5%, n=10) and esteem support (2%, n=3). The requests for social support in the post-deployment phase were approximately the same for emotional (2%, n=4) and information support (3%, n=6). There were five discussion threads for which a deployment could not be identified. For this these discussion threads, network support (access subcategory) was .5% (n=1) and information support (advice/suggestion subcategory) was 2% (n=4).

Support Categories	Pre-deployment Frequency (% of Total)	Deployment Frequency (% of Total)	Post-deployment Frequency (% of Total)	Unable to Tell
Information Support	34 (18%)	51 (26%)	6 (3%)	4 (2%)
Advice/Suggestion	33 (17%)	47 (24%)	6 (3%)	4 (2%)
Referral	1 (.5%)	0 (0%)	0 (0%)	0 (0%)
Situation appraisal	0 (0%)	4 (2%)	0 (0%)	0 (0%)
Teaching	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Esteem Support	1 (.5%)	3 (2%)	0 (0%)	0 (0%)
Compliment	0 (0%)	1 (.5%)	0 (0%)	0 (0%)
Validation	1 (.5%)	2 (1%)	0 (0%)	0 (0%)
Relief of blame	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Network Support	2 (1%)	10 (5%)	0 (0%)	1 (.5%)
Access	1 (.5%)	7 (3%)	0 (0%)	1 (.5%)
Presence	1 (.5%)	0 (0%)	0 (0%)	0 (0%)
Companions	0 (0%)	3 (2%)	0 (0%)	0 (0%)
Emotional Support	15 (8%)	61 (31%)	4 (2%)	1 (.5%)
Sympathy	2 (1%)	7 (3%)	0 (0%)	0 (0%)
Understanding/empathy	11 (5%)	40 (20%)	3 (2%)	1 (.5%)
Encouragement	2 (1%)	14 (7%)	1 (.5%)	1(.5%)

*Table 7. Social support requested by deployment phase
N= 193 Requested social support instances*

Figure 2 shows a graph comparing the categories of social support across the phases of the deployment cycle. All four categories were requested during the pre-deployment and deployment phases with information and emotional support being the most requested categories of social support. The frequencies of information and emotional social support were highest in the deployment phase. The frequencies of all categories of social support were lower in the post-deployment phase than the prior two phases of deployment.

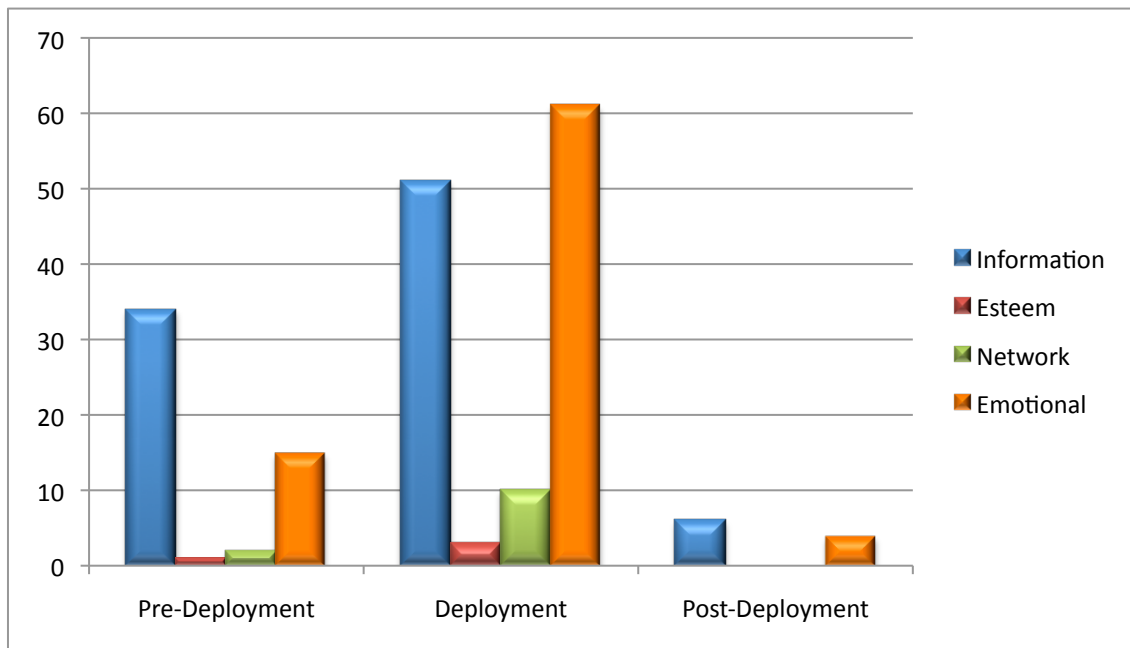


Figure 2. Frequency of social support requested by deployment phase

Social Support Provided

Each discussion thread consisted of one to several responses to the original post. Each discussion thread may have more than one type of social support or even several instances of the same social support (e.g. information support). However, if a specific category of social support was enacted, even more than once, it was coded only one time for that discussion thread.

Support Categories	Frequency	% of Total
Information Support	154	38%
Advice/Suggestion	111	27%
Referral	24	6%
Situation appraisal	17	4%
Teaching	2	.5%
Esteem Support	25	6%
Compliment	6	1.4%
Validation	13	3%
Relief of blame	6	1.3%
Network Support	57	13%
Access	13	3%
Presence	28	6%
Companions	16	4%
Emotional Support	176	43%
Sympathy	13	3.4%
Understanding/empathy	94	23.1%
Encouragement	69	16%

Table 8. Social support provided
N= 412 Social support provided instances

The categories and subcategories of social support provided along with their frequencies and percent based on the total number of instances of social support provided (n=412) are listed in Table 8. The category of social support most provided by the respondents was emotional support (43%, n=176). The subcategory of emotional support most provided was “understanding/empathy” (23%, n=94), followed by “encouragement” (17%, n=69), and “sympathy” (3%, n=13). The second category of social support most provided by respondents was information support (37%, n=154). The subcategory of information support most provided was advice/suggestion (27%, n=111) followed by “referral” (6%, n=24), “situation appraisal” (4%, n=17), and “teaching” (.5%, n=2). The third category of social support most provided by respondents was network support

(13%, n=57). The most requested subcategory of network support was “presence” (6.2%, n=28), followed by “companions” (4%, n=16), and finally “access” (3.2%, n=13).

Esteem support (6%, n=25) was the least provided social support. The most provided subcategory of esteem support was “validation” (3%, n=13); the subcategories “relief of blame” (1%, n=6) and compliment (1%, n=6), were enacted equally.

A chi-square test of goodness-of-fit was performed to determine whether the four categories of social support were equally provided. Chi squared equaled 156.602 with 3 degrees of freedom. The two-tailed P value is less than 0.0001. The results of the chi-square test clearly show that information and emotional support were significantly more likely to be provided in an online social support forum for significant others of service members. Results also show that network and esteem support were less likely to be provided in the same online forum.

The instances of social support provided were then analyzed by the deployment phase (Table 9). In the pre-deployment phase, the category of support most provided was information support (12%, n=48) followed by emotional support (10%, n=41), network support (4.3%, n=18), and esteem support (.9%, n=4). In the deployment phase, the most provided category of social support was emotional support (30%, n=122) followed by, information support (22%, n=93), network support (9.2%, n=38), and esteem support (5%, n=20). In the post-deployment phase, emotional support (2%, n=9) was the most provided social support followed by information support (1.4%, n=6), network support (.2%, n=1) and esteem support (.2%, n=1). There were four discussion threads for which a deployment could not be identified. For these discussion threads, emotional support

(understanding/empathy subcategory) was .7% (n=3) and (encouragement subcategory) was .2% (n=1).

Support Categories	Pre-deployment Frequency (% of Total)	Deployment Frequency (% of Total)	Post-deployment Frequency (% of Total)	Unable to Tell
Information Support	48 (12%)	93 (22%)	6 (1.4%)	7 (2%)
Advice/Suggestion	34 (8.2%)	67 (16.2%)	5 (1.2%)	5 (1.2%)
Referral	9 (2%)	13 (3%)	1 (.2%)	1 (.2%)
Situation appraisal	4 (.9%)	12 (2%)	0 (0%)	1 (.2%)
Teaching	1 (.2%)	1 (.2%)	0 (0%)	0 (0%)
Esteem Support	4 (.9%)	20 (5%)	1 (.2%)	0 (0%)
Compliment	0 (0%)	6 (1.4%)	0 (0%)	0 (0%)
Validation	2 (.4%)	10 (2%)	1 (.6%)	0 (0%)
Relief of blame	2 (.4%)	4 (.9%)	0 (0%)	0 (0%)
Network Support	18 (4.3%)	38 (9.2%)	1 (.2%)	0 (0%)
Access	1 (.2%)	12 (3%)	0 (0%)	0 (0%)
Presence	9 (2%)	18 (4.3%)	1 (.2%)	0 (0%)
Companions	8 (2%)	8 (2%)	0 (0%)	0 (0%)
Emotional Support	41 (10%)	122 (30%)	9 (2%)	4 (.9%)
Sympathy	6 (1.4%)	7 (2%)	0 (0%)	0 (0%)
Understanding/empathy	21 (5%)	64 (16%)	6 (1.4%)	3 (.7%)
Encouragement	14 (3%)	51 (12%)	3 (.7%)	1 (.2%)

Table 9. Social Support Provided by Deployment Phase
N= 412 Social support provided instances

Figure 3 shows a graph comparing the categories of social support provided across the phases of the deployment cycle. Social support was provided most during the pre-deployment and deployment phases. During the pre-deployment phase, information support was requested most followed by emotional support. In the deployment phase, emotional support was provided most followed by information support. The frequencies of social support provided were low during the post-deployment phase.

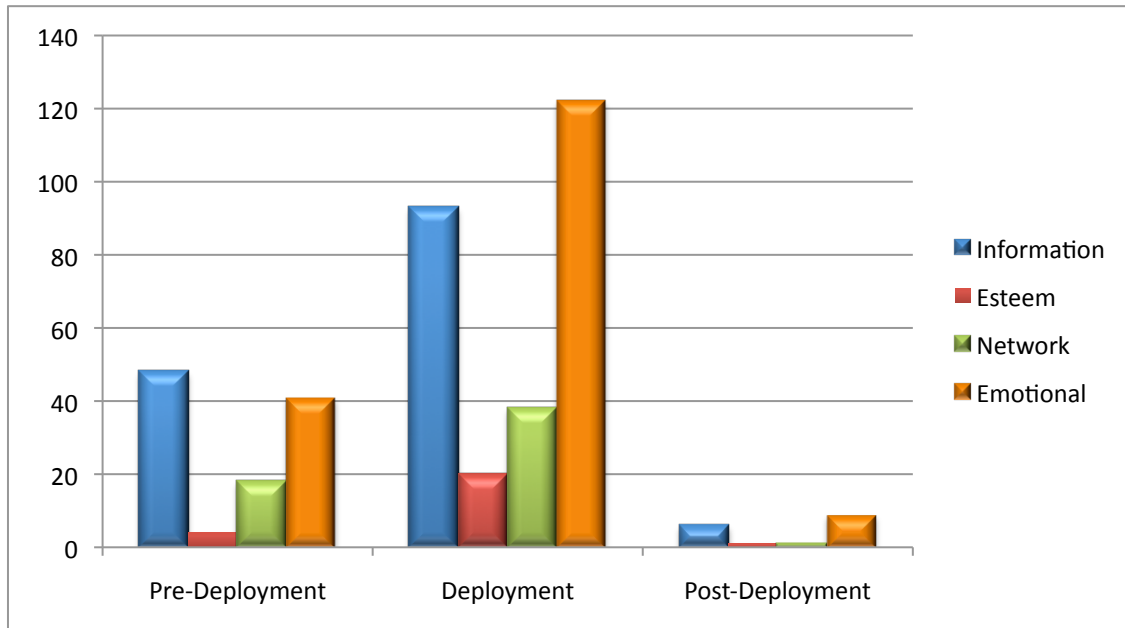


Figure 3. Social support provided by deployment phase

Research Question 2

Matching Requested and Provided Social Support

Most studies on online social support focus on social support provided and do not examine whether the type of social support provided, reciprocated the social support that was requested. Bambina (2007) lists the frequencies of social support requested and provided. However, each post was analyzed individually rather than within the context of the discussion thread.

In examining social support, this study sought to analyze social support within the context of the entire discussion thread. The investigator conducted a comparison of social support requested and social support enacted/provided (Table 10).

	Social Support Requested	Social Support Provided
Support Categories	Frequencies	Frequencies
Information Support	95	154
Advice/Suggestion	90	111
Referral	1	24
Situation appraisal	4	17
Teaching	0	2
Esteem Support	4	25
Compliment	1	6
Validation	3	13
Relief of blame	0	6
Network Support	13	57
Access	9	13
Presence	1	28
Companions	3	16
Emotional Support	81	176
Sympathy	9	13
Understanding/empathy	55	94
Encouragement	17	69

Table 10. A comparison of social support requested and social support provided

The overall frequencies of social support provided (N=412) per category of social support exceeded the overall frequencies of social support requested (N=193). The frequency for information support provided (n=154) was greater than the frequency for information support requested (n=95). The frequency for esteem support provided (n=25) was greater than the frequency for esteem support requested (n=4). The frequency for network support provided (n=57) was greater than the frequency for network support requested (n=13). The frequency of emotional support provided (n=176) was greater than the frequency of emotional support requested (n=81). Figure 4

is a graphic representation of the frequencies of social support requested by category matched with the frequencies of social support provided.

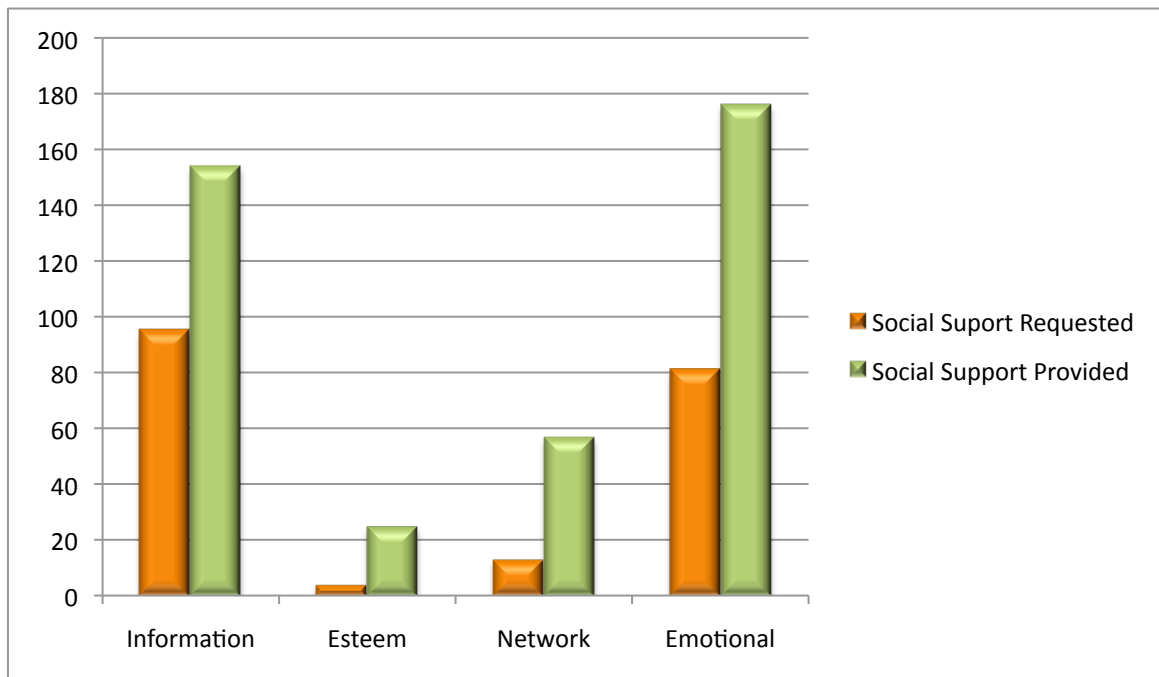


Figure 4. Comparison of social support requested and provided by frequency

The higher percent total of the social support provided can be attributed to respondents enacting more than one category of social support in response to a single request for a specific category of social support. The following is an example of this in a post from an Army wife whose husband was getting ready to deploy to Afghanistan. In this discussion thread, information support was requested, and information, emotional, and network support were provided:

Original poster (Information support requested): I cried and didn't want to let him go. He kept telling me "I'm going to be ok & I'm going to come home. Stop thinking negative, you have to stay strong." I told him I can't. I don't know what I would do if something happened to him. I'm finding it soo hard to stay strong for him. Next month when he leaves I just know I'm going to take it very hard... How do Army wives of 11 B men deal with this & stay strong? I really need advice.

Respondent 1 (Information support provided): Remember you are not alone. USE your support systems that are available to you. I cannot stress that enough! I know that his FRG is in Fort Bliss but a good, solid, organized FRG should be calling you and making themselves available to talk to you and all spouses in the unit.

Respondent 2 (Emotional support provided): My boyfriend has only been gone for a week...it's a 6 month deployment. And yes it sucks...but family and friends will be there to support you and listen to you and have a shoulder for you to cry on. And it's ok to cry and be sad... that's normal.

Respondent 3 (Network support provided): ...this is why you joined this site...and why everyone else has too. And everyone else has too. And even if we don't have advice, we'll be here to read your vents and just be here for you.

Oftentimes, in one discussion thread, there can be multiple instances of a specific category of social support. However, this study was focused on whether the social support provided, met the request for social support.

Another method of determining whether the social support provided matched the request for social support was to examine the discussion threads where that occurred. Out of 151 total discussion threads, 98% matched, meaning that the category of social support provided matched the category for the request for social support (Table 11).

In 149 (98%) of the discussion threads, the category of social support requested was met with the matching category of social support provided. For the two discussion threads, where the provided social support did not match the social support requested, one was a request for information and network support, and the second one was a request for emotional and network support. Information support was provided for the first thread, and emotional support was provided in the second thread. Although network support was not explicitly provided, the posts by other respondents might be considered an implicit provision of network support.

	Frequency	% of Total
Matched	149	98%
Unmatched	2	2%

Table 11. Requested social support matched to social support provided

Thus far, the results indicate that when SO's of deployed service members seek a specific category of social support online, other online participants provide the same category of social support requested. This addresses the first step of Goldsmith's (2004) model of social support enacted in conversation. The next step of the model is how

participants evaluate the enacted social support, which is posed in the second research question.

Research Questions 3 & 4

The case study results in this section address how Marine Corps spouses use online social networks to seek social support during each phase of the deployment; their experiences with enacted social support throughout the deployment phases; and how they evaluated the enacted social support on these online social networks.

Overview of Cases

The investigator conducted interviews of four Marine Corps spouses. All of the participants have been assigned a fictitious name to protect their identity. The names assigned were as follows: Cindy, for case study 1; Mary, for case study 2; Kate, for case study 3; and Jessica, for case study 4. All four husbands were stationed at Camp Lejeune, North Carolina.

Case Study 1. Cindy is a 26-year-old Marine Corps spouse. She is currently pursuing her Master's degree. Her husband is a corporal and has been in the Marine Corps for almost six years. They do not have children. Her husband has been through three deployments. As a couple, they have been through two deployments. They were married just a few months prior to his first deployment. The deployment that she discussed in the interview was a seven-month deployment to Afghanistan.

Case Study 2. Mary is a 22-year-old Marine Corps spouse. She is currently in school taking college courses. Her husband is a corporal. She and her husband have

been married for three years. Her husband was a Marine during all three years of their marriage. They have been through one deployment. Her husband deployed to Afghanistan for six months. Mary lived at home with her parents during the deployment. She was pregnant with their son during the deployment and delivered just a few days before her husband returned from deployment.

Case Study 3. Kate is a 26-year-old Marine Corps spouse. She has a Bachelor of Science degree. She is married to a sergeant. They do not have children. They have been through two deployments together. During the deployment, she did not live near the installation that her husband was attached to. She lived in her home state. She and her husband were newly married just before he left for deployment. The deployment that she discussed in the interview was a seven-month deployment to Afghanistan.

Case Study 4. Jessica is a 23-year-old Marine Corps spouse. She has a Bachelor of Science degree. Her husband is a Marine corporal. She and her husband have been married for almost three years, but have been together for almost six years. They have been through five deployments together. The deployment lengths ranged from three months to seven months, and the deployments have been to different locations. The deployment she discussed was a seven-month deployment to Afghanistan.

In the following sections, each theme will be discussed in detail with examples from each of the case studies across each phase of the deployment cycle.

Pre-deployment

Online Social Support Networks. During the pre-deployment phase, the Marine spouses begin the process of “making the connection” with their online social support

system. The online social network platforms included Facebook, which is a popular online social networking platform, blogs and specialized online communities. Most of the spouses were already on Facebook so it was natural for the spouses to seek online support on this platform.

All four of the spouses interviewed use Facebook to connect with other military spouses. One spouse reported that she “was on Facebook and actually connecting with some women that had significant others or spouses in his [her husband’s] unit.” The remaining spouses also used Facebook to connect to other spouses in their husbands’ unit. Two of the spouses joined Facebook groups specifically to connect with spouses in their husbands’ units. The husband of one spouse actually facilitated connecting his wife with other spouses in the unit. His spouse shared:

...other ones like the ones that were specifically in his squad, he would be like, hey, so and so’s mom wants you to add them or so and so--go add so and so’s wife because they don’t know anybody and they- they want a friend. So I would just kind of go find them on Facebook. Or like sometimes people will be like, “Oh, my husband’s in Echo company,” so it’s like, “Oh, mine too. I’m going to add you real fast.”

Two of the spouses started a blog, which is an online journal where participants can share information, their feelings, and interact with others through comments posted to the blog website. Cindy started a blog, but had prior experience blogging on another platform. She stated, “It was something that I enjoyed from way back when, so I decided to pick it back up again.” Kate had also started her blog, but was inspired to do so by a

blog post she read that showed the social support extended to a military spouse during a deployment. Kate shared the following recollection about her decision to start her blog:

So I was reading a blog. I had done a search just for- for Marine spouse blogs and I found one and it was a girl whose husband had deployed. Uh he had only been there about a few weeks before my husband deployed and he was killed in Afghanistan and I remember she was pregnant with a baby girl at the time and she blogged about how um he would never get to meet his daughter, he wasn't coming home and it was just so heartbreaking and horrible...it just seems like the whole military spouse community um kind of like rallied around her and was there helping her and sent her comments and packages and support. And well I thought and I said, wow, this is a very great uh community and I wanted to be part of it online, and so I started a blog just a few weeks after that, after I read her blog.

Kate also conducted a search on Google, an Internet search engine, using the words "Marine Wives". The result was a message board called "USMC Gals." Although most of the wives connected through their husband or the unit Facebook group with other spouses, Kate was able to find other spouses on her unit and make the most connections through the USMC Gals message board. Kate describe how she established her network with other similar spouses on the message board:

Um well, during the pre-deployment phase, um that's when I made I guess two or three good friends that I was able to uh talk with during the whole deployment and I met them on the message board, the USMC Gals message board and it was

good to connect with them before my husband left because uh I pretty much just asked hey, have you heard of this last name because I'm talking to the wife because they seemed like good people, but um that's when I made the most connections I think.

Another spouse selected an online community called Baby Center that was specifically for expectant mothers. Mary was 16-weeks pregnant when her husband left for deployment. The Baby Center network allowed her to talk to other moms about topics related to pregnant. None of the moms she communicated with were military moms. However, she was able to connect with other moms who were due to deliver at about the same time she was.

Regardless of the online social networking platforms, the spouses selected people, groups, or communities that they could relate to. They looked for similar others such as other military spouses, fellow bloggers, military spouses from their husband's unit, and those even specialized communities like the one for moms.

Enacted Social Support. During the pre-deployment phase, these spouses were focused on establishing their network support. Most of the social support requested and provided was network support as they joined online groups, requested other spouse's from the units to be their "friend" on Facebook, and created connections through personal blogs. When asked if it was helpful to discuss her fears about deployment, one spouse stated that her online support network was not as active during the pre-deployment phase; rather, they "got a lot closer during the deployment." For most of the wives, communication with these newly established networks was on a weekly basis. Mary,

who was the pregnant spouses, found information support from the Baby Center community throughout all phases of deployment. Kate also used her newly established network for information support.

Evaluation of Social Support. Because the spouses did not frequently interact with their newly established online social networks during the pre-deployment phase, all but one offered feedback on whether the social support was helpful during this phase. When Kate was asked how her online social networks helped her make it through the pre-deployment phase, she responded:

It helped me to uh understand what to expect because that's one thing coming from uh the fro [family readiness officer] and the unit, but it was something else coming from like other wives who are often nervous about it and anxious and um just hearing what they were doing to get ready for it so I made sure that I get everything I needed to do to get ready for it.

Deployment

Online Social Support Networks. As discussed in the previous section, the online social support networks were established in the pre-deployment phase. During the deployment phase, the wives solidified these connections and communicated on a daily basis. One spouse, who had joined the unit's Facebook group during the pre-deployment phase, became closer with a smaller group of wives during the deployment phase. She stated,

There was um a handful of women that I met through that Facebook group that I had mentioned to you. We became friends and we started um having like these group messages back and forth to each other...

For some spouses, the availability of having a resource at all times was one of the advantages of having an online social network. One spouse shared the following comment on how the availability of social support helped her:

Well, it was just nice to have something that was always on and always there and you could always go on and talk to somebody or read what someone else had just been talking about um so you can always stay connected, so that was really helpful especially you know when it be like the middle of the night and I couldn't sleep because I was worried about where he was and what he was doing, I could just hop on Facebook or a blog and just read about other things. It just made me feel closer to him.

For Mary, it was important to have both strong tie and weak tie network support. During the deployment, she stayed at home with her family. Her family was instrumental in providing tangible support especially because she was pregnant at the time. She attributes their social support as helping her get through the deployment. They would make sure that she took care of herself. Mary shared, "They knew me more than anybody online did. Like they knew what makes me tick...what can help me." But when asked the difference in the social support she received from her family and her online social network she said:

I think that the- the spouses could relate more than anything. Like, my family obviously they want to support me and they- they want me to know that they're here for me, but I think that with them like understanding the thought process that I'm going through, I think that helped more because they know what the fear is like. Like I caught myself a couple of times like ... not, I wouldn't call it a fight with my mom, but I would argue with her because she couldn't understand why I was depressed.

As important as her strong tie network that she had with her family, her weak tie network with other military spouses, who she connected with online, were also very important, if not more during times when she needed someone to really understand her. This is similar to patients who preferred their online social support networks because they received emotional support from other community members who could understand their situation since they were living through the same disease (Colineau & Paris, 2010).

Kate also found her online social support to be more helpful to her during the deployment. She shared the following reason for this:

Really the online support from social media was more supportive because they were going through the same thing and they understood it more whereas my family, they really try to be there for me and my friends try to be there for me, but they just weren't in that lifestyle, in that culture and they just didn't--they just didn't understand the same way that the other, the people that were going through it online understood it.

Enacted Social Support. The spouses all articulated that they provided and received information, emotional or network support during the deployment phase. For all of these spouses, all three types of enacted social support were very important because of the nature of the deployment. Their husbands had all deployed to Afghanistan. During the deployments, their husbands' units had experienced a great number of casualties.

When asked to describe a stressor, one wife responded:

At times, the media, because you'd see a news article or you saw on TV about the war in Afghanistan and right then your—you had the fears come up. It's—you know the first thing was is my husband one of those that was injured or killed? You just never knew. And then um, there was like a big—a bunch of um—you know, other military who were killed in Afghanistan, injured and we didn't know if they were in the same locations. We didn't know if that could have been our significant others. And so we didn't hear from our guys for sometimes weeks.

Some of the wives talked about Operational Security (OPSEC) that prevented them from talking about unit operations with each other or their deployed service member. One spouse shared the following about how they would use their online social support network for information support during these times:

Yes. Um there were a lot of casualties in his unit and you know we wouldn't find out for a few days who it was until the family has been notified so while he was away and we heard that there was a casualty, um everyone would be in like full on panic with all of the wives and even the parents and we wouldn't know who it

was or where- where it happened or whatnot and you couldn't say it because of OPSEC.

So it was during that, those times we would all get on the Facebook page really and everyone would say if they had heard from their husband recently and what unit he was with and you know without violating OPSEC we would kind of try and talk each other through where we thought it happened ... what was going on there.

Jessica related how valuable her online social network was for information support when her husband's unit shut communications down:

They have something called "River City" and that means they shut down all communications for the guys because somebody was injured or there's some type of—something happened and they can't let anyone talk to anyone else. And the main times that happened when they were in Afghanistan was because somebody was injured or killed in action and they had to notify family.

So if one of us heard from one of the guys, we knew that they weren't in River City, and we knew that if our guys had been injured or hurt that the—that we would have known by then.

Not all of the wives wanted to receive bad news through their online support network.

Cindy preferred that she receive information about something happening with the unit from formal sources such as the Marine Corps of family readiness officer by "telephone or in person."

In addition to informational support, the online social network provided much needed emotional support especially during times of crisis. Jessica shared the following about an incident where emotional support helped all the spouses in her online social support network:

Um, when the first person in the unit died and we like were able to message each other and—just to talk and talk about our fears because we knew it was real when that happened.

Cindy received both emotional and information support through her blogging activities. She believed that by blogging, she was able to give and receive social support. When asked whether she was giving or receiving more support by blogging, Cindy shared the following:

Um I believe it was- it was both—it was reciprocals are on those sides. Um. A lot of the support that I felt like I gave was just if somebody wrote a- wrote a blog, they're down in the dumps or they had a situation they needed some advice on. You know, you can respond and you can give support in that way and I did receive um some support.

...I didn't have a whole lot of followers, but the people I did have and my friends that I knew personally that followed it, they—definitely, that was a way for them to- to communicate with me and to support me in ways as well.

Network support was also important to the spouses; having someone there for them whenever they needed to connect. Cindy found that her online social support network provided her with the network support she needed since she lived alone and

worked. Because her schedule was unpredictable, she said, "...it was just nice to communicate in general, to have somebody regardless of who it was, to talk to."

Evaluation of Enacted Social Support. There were times that the spouses found the information support from their online network particularly helpful. Sometimes, weeks would pass before spouses would hear from their husbands. By connecting with the other spouses in their online network, they could find out how their husband was doing. Since the husbands were also in the same unit, they would report back to their spouses on the status of the other husbands. When Jessica would talk to her husband, she would report to another wife, "Oh, my husband called and he said your husband's fine." Whenever a spouse talked to her husband, she would ask about the other husbands, then text their wives to let them know how their husbands were doing. She said it (i.e. information support) was very helpful "because even if they couldn't call their girlfriends or wives, then you still knew that they were healthy and they were okay."

When the first Marine in Jessica's husband's unit died, she explained that her online network would use the Facebook chat function to "talk to each other and talk to multiple people about it at the same time." She shared this positive evaluation about the emotional support it offered:

Any they all pretty much had the same worries as you too. And that was a good thing to know that you weren't alone in how you were feeling.

Kate had her own blog. In her first few blogs she said, "I had a few posts about you know how difficult it really was and how much I miss him and how worried I was

that he wasn't going to come home." When asked what was the most helpful piece of advice that she received on her blog, she said:

Just other spouses getting supportive um and saying you know "Stay strong. I've been through this. You can get through it too. Um it is hard. There's nothing you can do from your end. Just stay strong."

When asked if she found their emotional support helpful, she responded, "They were, yeah, they were encouraging." Her husband's unit also had a Facebook page, which the Family Readiness Officers updated with official information. She said, "...we would get the updates on social media that way and we could know really know what the guys are up to over in Afghanistan." Kate found this information support to be "very helpful."

The social support was not always evaluated as helpful by some of the spouses. While good news information or positive status updates on their husbands were deemed helpful by the spouses, negative news posted on social media platforms such as Facebook were not evaluated as helpful. Jessica shared the following example of when information support posted online was not helpful:

Well this girl posted that her husband was in an IED blast in a HUM-V and he was in a uh coma—or he was unconscious. He just wasn't waking up for awhile. So her posting that on Facebook made you really worry and you think, oh my gosh, like this could happen to my husband too.

She also related a story about finding the time when someone posted information that another Marine, who was in the same squad as her husband, had been shot. Jessica said that when she saw that she "broke down." Cindy also agreed that online social support

was not helpful when something like an accident or incident happened and was shared online. In fact, she thought it was “completely harmful” to share that kind of information online. She describes Facebook as “not beneficial in the long run” and offered this explanation:

And um in regards to military spouses, um, it really is a platform um for them to guiltlessly say things that they either do not have a complete assurance as the truth or just shouldn't say it, period. Either about um situations that have happened um, you know, on the deployment or their opinions about the Marine Corps or the unit or other spouses.

I think unfortunately it's just a platform for people to be ugly and so there hasn't been a specific instance in regards to me and another lady. Um I just deleted a lot of people to avoid what I saw some other people going through. So—and that's unfortunate but you see it all the time with um with social media these days.

Post-Deployment

Online Social Support Networks. During this phase of the deployment cycle, the spouses began to transition from relying on their online networks for social support. They went from daily communication during their network to a few times a week or even completely stopping communication with their online network. Most of the spouses focused on the reintegration process with their husbands.

Cindy deleted her Facebook after the deployment. She was glad that her husband was fine and she added, “I had no need for those people then.” Because she was alone during the deployment and had no one to talk to at home, her online support network was

a source of emotional support. But there were a handful of women, who she became close with and still keeps in touch with.

Mary had her baby five days before her husband returned home. In addition to being a new mom, this was the first time that she and her husband had actually lived together. She said, ‘I was still adjusting so I didn’t really have time almost to make friends, whether that was online or even in person,’

Kate’s online network continued to stay close after the deployment, but eventually, their husbands got out of the Marine Corps. She reported not going to the Facebook page after her husband returned. However, she did continue to blog and visited the online community for Marine Corps SO’s.

Although Jessica did not feel like she needed her online social network post-deployment, she developed close friendships, particularly with one spouse who she communicated with on Facebook. She said, ‘I’d been talking to this girl on Facebook and we got really close, had a lot of things in common, and I ended up going to visit her.’ She shared the following about her online network:

It was like we—you know, we all used each other for the support during the deployment and then after it was gone we were all, you know, consumed by our relationships—which was good because we hadn’t seen our significant others for seven months. And we were constantly talking to each other for those seven months.

She also shared the phenomenon of the “deployment spouse”:

There's something that they call a "deployment spouse." Sometimes girls will group up with other spouses and they become really close during that deployment. But then when the husbands get home it's kind of—it's kind of weird, you know. It's like you're still friends, but you're just busy with your- your real spouses.

Enacted Online Social Support. The stressors of deployment such as worrying about their husbands' safety changed to a focus on reintegration once their husbands returned during post-deployment. Kate described her family's reintegration issues and how she used her online social network:

It was um it was a little bit of a challenge with the reintegration when he got home. Um when he got home from deployment he said he missed it over there and he wanted to go back and I was kind of offended. I was like, well, haven't you missed me like don't you want to be here with me and I don't really understand what he was going through and he didn't understand where I was because he had been gone for so long.

That's when I went to ... I didn't go to the Facebook group. I went back to the USMC Gals group. It is where I'm more anonymous and I asked questions on there like have you ever experienced this with your husband? Has he ever said something like this and then they wrote back and they would say, "That's totally normal. Just give it time. It'll be okay, it'll get better." So it was more of the support thing.

Kate also reported receiving a great deal of social support from her blog. A couple of months after her husband's return, she blogged about what it was like to get to know your

spouse again. According to Kate, it was her most popular blogs. She said, “I think that’s what a lot of people are looking for, to find out what it would be like when he [their husbands] got home.”

For Jessica, she felt that she no longer needed her online social network since her husband was home. Cindy admitted to “emotions post-deployment as well.” However, she chose to call her friends for support instead of using social media. Mary shared, “I didn’t really talk to anybody in...like on the Facebook groups about post-deployment stuff.” She did report participating in the Baby Center community, but only “once in a blue moon.”

Evaluation of Enacted Social Support. Kate was the only one who reported going to her online social network for support. She found that the post-deployment emotional support provided through her blog and the online community for Marine spouses, USMC Gals, was helpful in coping with reintegration issues. When asked what her best advice would be for a Marine spouse getting ready to go through a deployment, she responded:

I would recommend starting a blog um to let your feelings and your emotions go and to also make friends. Um and then also, checking Facebook for unit support pages because there’s a lot of them on there and there’s a lot of wives on there and there’s just usually always going to be at least one person that you’ll connect with...It’s good to have a buddy.

For her, the biggest advantage was the “constant support” and that it’s “always on” and “it’s always there.” In addition to having someone always available for support, it was

important to the spouses to have someone that could relate to what they were going through. Jessica shared the following about the online connections:

Um, it was just really helpful to know that other people were in the same situation and to know that you weren't alone in the feelings you were feeling. Because I know when my husband deployed the time before that it was just—it was hard because no one tried to put themselves in your place. They didn't try to feel like what you were feeling and you really had to find the people who've been there.

CHAPTER FIVE: DISCUSSION

This chapter provides a discussion of the quantitative results on what type of social support is enacted online to cope with deployment stressors among military SO's, and whether the type of social support requested was reciprocated with the same type of social support from other participants. The chapter also discusses the qualitative results on how Marine Corps spouses use online support networks to communicatively adapt to deployment stress during each phase of the deployment, and how they evaluate the enacted social support on these online networks. The discussion first addresses the strength of the theoretical framework. The discussion then compares the inferences from the results of the research questions of both methodological approaches and synthesizes them into sections related to the research questions. The final sections of this chapter discuss theoretical and practical implications, limitations of the study, and the conclusion.

The Strength of Weak Tie Network Theory

Online weak tie networks become even more important for social support and well-being for SO's who do not have social support from strong tie networks like family. For example, in a study of health blogging, social support and well-being, Rains and Keating (2011) found that in the absence of strong tie networks, blog reader support was negatively associated with loneliness. Additionally, blog reader support was positively associated with feelings of personal growth (Rains & Keating, 2011).

For spouses of guard and reserve members, who are geographically dispersed, these online social networks are especially salient. For them, only someone who had been through the same experience could truly understand what they were going through (Lapp et. al., 2010). The SO's on the online network in this study continually emphasized through their enactment of network support that 1) they joined the network because they wanted to have the support of other SO's of service members, who understood what they were going through; and 2) they would be available to each other for support whenever someone needed it (Lapp et. al., 2010). This supports the theoretical framework of the weak tie network theory. SO's seek social support from weak tie networks such as online social networks. It was important to SO's to connect with other spouses who were like them, a military spouse, and could understand the emotions that they were experiencing, especially during a stressful time like the deployment of their service member.

In conducting the content analysis, information and emotional support were the most frequent types of social support both requested and provided. The interviewees in the qualitative study also shared that both information and emotional support were important. Although the frequencies for network support in the content analysis do not reflect the same high frequencies as information and emotional support, it was still important to the SO's in both the online discussion forum and the interviews. According to the social support behavior codes that were used for the content analysis, participants had to post messages that aligned with one of the subcategories for network support to be counted in the frequencies. However, when SO's in the content analysis posted that they

were happy to be in the online social network because they could share their experiences with other SO's who understood, this was not recorded under network support because it did not fit any of the subcategories. The distinction here is the coding of what is classified as a message that falls under the network category vice the importance of the online social network (i.e. network of military spouses) that was expressed in both the content analysis and interviews. Subsequent research would need to create themes/categories for coding these types of statements, which may be more appropriate in examining the reasons SO's join the online social networks consisting of other SO's like themselves.

Social Support Across the Deployment Cycle

Unique to this study is the examination of online social support behavior across the three phases of deployment. Results from both methods of inquiry indicate that SO's of service members are indeed going to online social networks for social support during the different phases of deployment. Online social networks can be a valuable resource in providing social support to spouses experiencing the stress of deployment. Results from quantitative method indicate that online social support is present on an online social network for SO's of service members. SO's are going to the online social network to both request social support and provide social support. The Marine Corps spouses in the case studies confirmed using online social networking sites such as Facebook, blogs, and discussion groups to seek social support during deployment. In addition to seeking social support, the spouses also provided social support to the other SO's within their online social network.

Results from the quantitative study show that the frequencies of social support are greatest during the pre-deployment and deployment phases, and then drop significantly during the post-deployment phase. In a study of non-deployed military care givers, non-deployed military caregivers reported good emotional well-being in the pre-deployment phase, but experienced greater stress such as household and relationship hassles during the deployment phase (Lara-Cnisomo et al., 2012). The increased frequencies of social support reflect this increase in deployment stressors. The case study analysis supports these findings. The spouses in the case studies established their online social networks during the pre-deployment phase. Their activity increased from communicating with their online social networks occasionally during the pre-deployment phase to daily during the deployment phase.

This deeper examination of how Marine Corps spouses seek and receive social support through the qualitative lens provides a greater understanding of why the frequencies of social support increase during the deployment phase. The spouses sought information on the status of their husbands through their online social networks during the deployment phase. They also sought and provided emotional support with their online social network especially during times when their deployed husbands were involved in dangerous missions.

During the post-deployment phase, requests for social support and the provision of social support revealed a marked decrease from the pre-deployment phase and the deployment phase. Shortly after the deployed spouse returns, there is a “honeymoon” phase that precedes the challenges of reintegrating into the daily family routine (Blaisure

et al., 2012). SO's are focused on their husbands who have just returned from deployment. The SO's who do request social support during this time have usually requested support for issues related to reintegration. Similar to the drop in the frequency of social support requested and provided during the post-deployment phase reported in the content analysis, the Marine Corps spouses in the case study reported not needing or using their online social networks as much or at all after their husbands returned. Most of them reported focusing on rekindling their relationship with their husband now that he was home. This could provide insight into the drop in frequency of social support noted in the post-deployment phase for the online social support network used in the content analysis. One of the concerns in the drop in frequency of social support during the post-deployment phase is understanding how SO's are seeking and receiving social support during reintegration.

Social Support- Are SO's Getting the Support They Are Looking For?

The results from the content analysis revealed that SO's of deployed service members are seeking social support in this online discussion forum and receiving enacted social support from respondents through posts in response to their original post or request for support. The SO's in the case studies indicated that online social support that was provided in response to requests for social support was helpful for the most part. However, this same inference cannot be drawn from the content analysis results despite the greater percentage of social support provided compared with the percentage of the social support requested. Future research using the content analysis method should

investigate which categories of enacted social support the recipient evaluates as helpful by matching the recipient's evaluation of helpfulness to the social support provided.

SO's Evaluation of Social Support

Enacted social support can be evaluated as both helpful (i.e., adaptive) and unhelpful (i.e., maladaptive) (Golsmith, 2004). For example, the information that another spouse had posted on Facebook about her husband being injured was evaluated as being very unhelpful to another spouse. The information provided resulted in more stress and worry about her husband's safety. Another spouse was able to describe how sometimes the enacted emotional support from her family was not helpful as the online social support from the other SO's in her online network, who could empathize with her feelings and experiences of a military spouse going through a deployment.

The case study demonstrated how spouses use their online social network to find out information and disseminate it. Information support can be maladaptive if information that should not be released is done so quickly through the online social network. This presents a challenge to the command when there is a death or injury within the unit. The procedure in such cases is that the names of the injured or deceased are not released until notification can be made to the next of kin of the service member. The speed at which SO's can connect to find out this information through online social networks may result in the names being accidentally revealed before formal notification of the families can be completed. Commands can implement "river city," which limits communications to include Internet and phone communication. Unfortunately, the "river city" status by itself communicates a negative message to spouses at home (e.g., that

someone has been hurt or killed in action in the unit). This act of “not communicating” becomes an emotional stressor to the spouses. Commands need to address this communication challenge especially as online social networks and mobile technology expands.

The Power of Online Social Networks

Online social networks are not only advantageous for the easily accessible online social support that is available to participants, but also the links they provide to formal support services. As part of the information support provided, participants often provided referrals to formal military and community resources. Examples of such resources included Military OneSource, Family Readiness Groups, Family Support Center, the chaplain, Military Family Life Counselors (MFLC), Camp C.O.P.E., and Tricare. Formal military and community organizations should consider these online social networking platforms in their outreach efforts to family members. It is no longer enough to have a website and expect people to come to it. Formal military organizations that provide social support to service members and their families need to take their programs to platforms where their target audience is actively communicating with each other.

A Model of Online Social Support During the Deployment Cycle

A model of online social support using weak tie networks across the deployment cycles for SO's of service members is shown in Figure 5. It represents the synthesis of the inferences from the quantitative and qualitative results of this study. The model visually depicts the changing nature of support needs across the deployment cycle as well

as the ways SO's use their online weak tie networks to adapt to those changing support needs. The graph is a descriptive representation of the frequency of social support across the deployment cycle. It depicts how the frequency of social support begins during the pre-deployment phase at a low to medium frequency as evidenced by the results in the content analysis, and then increases to the highest frequency during the deployment phase. Finally, in the post-deployment phase, the frequencies of social support decrease significantly as evidenced by this study's analysis of both the quantitative and qualitative data. Life stressors or additional deployment stressors, such as the injury or death of the service member or the unit's operational engagements, may change the frequency or degree of social support needed during different periods of the deployment.

The online social networking platforms listed in Figure 5 are the ones that were identified by the interviewees in this study. However, new social networking platforms continue to proliferate and these platforms may change as the platform of choice for online social support.

Future research needs to be conducted to identify the categories of stressors that may trigger this need for social support throughout the various phases of deployment. It will be important for DoD policy, program, and resourcing decision-makers to understand that military families stress and coping needs change throughout the phases of deployment. This study and the recommended future research will provide important insight to help facilitated evidence-based decisions.

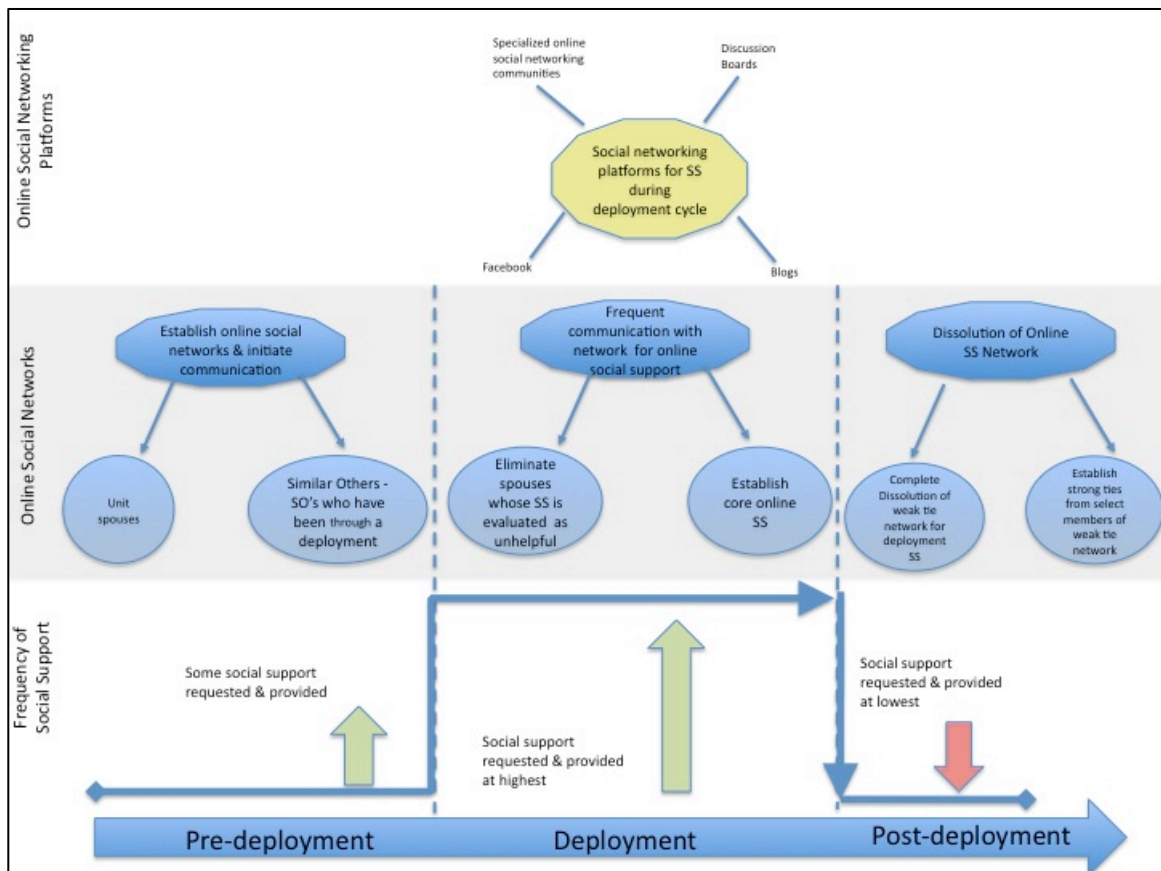


Figure 5. Model of online social support across the phases of deployment
 The graph is a *descriptive representation* of the frequency of social support across the deployment cycle.

Results from both methods of inquiry indicate that SO's of service members are indeed going to online social networks for social support during the different phases of deployment. Online social networks can be a valuable resource in providing social support to spouses experiencing the stress of deployment.

Implications

Theoretical Implications. Results of this study extend Granovetter's (1983) weak ties network theory to online social networks and social support. Weak ties provide people with access to information and resources beyond those available in their own

strong tie networks (Granovetter, 1983). According to Granovetter (1973), individuals with few weak ties will limit themselves to the information and views provided by their family and friends (i.e., strong ties).

The results of this study support the need for SO's of service members to extend their social network beyond family to weak ties (i.e. strong ties) consisting of like SO's who understand them and can provide the appropriate social support to assist them in coping with deployment stress. Depending on the context in which the enacted social support is needed, weak ties may be preferable to strong ties. In the qualitative results, one of the spouses who was pregnant, valued strong tie network (i.e. family) for tangible social support during her pregnancy, but valued her weak tie network for the emotional support to cope with the deployment even more. She shared that her weak tie network consisting of other military spouses understood what she was going through since they were also going through the same thing. Research on online social support on health related discussion forums found that patients preferred weak tie networks that they found online because they were going through the same health issue and could understand their experiences (Eichhorn, 2008; Nicholas et al., 2009; Colineau & Paris, 2010).

Formal support networks such as command sponsored events and family readiness programs can also be valuable in supporting these informal networks to include the online social networks. These formal networks can create opportunities for family members to meet. Official command social networking sites (e.g., Facebook) not only provide participants with informational support, but also provide them with an opportunity for family members to connect with each other. The results of the content

analysis showed that informal networks (i.e., the spouse online social networks) also supported the formal programs by referring spouses in need to the appropriate formal resources. For example, SO's referred other SO's seeking help for their children having problems with adjusting to the deployment, to formal support networks sponsored by the installation or the Department of Defense.

Equally important is the information related to the deployed husband's status, unit news, and formal resources that can be provided by their weak tie network. Commands need to understand how to leverage the weak tie networks on the online social networking sites to disseminate information. With the proliferation of mobile technology, social networks, and the increasing comfort of the end-user in leveraging these to connect with outside networks, the weak tie theory is even more salient today.

Practical Implications. The results of this study have a number of implications for future practice. Units that are preparing for deployment need to consider the importance of online social support networks in helping military spouses cope with the stressors of deployment. Units need to discern how to connect SO's to these informal social networks for social support. Although SO's will go to the unit for official information, the findings of the study show that they go to informal online support networks for the social support to help them with the deployment.

Units need to consider social networking platforms that are easily accessible and already being used by families. Some of the Services have developed social networking sites for families on a secure government server that requires long passwords. These sites usually have a space designated for a specific unit. Official social networking platforms

that require long passwords that must be changed frequently may not be a viable solution for families because of the inconvenience of creating and maintaining a password. Hosting these social networking platforms on a commercial server should be considered. Because formal social networking platforms require significant resourcing to maintain, the DoD should consider the value of such dedicated platforms for online social support as compared to online social networks that are started and maintained at a grass roots level.

The findings demonstrate that online social support needs change across the deployment cycle. Such findings provide insight as to the categories of support needed based on the phase of deployment. Formal support programs/providers should consider this when providing information support to families during deployment as well as in determining programs and their delivery across the deployment cycle.

Limitations

The strength of this study is its multiple methodology that examined enacted social support using weak tie networks on online social networks. The target population studied for the quantitative content analysis provided insight into the adaptive communication behavior of SO's regardless of their Service affiliation. The qualitative methods provided a more in-depth analysis of the "how" and "why" of enacted social support among Marine Corps spouses in this online context. However, despite these different approaches, there are limitations related to the target population for the content analysis and the sample for the qualitative analysis.

Social networking has proliferated in recent years. The interviewees for the case studies shared a few of these social networking platforms such as Facebook, blogs, discussion forums and specialized online communities (e.g., USMC Gals, Baby Center). This study examined one discussion forum for military SO's. There are other online communities that should also be examined to understand the adaptive communication behaviors unique to those sites and their participants. Additionally, the messages on these sites may provide additional insight into adaptive communication behaviors. The messages posted to online social network sites represent participants' lived experience as it is currently happening. Although this study's qualitative methods provided a deeper look at enacted social support, it was a retrospective account of the deployment. The daily stressors and challenges of coping with the deployment are no longer fresh in the SOs' minds.

There are a number of limitations to the sample size and representation. The sample for the cases studies was homogenous. It consisted of wives of Marine non-commissioned officers. A sample of spouses representing different ranks should be included. In a study of stress, coping, and well-being in military spouses during deployment separation, wives who had been in the military longer, had the highest mental and physical well-being (Padden, Connors, & Agazio, 2011). Those who were younger, with younger husbands, and less time on active duty used more negative coping skills (Padden, Connors, & Agazio, 2011). Junior enlisted (E1-E4) spouses have also been found to report poorer emotional well-being in comparison to higher-rank enlisted and officer spouses (Lara-Cinisome et al., 2012). By including spouses of different ranks, the

different groups can be examined to determine if online social support has an effect on coping and well-being. In addition to the small sample size, the length of the interviews (i.e., 30 minutes) was short for a case study. Increasing the number of case studies will help to overcome the limitations of the short interview time.

The spouses, who were interviewed, did not have children at the time of deployment. A mixed sample of spouses with and without children should also be included in future samples.

The husbands of the spouses in this sample had all deployed to the war in Afghanistan. However, the Marine Corps also engages in other types of deployments such as deployments on ships with different missions. There are also one year unaccompanied tours to places like Okinawa where the family is left behind in the continental United States. There are also varying lengths of deployments and locations depending on the military spouse's occupational specialty. Spouses experiencing these different types of deployments should also be included in future studies.

Another limitation relates to the ability to generalize the results to all the Services. Although the quantitative analysis part of the study examined posts from SO's regardless of Service, it was not always possible to determine which Service their service member belonged to. Each of the Services is unique in its culture, mission, and deployments. Future studies should be Service specific to understand adaptive communication behaviors that are unique to them.

Conclusion

The significant others of service members are receiving social support through online social networks to cope with deployment stress. The findings emphasize the strength of weak ties network theory for online social support. The findings also reveal that social support is most requested and provided during the pre-deployment and deployment phases. This study is the first to examine online social support across the deployment cycle using quantitative methods. It is also the first to examine how military spouses evaluated the enacted social support using qualitative methods.

The results show that SO's evaluated the enacted social support as helpful for the most part, except in some instances. Further research needs to be conducted in the qualitative evaluation of enacted social support (Fisher, 2008). A larger sample would provide deeper insight into this. Additionally, the effects of the enacted social support on physical and psychological well-being, which are the last two pieces in Goldsmith's (2004) model, need to be examined.

Future studies should employ methodologies that allow for data collection throughout the three phases of deployment, following individual SO's. Ideally, participants' posts should be tracked and analyzed through each phase of deployment, then followed with an interview with each participant to gain a better understanding of their evaluation of the support and how it affected their well-being.

Positive coping and the resulting psychological health and well-being of the SO of the deployed service member, can affect the well-being of the entire family. Social support through online social networks may play a key role in this. The Department of

Defense (DoD) needs to be aware of these informal online social networking sites and what they uniquely provide in regards to social support to buffer the stressors of deployment. The DoD should also explore how to best leverage these online social networks to extend its outreach and provide information that promotes coping and resiliency in military families. Defense budget cuts will require creative solutions to providing much needed social support to families. The online social networks may be one of those solutions.

APPENDICES

APPENDIX A

Online Social Support Analysis Codebook

Recording Your Answers (For Intercoder Reliability): All answer will be entered into the Excel spreadsheet that is provided.

- *Discussion thread ID:* Each discussion thread ID is a coding unit. Each discussion thread ID is represented by a column. Each answer to a question is represented by a row.
- *Question:* Each question below is a coding unit represented by a row
- Each answer is a coding unit. For each unit, provide an answer. Do not leave any blanks in the Excel spreadsheet.
- Everything entered into the Excel has to be numbers. Do not enter any words/letters into the Excel spreadsheet.

Recording Your Answers (Survey Gizmo):

- Copy and paste the link to the survey in your browser.
- Please follow the directions provided on the survey for each question.
- Once you have completed the survey, select the “submit” button.
- To start a new survey, repeat these directions.

Coder ID: Indicate the number of the individual who coded that sheet, according to the coder ID list.

Unit of Analysis: Each discussion thread represents a unit of analysis

Discussion thread ID: Fill in the discussion thread ID number, as indicated at the top of each discussion thread document

The definitions of the social support behavior codes used in this study can be found in Tables 1 & 2.

APPENDIX B

Online Social Support Analysis Codebook Questions

What is your coder ID?

What is the discussion thread ID?

Descriptive Information

1. Who posted the question/comment?
 1. Spouse of a deployed service member
 2. Girlfriend/Boyfriend of a deployed service member
 3. Fiancé of a deployed service member
 4. Unable to tell

2. Is the poster's service member in the:
 1. Marine Corps
 2. Army
 3. Navy
 4. Air Force
 5. National Guard/Reserves
 6. Unable to tell

3. How many deployments has the poster been through?
 1. None- this is the first deployment
 2. Two
 3. Three or more
 4. Unable to tell

4. How long has the poster couple been together?
 1. < 1 year
 2. 1-2 years
 3. 3 years
 4. 4 or more years
 5. Unable to tell

5. Which phase of the deployment is the original poster's service member currently in?
 1. Pre-deployment (getting ready to leave)
 2. Deployed
 3. Post-deployment- (returned home)
 4. Unable to tell

6. How long will the deployment be?
 1. 6-7 months
 2. 8-12 months
 3. >1 year
 4. Unable to tell

7. Does the poster have children?
 1. Yes
 2. No
 3. Unable to tell

Support Requested

Which subcategories of **Information Support** were requested? (Use a "1" for the subcategories that are applicable; use a "0" next to the subcategories that are not applicable)

8. Advice
9. Referral
10. Situation Appraisal
11. Teaching

Which subcategories of **Esteem Support** were requested? (Use a "1" for the subcategories that are applicable; use a "0" next to the subcategories that are not applicable)

12. Compliment
13. Validation
14. Relief of blame

Which subcategories of **Emotional Support** were requested? (Use a "1" for the subcategories that are applicable; use a "0" next to the subcategories that are not applicable)

15. Sympathy
16. Understanding/Empathy
17. Encouragement

Which subcategories of **Network Support** were requested? (Use a “1” for the subcategories that are applicable; use a “0” next to the subcategories that are not applicable)

- 18. Access
- 19. Presence
- 20. Companions

Support Provided

Which subcategories of **Information Support** were provided? (Use a “1” for the subcategories that are applicable; use a “0” next to the subcategories that are not applicable)

- 21. Advice
- 22. Referral
- 23. Situation Appraisal
- 24. Teaching

Which subcategories of **Esteem Support** were provided? (Use a “1” for the subcategories that are applicable; use a “0” next to the subcategories that are not applicable)

- 25. Compliment
- 26. Validation
- 27. Relief of blame

Which subcategories of **Emotional Support** were provided? (Use a “1” for the subcategories that are applicable; use a “0” next to the subcategories that are not applicable)

- 28. Sympathy
- 29. Understanding/Empathy
- 30. Encouragement

Which subcategories of **Network Support** were provided? (Use a “1” for the subcategories that are applicable; use a “0” next to the subcategories that are not applicable)

- 31. Access
- 32. Presence
- 33. Companions

Poster's Evaluation of the Support

What categories describe the poster's evaluation to the social support provided? (Use a "1" for the categories that are applicable; use a "0" next to the categories that are not applicable)

- 34. Gratitude/Thanks
- 35. Found social support provided helpful
- 36. Did not find the social support provided helpful
- 37. Neutral to the online social support provided
- 38. Followed advice of respondent(s)
- 39. Will follow advice of respondent(s)
- 40. Other _____

Topics discussed in the discussion thread (Use a "1" for the topics that are applicable; use a "0" next to the topics that are not applicable)

- 41. Information about deployment
- 42. Relationship problems with spouse
- 43. Coping with deployment
- 44. Mail/Care packages
- 45. Computer mediated communication with spouse (e.g. email, Skype, Face Time, etc.)
- 46. Money/Pay
- 47. Children
- 48. Spouse's safety during the deployment
- 49. Relationship problems with extended family members
- 50. Other _____

APPENDIX C

Online Social Support Amongst Military Wives Survey in Survey Gizmo

Page One

*What is your coder ID?**

01

02

*What is the discussion thread ID?** _____

DESCRIPTIVE INFORMATION

The next section contains descriptive information about the original poster.

*Who posted the original question/comment?**

Spouse

Girlfriend

Fiance'

Unable to tell

*Is the poster's service member in the:**

Marine Corps

Army

Navy

Air Force

National Guard/Reserves

Unable to tell

How many deployments has the poster been through?*

- None- this is the first deployment
- 1-2
- 3 or more
- Unable to tell

How long has the poster couple been together?*

- <1 year
- 1-2 years
- 3 years
- 4 or more years
- Unable to tell

Which phase of the deployment is the original poster's service member currently in?*

- Pre-deployment (getting ready to leave)
- Deployed
- Post-deployment (returned home)
- Unable to tell

How long will the deployment be?

- 6-7 months
- 8-12 months
- >1 year
- Unable to tell

Does the poster have children?*

- Yes
- No
- Unable to tell

SUPPORT REQUESTED

This next section pertains to social support requested by the original poster. *Select all answers that apply.*

Which subcategories of Information Support were requested?

- Advice/Suggestion
- Referral
- Situation appraisal
- Teaching

Which subcategories of Esteem Support were requested?

- Compliment
- Validation
- Relief of blame

Which subcategories of Emotional Support were requested?

- Sympathy
- Understanding/Empathy
- Encouragement

Which subcategories of Network Support were requested?

- Access
- Presence
- Companions

SUPPORT PROVIDED

The next section related to the type of social support provided by respondents. Select all answers that apply.

Which subcategories of Information Support were provided?

- Advice/Suggestion
- Referral
- Situation appraisal
- Teaching

Which subcategories of Esteem Support were provided?

- Compliment
- Validation
- Relief of blame

Which subcategories of Emotional Support were provided?

- Sympathy
- Understanding/Empathy
- Encouragement

Which subcategories of Network Support were provided?

- Access
- Presence
- Companions

POSTER'S EVALUATION OF THE SUPPORT

What categories describe the original poster's evaluation to the social support provided?

- Gratitude/Thanks
- Found social support provided helpful
- Did not find the social support provided helpful
- Neutral to the online social support provided
- Followed advice of respondent(s)
- Will follow advice of respondents
- Other
- No response provided by original poster

*What topics were discussed in the discussion thread?**

- Information about deployment
- Relationship with spouse
- Coping with deployment
- Mail/care packages
- Computer-mediated communication with spouse (e.g, Skype, Face Time, etc.)
- Money/pay
- Children
- Spouse's safety during the deployment
- Relationship problems with extended family members
- Other

Thank You!

Thank you again for taking this survey!

APPENDIX D

Informed Consent Form

RESEARCH PROCEDURES

This research is being conducted to find out if online social networks can provide social support to buffer the stressors of deployment amongst military families.

RISKS

There are no foreseeable risks for participating in this research.

BENEFITS

There are no benefits to you as a participant other than to further research in understanding how to help military families cope with the stressors of deployment.

CONFIDENTIALITY

The data in this study will be confidential. Your name or any other personal identifiers will not be included on the interview transcripts or used in the audio recordings. A code will be placed on the transcript and the digital audio file will be saved using the same code. Through the use of an identification key, the researcher will be able to link your transcript to your identity. The researcher will be the only one who will have access to the identification key. The identification key will be a digital file that is password protected.

PARTICIPATION

Your participation is voluntary, and you may withdraw from the study at any time and for any reason. If you decide not to participate or if you withdraw from the study, there is no penalty or loss of benefits to which you are otherwise entitled. There are no costs to you or any other party. You will receive a \$25 Visa gift card as compensation for your time.

CONTACT

This research is being conducted by Linda Desens, doctoral student, Department of Communications, at George Mason University. She may be reached at 540.446.4747 for questions or to report a research-related problem. The faculty advisor's name is Dr. Gary Kreps. You may contact the George Mason University Office of Research Subject Protections at 703-993-4121 if you have questions or comments regarding your rights as a participant in the research.

This research has been reviewed according to George Mason University procedures governing your participation in this research.

CONSENT

I have read this form and agree to participate in this study.

Name

Date of Signature

Version date: 18 October 2012

APPENDIX E

Interview Script & Questions

Recruitment Script

Hello. My name is Linda Desens and I am a doctoral candidate at the Department of Communication at George Mason University This research study is for my dissertation where I will be studying online social support and its effects on the stressors of deployment on Marine Corps wives.

If your husband has deployed in the past three years, I invite you to participate in the study. I will interview you about your use of online social support during the different phases of deployment and how that may or may have not helped you cope with the stresses of deployment. The interview is expected to last approximately one hour. The interview will be recorded and transcribed. Your identity will be kept confidential. As compensation for participating in this study, you will receive a \$25 Visa gift card. You may withdraw from this study at any time.

Do you have any questions for me?

Introduction Script

Thank you for agreeing to participate in this study. I would like to take a few minutes to review the informed consent form and then answer any questions that you may have about the study or the interview process.

[Review the informed consent with the interviewee]

If you do not have any questions, we will get started with the interview.

Interview Questions

Demographic Questions
<ol style="list-style-type: none">1. How many years have you been in the Marine Corps as a family?2. How many deployments have you been through?3. Where did your service member deploy to [limit answer to last deployment]4. How long was he/she gone?5. Do you have children? If yes, what are their ages?6. What is your age?7. What is your education level (e.g. high school graduate, college graduate, etc.)8. What is your spouse's rank?9. What installation were you stationed at during the deployment?
Predeployment Questions
<ol style="list-style-type: none">1. What were your concerns when you found out that your spouse was going to deploy?2. Describe any online social networking platforms (e.g. Facebook, discussion forums, etc.) that you used during this phase of deployment.3. How often did you participate in them?4. Describe how participating in online social networks helped you make it through the predeployment phase.5. Were there difficult times during the predeployment phase where using an online support network helped you cope with the predeployment stress? Give some examples.6. Give me some examples of support from your online social network that were helpful to you during this phase of the deployment. Describe why it was helpful.7. Describe examples of support that were not helpful to you and why.

Deployment Questions
<ol style="list-style-type: none"> 1. Describe the stressors you experienced during the deployment once your spouse left. 2. Describe any online social networking platforms (e.g. Facebook, discussion forums, etc.) that you used during this phase of deployment. 3. How often did you participate in them? 4. Describe how participating in online social networks helped you make it through the deployment phase. 5. Were there difficult times during the deployment where using an online support network helped you cope with the deployment stress? Give some examples. 6. Give me some examples of support from your online social network that were helpful to you during deployment. Describe why it was helpful. 7. Describe examples of support that were not helpful to you and why.
Postdeployment Questions
<ol style="list-style-type: none"> 1. Describe the stressors you experience once your spouse returned from deployment. 2. Describe any online social networking platforms (e.g. Facebook, discussion forums, etc.) that you used to cope with stressors during this phase of deployment. 3. How often did you participate in them? 4. Describe how participating in online social networks helped you make it through the postdeployment phase. 5. Were there difficult times during postdeployment where using an online support network helped you cope with the postdeployment stress? Give some examples. 6. Give me some examples of support from your online social network that were helpful to you during this phase of the deployment. Describe why it was helpful. 7. Describe examples of support that were not helpful to you and why.

Closing Script

I know we've talked about a lot of your experiences but we may not have had the opportunity to talk about something you feel is important or you might have wanted to share more about something we didn't get a chance to cover. Was there anything else that you wanted to add before we conclude the interview?

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CURRICULUM VITAE

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