

ABSTRACT

An Examination of Unsolicited Social Support Among Veterans

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Social support is a topic that garners widespread research and extensive study among communication scholars. There are numerous positive benefits associated with solicited social support. On the other hand, opportunities exist to further explore the potential hazards of unsolicited social support. To date, research that focuses on unsolicited social support within the veteran community—particularly those with psychological diagnosis such as PTSD, depression, or anxiety—has received less scholarly attention than research which examines the benefits of social support for this community. In this thesis, a multimethodological approach deploys a blend of quantitative and qualitative research to illuminate what occurs when unsolicited support is received by veterans. This research provides scholarly insights by extending the existing knowledge related to unsolicited social support, as well as practical guidance for families, friends, and veteran support organizations.

Keywords: unsolicited social support, social support, veteran, PTSD, support group

An Examination of Unsolicited Social Support Among Veterans

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TABLE OF CONTENTS

ACKNOWLEDGMENTS	vii
DEDICATION	ix
CHAPTER ONE	1
Introduction.....	1
Veterans: Making the Transition Home.....	1
Social Support: Risks & Benefits.....	4
CHAPTER TWO.....	7
Review of Literature	7
Overview	7
Social Support.....	7
Benefits of Support Offers	10
Risks of Support and Politeness Theory.....	14
Face Threatening Actions	17
Support Networks & Message Crafting	18
Veterans Support & PTSD	22
CHAPTER THREE	28
Research Questions & Methodology	28
Research Questions	28
Description of Methodology.....	29
Sampling and Data Collection	29
CHAPTER FOUR.....	33

Results	33
Quantitative Data	33
Demographic Breakdown and Diversity of Sample	33
F-SozU K-6	35
MPSS	36
Family Support.....	37
Friendship Support.....	37
Significant Other Support.....	38
Qualitative Data	39
Perceived Scale of Social Support.....	39
Discussion.....	44
<i>Solicited and Unsolicited Support.....</i>	<i>44</i>
Unsolicited Social Support.....	45
<i>Veteran Social Support</i>	<i>46</i>
<i>Support Sources</i>	<i>47</i>
<i>Face Threats</i>	<i>48</i>
CHAPTER SIX	55
Limitations & Future Research	55
<i>Conclusion</i>	<i>56</i>
APPENDIX A.....	60
Demographics	60
APPENDIX B.....	62
Participant Questionnaire	62
APPENDIX C.....	74

Consent Form	74
<i>APPENDIX D</i>	78
Quantitative Scales.....	78
<i>APPENDIX E</i>	81
Qualitative Scales	81
<i>REFERENCES</i>	84

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DEDICATION

“Those who say that we’re in a time when there are no heroes -- they just don’t know where to look. On the far shore of the sloping hills of Arlington National Cemetery, sit row upon row of simple white markers bearing crosses or Stars of David. They add up to only a tiny fraction of the price that has been paid for our freedom. Each one of those markers is a monument to the kind of hero I spoke of earlier. Their lives ended in places called Belleau Wood, the Argonne, Omaha Beach, Salerno, and halfway around the world on Guadalcanal, Tarawa, Pork Chop Hill, the Chosin Reservoir, and in a hundred rice paddies and jungles of a place called Vietnam. Under one such a marker lies a young man, Martin Treptow, who left his job in a small-town barber shop in 1917 to go to France with the famed Rainbow Division. There, on the Western front, he was killed trying to carry a message between battalions under heavy fire. We’re told that on his body was found a diary. On the flyleaf under the heading, “My Pledge,” he had written these words: America must win this war. Therefore, I will work; I will save; I will sacrifice; I will endure; I will fight cheerfully and do my utmost, as if the issue of the whole struggle depended on me alone. – Ronald Reagan 1981

This excerpt from President Ronald Reagan’s 1981 Inaugural Address has always epitomized the sacrifice of the American Soldier to me. Therefore, I would like to

dedicate this thesis to Martin Treptow, and those like him; heroes of freedom who have endured a significant struggle for the betterment of their nation.

CHAPTER ONE

Introduction

Veterans: Making the Transition Home

When thinking about the potential dangers posed to military veterans, it is perhaps common to conjure up images of intense front-line combat or other combat focused activities during a deployment. What is perhaps less top of mind is the crucial importance of recognizing the potential harms related to mental health that veterans experience when returning to the home front. As individual veterans experience the horrors and banalities of war first-hand, what do we know about their mental health when they return home? According to a recent survey, approximately 90% of veterans deployed to ground-combat operations in Iraq reported a high level of potentially traumatic combat experiences which included: being shot at, the handling of deceased bodies, knowing someone who was injured or killed, or personally killing an enemy combatant (Hoge et al., 2008). Such experiences can sometimes contribute to conditions such as post-traumatic stress disorder (PTSD). This disorder is considered one of the most characteristic features of a traumatic psychiatric experience among our nation's veterans (Sirati-Nir, 2018).

The story of veteran Logan Stark underscores an example of the positive effects that social support can have in relation to PTSD. Logan Stark served as a Marine Corps Scout Sniper in 2010 where he was deployed to the Sangin Valley in Afghanistan. Stark noted that this particular area was heavily littered with deadly improvised explosive devices (IED) left by the Taliban (Black Rifle Coffee Company, 2019). Within the first week of

being there, Stark's battalion had lost ten soldiers wounded specifically from IED's (Warikoo, 2013). Indeed, the Sangin Valley represented a place of violence for Logan, as he remembered those who had been killed and the numerous gunfights he was in. The Marine Sniper recalls having severe PTSD and he struggled to return home and begin his life as a civilian (Stark, 2013). Stark indicated that his transition was difficult. He remembers "It's difficult going from being in a high-risk threatening environment to sitting in a classroom staring out of a window surrounded by 18 and 19 year olds" (Black Rifle Coffee Company, 2019). However, one of the assignments he received at community college encouraged him to create some sort of media text and to apply information from his coursework to this new piece of media. Stark turned to three of his friends who had also served with him in Afghanistan for support in making a video which documented some of their experiences of war. Stark recounts that he and his fellow service members were forced to relive some of their worst moments together during the creation of this project.

Amazingly, this mutual exchange of support between the veterans generated a viral sensation. The video "For the 25" depicts the people that Logan served with and their lives before, during, and after the war and has gained millions of views on the media sharing platform YouTube (Stark, 2013). The impact of this film left Stark amazed, as he began receiving positive feedback. Stark stated, "I can't tell you how many messages I've gotten from people that are like 'that thing saved me and changed my life' and that revelation for me changed the whole being of who I am" (Black Rifle Coffee Company, 2019). Much of this feedback consisted of other veterans noting that this particular video

saved their lives and helped them overcome many struggles when returning home from war.

In thinking of Logan Stark as a singular example of depictions of social support among veterans, I found myself amazed at the potential impact that social support can have on an individual. Taking this a step further, I began to analyze even more ways in which social support could impact various groups. Surprisingly, I realized that social support has the potential to be quite positive, but also potentially harmful. I have chosen here to build my project with a focus on those potentially harmful interactions, specifically, the harm that revolves around unsolicited offers of support. This made me wonder if there were other instances when social support—specifically support that is unsolicited—was harmful to veterans? Indeed, the story of Logan Stark would likely be much different had social support he experienced from his fellow veterans was unsolicited or in any way forced upon him. Indeed, the veteran community should have access to valuable and professional sources of social support to ensure the well-being of their individual needs as well as those of the broader veteran community, to this as a nation we can agree with. I was left to ponder, what would it mean to examine unsolicited social support within the veteran community, and how could veteran service organizations, community partners, family members, or friends benefit from this type of examination? In order to begin examining this broad question it is critical that I first offer a brief overview and definitions of my terms to ground my project.

Social Support: Risks & Benefits

Social support is a complex human expression that can be used to examine the extent to which individuals who have a social support network compare with those who do not. For this study, social support is defined utilizing MacGeorge, Feng, and Burleson's (2011) conceptualization. The researchers defined *social support* as “verbal and nonverbal behavior produced with the intention of providing assistance to others perceived as needing that aid” (2011, pg. 317). Research notes that social support is essential to individual well-being, not only for its direct contribution, but also for its moderating effects on stress, (Kahn & Antonucci, 1980) anxiety, (Crowley 2019) and even organizational tension (Allen, 1992). As you will see in the pages that follow, these areas of focus are foundational for the current project, as such, the operationalization of social support by these researchers provides the necessary framework moving forward.

Regarding veterans suffering from PTSD, social support has also been beneficial, specifically when that support was solicited. It is reported that a high level of social support has been associated with psychological resilience after trauma exposure (Vlahov, 2007). Such resilience is crucial to veteran populations attempting to reintegrate into a civilian lifestyle. For example, recent research focused on veteran participants from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). The study contends that solicited support was shown to protect against many of the symptoms associated with PTSD—including accompanying symptoms of anxiety, depression, difficulty sleeping—because of the increased levels of psychological resilience found when support was offered. (Herbert et al., 2018). These findings map well onto the core components of social support outlined above. Additionally, it should be noted that PTSD

is prevalent among combat veterans who return home and is increasingly being diagnosed due to the current style of fighting and combat operations experienced by soldiers (Pearrow & Cosgrove, 2009). Indeed, the threat of new styles of warfare incorporating civilian populations, IED threats, and guerilla-style warfare has taken a toll on American service members. Nevertheless, research consistently has found that fewer than half of the individuals who screen positive for mental health issues like PTSD receive reasonable care (Ramchand et al., 2015). This tragedy must be dealt with through communicative improvements in veteran support.

The positive aspects of social support have been studied in detail (Lee, 2019); however, the negative aspects surrounding various unsolicited social support have yet to be fully illuminated. Solicited support refers to the help that is wanted or requested, whereas unsolicited support is defined as “help passively obtained without asking” (Barrera, pg. 413, 1986). Indeed, social support in general is not always perceived as helpful by individuals (Floyd & Ray, 2017), and unsolicited social support compounds those complications when you add the passive nature and the component that the support was not requested in the first place. Furthermore, messages intended to bolster support can significantly harm an individual’s mental and physical health, making positive adjustment increasingly difficult (Matsunaga, 2011). When taken together these discrepancies between an individual’s desired support and the support that is given can have severe consequences (Lincoln, 2000). This gap between expected and given support has the potential to diminish one’s ability to reappraise problematic situations (Matsunaga, 2011). Finally, unsolicited support or advice can create the possibility of conveying undesirable meanings, further isolating veterans when they need it most

(Wilson et al., 2015). It is key to note here, that Wilson (2015) found that undesirable meanings can isolate both the giver of unsolicited social support, and the intended receiver of this support potentially doubling the harmful effects to both of the participating parties in the support exchange.

Interestingly, in light of the presence of this previous research, few theoretical efforts have touched on the main effect of unsolicited support on recipients' health, and those that do offer contradictory arguments emphasizing different mechanisms for that main effect (Bolger and Amarel 2007; Deelstra et al. 2003; Eckenrode and Wethington 1990; Thoits 2011). Therefore, it is my goal within this thesis project to address this gap in the literature by further analyzing the risks associated with unsolicited support within the veteran community. In the chapters that follow I argue that it is essential to identify potential risk factors of unsolicited social support and the communicative patterns that are present among veterans who self-report experiencing unsolicited social support from various outlets. In the following chapter I will fully operationalize my concepts and provide an in-depth overview of previous and current literature that guides my overall thesis project.

CHAPTER TWO

Review of Literature

Overview

The purpose of this literature review is to highlight the previous research regarding social support, unsolicited social support, and their implications for this specific project. This literature review will address pertinent information related to social support, including its conceptualization and definition. The second section will examine both the benefits and risks associated with offers of social support. Additionally, this section will differentiate between solicited and unsolicited support. Such differences will be critical to fully understanding and analyzing social support. The third section will focus on how social support concepts have been successfully applied to those who have Post-Traumatic Stress Disorder (PTSD). Finally, this review will conclude with an examination of social support applied to military veterans looking to reintegrate from combat to a civilian lifestyle. applied to military veterans looking to reintegrate from combat to a civilian.

Social Support

Social support is one of the most potent and unifying expressions of human existence (Burleson, 2010). Unfortunately, it is also one of the most misunderstood (Wortman, 1981). This confusion is not uncommon when studying complex interpersonal communication, such as the giving and receiving support offers. According to Burleson (2010), interpersonal communication is a complex and situated social process where individuals who have created a communication-oriented relationship exchange messages

to generate shared meaning and reach social goals. Supportive communication, particularly within broad support networks, represents intentional behavior in every day and situation-specific functions (Burleson, 2010). Exploring and understanding the complex processes associated with forming and developing supportive messages and relationships is an essential framework within the field of Communication Studies. Indeed, social support remains an important phenomenon that deserves the continued methodological interest of researchers (Burleson et al. 1994). Overall, social support is a powerful expression of human existence which demands further academic attention, and as such, I contend that the current work here answers the call for further investigation.

Scientific interest in the phenomena of social support accelerated in the mid-1970s, but it was not until nearly a decade later that the defining factors of this expression began to take shape (Ditzen & Heinrich, 2014). House et al. (1988), expressed their concern that a clear definition of social support had not emerged despite increased academic research and a growing interest in interpersonal communication. To this day, that concern is still relevant as multiple aspects of social support continue to be explored and contested (Sirati-Nir et al. 2018). For this study, social support is defined utilizing MacGeorge, Feng, and Burleson's (2011) conceptualization. The researchers defined *social support* as "verbal and nonverbal behavior produced with the intention of providing assistance to others perceived as needing that aid" (2011, pg. 317). This definition suggests assistance is provided from one individual to another. As part of aiding individuals in relationships, social support also encompasses helping distressed individuals work through upsetting situations by listening to, empathizing with, legitimizing, and actively exploring their feelings (Burleson, 1994). Often, support is

characterized as one aspect of help, when in reality, various pathways of assistance can be offered to those in need of aid. Indeed, there are numerous critical aspects of social support to consider when attempting to conceptualize the term.

One of the most critical features of conceptualizing social support is the intentional effort of a helper to assist a target in coping with a perceived state of affective distress (Burleson, 2010). For the scope of this study, a helper represents a particular individual who has the intention of helping a target cope with distressing feelings, not in specific outcomes, rewarded through helper behavior. When addressing situations where support is necessary, the potential help that a target may receive should be considered. This outcome may be accomplished through various means or strategies such as expressions of concern, invitations, offers of advice, etc. First, social support is treated as an intentional and purposeful response by a helper to address any distress experienced by another individual within this project's scope. Such distress may be acute such as isolated mild anxiety or disappointment, or chronic with long-term grief, lasting depression, or character change, and may take on varying intensity (Burleson, 2010). In addition, social support can be conceptualized as any social activity that provides an uplift, conveys affection, enhances a sense of inclusion, or promotes coping (Barnes & Duck, 1994).

Second, social support represents a communicatively constructed relationship in which a helper works to improve a particular target's state and functioning. These term helper and target are crucial to understanding how social support functions. The helper may or may not act intentionally or be aware of their goal. The advantages, both conceptual and methodological, of intention-based definitions of social support over tautological, outcome-based definitions have been noted by previous theorists who have

researched the dual implications of the communication between helpers and targets (Goldsmith, 2000; Thoits, 1982).

Third, we must recognize that the effectiveness of support efforts may vary widely. Supportive intentions of helpers can be coupled with certain behaviors ranging from distracting to harmful. One of the principal concerns regarding support research has been identifying helpful and non-helpful ways in which helpers can better impact their targets positively and genuinely (Sharifian & O'Brien, 2019).

Benefits of Support Offers

Previous research has documented the benefits of social support (Sharifian & O'Brien, 2019; Crowley, High, & Thomas, 2019; Keating & Rains, 2015). Indeed, such support has benefited numerous individuals and communities alike. Although these communities can be drastically different, they each share physical and emotional benefits from extensive social support interventions

At a more personal level, social support can affect an individual's well-being through the provisions of self-worth and a more profound sense of social identity (Thoits, 1982). As such, research has focused on social support's links with encouragement. For example, Wortman (1984) claimed that "Social support may moderate the effects of stress on affect and well-being by providing individuals with information that improves coping strategies by encouraging them to continue coping attempts, or by providing reassurances that reduce the sense of threat" (p. 2339). Unsurprisingly, Stress is considered a primary cause for a series of health problems (Adler & Matthews, 1994). Also, dysregulated stress systems have been linked to a variety of mental disorders (Chrousos, 2009). Through the reduction of stress levels, social support might therefore

promote health in the long term (Cobb, 1976). Certainly, the implications of social support at a personal level can be overwhelmingly positive.

Building on this conception of social support, additional research has been conducted examining the links between social support and psychological trauma. Specifically, communication revolving around support themes has the potential to mitigate the distress of victims suffering from psychological trauma (Matsunaga, 2011). Matsunaga claimed that “it has been demonstrated that supportive communication generally has the potential to assuage the distress of victims and help neutralize their suffering” (Matsunaga, pg. 177, 2011). It follows then that social support can contribute to relationship satisfaction (Cutrona, Shaffer, Wesner, & Gardner, 2007), bolster esteem (Holmstrom & Kim, 2015), and promote individual health (Ditzen & Heinrichs, 2014). This evidence points to the argument that when properly utilized, social support can mitigate the implications of various psychological trauma.

Receiving social support has also been shown to reduce physical pain. In arthritis patients particularly, low levels of social support have been shown to predict more depressive symptoms (Lee, Kahana, & Kahana, 2016), greater loneliness (Liu, Gou, & Zuo, 2016), a steeper decrease in motor abilities (Buchman et al., 2010), and lower life satisfaction (Adams et al., 2016). For example, Brown et al. (2003) found that participants’ pain ratings during a given task were noticeably lower among those who received both social support from another person who actively engaged with them (e.g., by providing encouragement and reassurance) and social support from another individual who provided company without interaction, compared to those who completed the task alone. Along these same lines, Master et al. (2009) noted that participants’ pain ratings

during another given task were lower when they held the hand of their romantic partner or viewed photographs of them, compared to when they held an object or viewed a photograph of an object.

Individuals recovering from intensive surgery or trauma have also been shown to respond well to high levels of social support, with some reporting reduced pain. (Kulik & Mahler, 1989) Even chronic conditions such as rheumatoid arthritis were managed to utilize social support (Hung *et al.* 2017). Such research has also underscored the physiological and psychological mechanisms through which these benefits may occur. Hughes et al. (2014) provided research evidence showed that lower social support is associated with immune dysregulation – specifically, higher levels of a proinflammatory cytokine that affects the neural encoding of painful stimuli. Elevated levels can cause more significant experiences of pain (De Bont *et al.*, 2013). Speaking to a further possible (psychological) mechanism, evidence from samples of chronic pain and rheumatoid arthritis patients suggests that social support promotes the use of more adaptive coping strategies, which can lead to significant pain reduction (Holtzman, Newth, & Delongis, 2004).

When looking at the beneficial aspects of social support it is essential to note that giving and receiving such support can be beneficial. But why would giving support to others prove to be beneficial for ourselves? One answer to this question comes from the observation that humans have a natural capacity to care for, nurture, and protect others, especially during times of need (Bowlby, 1988). (Inagaki et al., 2017). Indeed, giving social support leads to emotional, physical, and social benefits that are most likely to occur when giving is freely offered by the helper and is perceived to be effective by the

target. These findings fit with the notion that people have a natural inclination to care for others and flourish when they have strong social ties, thus noting the importance of support networks.

Further supporting this notion, Liang, Krause, and Bennett (2001) hypothesized that being with a person during stressful times, comforting them, listening, or showing interest and concern could be beneficial to the mental health and well-being of the support giver. Their results suggested that providing support could enhance the giver's sense of self-validation and fulfillment but found no effect, either positive or negative, on the giver's depressive symptoms. There is, however, prospective evidence that giving support promotes longevity for the helper as well as the target. Brown, Nesse, Vinokur, and Smith (2003) observed reduced mortality in elderly married people who listened to their spouse's worries and made them feel loved and cared for (Brown et al., 2003). However, the evidence is contradictory; other lines of research indicates that there are costs to giving support. Social support occurs within social relationships and is subject to exchange rules (Antonucci & Jackson, 1990).

The existent social support literature reviewed here is specifically helpful for my current project in two primary ways. First, the literature here shows the important links between social support and overall health. As previous outlined, the veteran community requires both physical and mental healthcare during their transitions from combat to civilian life, and for many veterans this combination of care will be an ongoing process. I do not contend that all social support literature is tied to physical or mental health, only that these specific lines of research are essential for engaging with my aims here. Second, because I am focusing on instances of unsolicited social support I am focusing

on literature that has previously defined and examined the communicative interactions between the helper and the target of social support. For a full idea of offers of social support it is important to consider both parties involved, and the literature outlined above offers the opportunities to do so. A new focus on the helper and the target, will help paint a complete picture as to when, why, and how social support is good for health and well-being and, ultimately, may help us harness a natural human tendency in order to benefit social relationships (Inagaki, 2017).

Risks of Support and Politeness Theory

In order to fully understand the potential risks associated with offers of social support within the scope of this study, it is necessary to become familiar with Brown & Levinson's (1987) politeness theory, and this theory will be the guiding theoretical framework for my project. This theory is rooted in the assumption that all individuals are concerned with maintaining face. According to Goffman (1959), face represents an individual's desired public image or how they wish to be seen by others. Brown & Levinson further noted two specific face needs: the desire for acceptance and approval from others (positive face) and autonomy and freedom from imposition or constraint (negative face). Further research expanded the construct of the positive face by differentiating between two distinct desires: social inclusion and affection (fellowship face) and the desire for respect (competence face). Although this theory is multifaceted, the main tenant for this thesis revolves around face threatening actions. Any communication or behavior that could endanger the needs of an individual is known as face-threatening acts (FTA).

Examples of FTA's include insults, criticisms, autonomy imposition, behavioral actions, etc. What is interesting to note about FTA's is that even seemingly positive behaviors can threaten a receiver's competent face, which can imply a lack of respect. Requests or favors can threaten a receiver's negative face by imposing their autonomy and constraining behavioral options (Floyd & Ray, 2017). Because of this, it is understandable to see how something as seemingly positive as social support can nonetheless be face-threatening at times. It has the potential to threaten a receiver's competence face by suggesting that the receiver is weak or unable to solve his or her problems alone (Goldsmith, 1992). Additionally, such supportive acts can threaten the receiver's negative face by invading their privacy and imposing unwanted obligations on how they choose to spend their time. For these specific offers of support, it is necessary to highlight that receiving an offer of help can potentially threaten a receiver's fellowship face because it implies the provider would be hurt if the offer was refused. Here we see implications for both the helper and the target in politeness theory that mirrors previous findings in social support research.

It is necessary to note that positive and negative face do not have to be thought of individually. Although it was initially proposed that a single act could threaten either positive or negative face, subsequent investigations say otherwise. It has been demonstrated that some acts threaten both positive and negative face simultaneously. Researchers have extended politeness theory by proposing that both positive and negative politeness strategies should be employed in a message where both types of face could potentially be threatened (Erbert & Floyd, 2004).

When discussing the risks of social support, it is necessary to differentiate between solicited and unsolicited support. I intentionally wanted to conceptualize unsolicited social support in my theoretical section because understanding unsolicited social support is further enhanced when comparing it directly with politeness theory and face threatening acts. We have established that solicited support refers to help that is wanted or requested. On the other hand, unsolicited support refers to the help that is neither requested nor wanted. Barrera's (1986) conceptualization of unsolicited support will be used for this study. Barrera noted that unsolicited support was defined as help passively obtained without asking. Goldsmith (1992) established that receiving unsolicited support is problematic. Additionally, recent research has proposed that even being offered unsolicited social support places receivers or targets in a communicative quandary (Floyd & Ray, 2017). If an individual offered support accepts such offers, they might experience threats to their own face needs as a result of accepting or having to deal with the support itself. On the other hand, if the offer of support is rejected, they could hurt the target's feelings, endangering them further and threatening the face needs of the helper. Furthermore, by offering support during troubling moments or when deemed unnecessary, some researchers believe that a potentially catastrophic adverse chain reaction could occur (Ray & Veluscek, 2017).

Within the confines of social support, a chain reaction has the ability to diminish the previous recovery of a struggling individual. Indeed, this study attempts to garner increased attention towards the negative aspects of unsolicited social support and the potential for more harm to occur than good. Furthermore, Bolger and Amarel (2007) noted the emotional costs in terms of elicited sense of inefficacy and tendency for upward

social comparison. Deelstra et al. (2003) argue that unsolicited social support has a deleterious effect in terms of self-esteem threats. Along these same lines, it has been reported that receiving unsolicited instrumental support elicits more significant adverse psychological and physiological reactions when recipients believe they have no need of support. Recipients who have less or no need for support also perceive unsolicited support as more inappropriate and support providers as less sympathetic (Song & Chen, 2014).

Face Threatening Actions

Face-threatening actions can inhibit the emotional and physical recovery of an individual when being offered unsolicited social support, and examining them here continues the focus on physical and mental healthcare implications for veterans. Although FTA's are inherently harmful, how extreme are the consequences? McLaren & High (2015) noted a measurable correlation between negative self-esteem and a surplus of unsolicited support. Matsunaga (2011) also warned individuals about social support. The researcher noted that failure to give enough support or provide an overabundance of support is likely to produce hazardous outcomes. (Matsunaga, 2011). Indeed, there is a need for further research in this area of study. Lincoln (2000) highlights this need for the continual study of social support, specifically its lesser-known drawbacks. Lincoln comments, "The focus on the positive aspects of social support obscures that there are also costs associated with social relations. The negative side of social relationships has received considerably less attention" (p. 231). She noted the need for subsequent qualitative research to probe the various aspects of social support to determine both the

positive and negative interactions that individuals identify as either harmful or helpful. Communication researchers have echoed this same remark.

Support Networks & Message Crafting

It becomes necessary to examine the function and role of support networks and how messages are crafted because of their potential to positively or negatively impact a recovering individual. This study delivers relevant research that can improve the accuracy of assessing a particular individual's social support network. In order to avoid the unwanted pitfalls of unsolicited support, support networks must be accurately assessed before any form of intervention of help is planned (Lincoln, 2000). Additionally, when attempting to support an individual, the amount of support that is offered must be carefully considered and crafted. The properties of an individual's support network should be associated with the types of support the individual receives (Lin et al., 1999). Unsurprisingly, the size of an individual's support network reflects the number of other people they may call on in times of need and should be associated with the number of resources delivered to that person (Rains & Tsetsi, 2017). Indeed, this study will explore the usefulness and practicality of various support networks and how they choose to craft messages.

The nuances of social support networks are fascinating to understand. This component of social support is critical to examine because of how various support sources can impact an individual. There is a large body of current research dedicated to understanding these networks. However, a need exists for further research in order to understand these networks due to their potential to generate negative and positive consequences (Floyd & Ray, 2017).

Social support networks can be understood as individuals who offer support by spending time with others to promote affiliation and connectedness (Floyd & Ray, 2017). Through such affiliation, individuals are often able to better overcome personal obstacles or life challenges. Support groups generally consist of individuals who experience similar problems, provide support, give advice, and offer encouragement to the people who participate in such groups (Thakur et al., 2021). Individuals in support groups must share similar experiences to the individuals they intend to help craft a well-received offer of support. In terms of size, support networks range from intimate to quite expansive. Lin et al. (1999) reported that the size of interpersonal networks (i.e., weekly contacts and intimate ties such as a spouse) was positively associated with received emotional support. Therefore, because of the overwhelming size of various support groups, individuals often feel as if they receive significant emotional support. Support group members can help others make sense of the world and interpret potential threats and opportunities (Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005). Support groups also have the potential to provide a range of psychological resources, including social support and collective efficacy (Haslam et al., 2018). These two precious resources impact 'secondary appraisal' processes where group members can evaluate their ability to cope and deal with collective challenges. Greater levels of group support can ensure group members feel able to cope with a threat collectively. Because of this confidence, individuals can significantly reduce their stress and improving their overall health.

These effects have been found across a range of groups, including people with long-term mental health problems (Cruwys et al., 2014), older adults (Gleibs, Haslam, Haslam, & Jones, 2011), adolescents (Miller, Wakefield, & Sani, 2016), and those

recovering from addiction (Buckingham, Frings, & Albery, 2013). Most notably, however, these effects have been replicated on military veterans. One study found that male combat veterans distinguished between specific support providers (e.g., family, friends, military peers) and that support from military peers was associated with lower PTSD symptoms (Wilcox, 2010). Indeed, the impact of support groups on veterans who have PTSD is significant and warrants further examination (Hoge et al. 2008).

Although the individuals who make up a support network are influential, the messages crafted or generated by such a group are crucial. Current research is only just beginning to illuminate the influential process of crafting useful support messages, highlighting advanced elements such as empathy that have not yet been widely observed concerning social support (Ray & Veluscek, 2017). Indeed, if the adverse effects of unsolicited support can be mitigated, they should be through message crafting.

Guiding this research, politeness theory offers a unique approach to crafting support messages. According to politeness theory, senders who are concerned about the face threats inherent in their message have the option to engage in various redressive actions that can mitigate such threats. The theory identifies five facework strategies that senders can use to counter the face threats in their messages. Facework strategies are conceptualized hierarchically according to their degree of politeness. The least polite strategy is to make a statement bald-on-record, with no attempt to mitigate face threats. However, positive politeness and negative politeness strategies typically involve crafting a specific message to mitigate threats to positive or negative face, respectively. A fourth strategy is to offer the message off-the-record by implying it rather than stating it

explicitly. When face threats are inherent in a message, the politest strategy is to forgo the FTA altogether by not offering support (Floyd & Ray, 2017).

Recent research has found that facework can mitigate some of the face threats of support offers. MacGeorge, Lichtman, and Pressey (2002) examined people's evaluations of advice that were offered either unequivocally (i.e., delivered bluntly) with mitigating facework (intended to reduce face threats) or with aggravating facework (intended to intensify face threats). Although the underlying recommendation of each type of advice was the same, advice offered with mitigating facework was evaluated more positively than the other types. Because of these findings, offering advice or support accompanied by mitigating face work was most effective. Further research over the last several decades has echoed this statement (Goldsmith, 1992). According to research, the most generous offers should be conveyed in a manner that recognizes and supports the recipient's face needs (Goldsmith et al, 2000). On the contrary, offers that are perceived as offensive or embarrassing can threaten the recipient's face and would be perceived more negatively (DePaulo, 1982; Goldsmith, 1994). Even expressions of affection—commonly considered positive messages—can represent potent face threats for receivers (Erbert & Floyd, 2004). Despite these facework findings, it is still essential to recognize that any offer of support inherently places a burden on the target. Floyd & Ray (2017) note that when people receive offers of unwanted social support—regardless of any facework that accompanied the offer—they are faced with the conundrum of either accepting the support and its accompanying face threats or rejecting the offer and potentially threatening the face needs of the provider.

Veterans Support & PTSD

Approximately 20 million military veterans live in the United States, and they currently have worse health behaviors and health outcomes than civilians across a host of indicators, making them a critical subpopulation for epidemiological study and clinical intervention (Campbell, 2019). Various support networks and strategies have been utilized to ensure a successful transition of veterans from military to civilian life.

Researchers have noted social support's ability to dampen the impact of trauma exposure in war veterans (Brancu et al., 2014). Indeed, such support must be enacted to mitigate the negative consequences associated with veteran PTSD. More and more research has become available regarding veteran's relationships and experiences with social support (Boscarino, 1995, Brancu et al., 2014, Campbell, 2021). The way veterans perceive their social support has been found to play a significant role in predicting adverse behavior among veterans. For example, low levels of perceived availability and perceived adequacy of social support by family and friends has been shown to predict alcohol use disorder among veterans (Boscarino 1995; Tsai et al. 2012).

It has also been argued that following previous military service involving aversive human contact; veterans tend to deny social support. This refusal often can result in adverse psychological consequences (Litz et al., 2009). Indeed, these adverse consequences should be avoided if possible. Many veterans of the post-9/11 conflicts, for example, complain that the public thinks all service members who served in these conflicts have PTSD and thus are "dangerous" or "crazy" (Mittal et al., 2013). Due to this stereotype, veterans may have unique views about how families should support service members who face reintegration challenges. Comparing advice given to military families

by partners, parents, and veterans has implications for multiple goal theories and professionals who work with military families. By understanding how social support can be used most effectively, new opportunities for veteran interventions arise (Duax, 2014).

The ability to definitively understand the countless benefits and severe pitfalls of social support can be transformative for the veteran community, specifically rehabilitation efforts, in extraordinary ways. Not all veterans who have served develop PTSD; however, this disorder must be discussed and understood because of its prevalence among returning veterans. It is only through understanding and analysis that a communicative-centered solution can be extrapolated.

As previously noted, not all individuals exposed to traumatic incidents develop PTSD. Many service members go their whole careers without experiencing any psychological or emotional turmoil associated with their tour of duty. Furthermore, some individuals can quickly recover from their traumatic experiences, whereas others can develop PTSD, which considerably undermines their ability to function in everyday life (Lee, 2019). Such a condition has become arguably more prevalent due to the type of conflicts undertaken by American forces. PTSD is prevalent among combat veterans who return home and is increasingly being diagnosed due to the current style of fighting and combat operations experienced by soldiers (Pearrow & Cosgrove, 2009). Covert war strategies such as implementing improvised explosive devices (IED) and other roadside bombs leave its survivors vulnerable to increased anxiety and paranoia upon returning home (Pearrow & Cosgrove, 2009). Such strategies utilize a deadly psychological component that many soldiers continue to grapple with.

According to research, PTSD is one of the most frequently diagnosed mental health conditions among returning Afghanistan and Iraq veterans (Hoge et al.). Indeed, the need for further PTSD-related research needs to be undertaken. PTSD can manifest itself in a multitude of different ways. Commonly, PTSD is associated with sleep problems, mood swings, social withdrawal, and alcohol/drug abuse that affects not only the individual but also their entire family (Monson, Taft, & Fredman, 2009). Despite this, research consistently has found that fewer than half of the individuals who screen positive for mental health issues like PTSD receive reasonable care (Ramchand et al., 2015). Multiple barriers exist that can prohibit service members from seeking professional help. These barriers include: (a) denying that they are experiencing reintegration difficulties, (b) worrying they will appear weak by asking for help, (c) concern that a mental health diagnosis will prevent them from being promoted or follow them into a civilian career, (d) doubting the utility of psychotherapy or worry about medication side effects, (e) viewing support from friends or family as more helpful than professional treatment, and (f) living far away from facilities where they might receive care (Acosta et al., 2014).

Families often play an essential role when service members do seek help. In a large-scale study of veterans diagnosed with PTSD, Spoont et al. (2014) found that veterans whose families had encouraged them to seek treatment were 1.73 times more likely to have done so than veterans who had not been encouraged by family. When both family and other veterans had encouraged them, veterans were 1.87 times more likely to have sought treatment. Indeed, the role of families and other veterans within a support network seems critical to an individual's recovery from PTSD.

Practical social support has been shown to significantly mitigate the risk of suicide among veterans. Some of this impact may operate indirectly through social supports' impact on depression symptoms, which are significant contributors to the burden of suicide (Ilgen, et al. 2010). Furthermore, a meta-analysis of social relationships in older adults found that loneliness and poor perceived social support were both robustly associated with risk of suicidal ideation (Chang, et al., 1982). In select populations at a heightened risk for suicide, such as military veterans who use Department of Veterans Affairs (V.A.) services, evidence continues to suggest that social support is protective against suicide risk (Pietrzak et. Al, 2009). Indeed, social support is shown to mitigate the effects of depression and thus suicide in at-risk populations such as veterans.

It is crucial to prohibit and eliminate PTSD in veteran populations, to the extent possible, because of the struggles and the pitfalls often associated with PTSD. In addition to the typical symptoms of this stress disorder, many other adverse effects can manifest. In one large sample of U.S. National Guard soldiers who were clinically evaluated after deployment to Iraq, 70% of individuals with PTSD also had another psychiatric comorbidity (Kehle et al., 2011). In another large sample of treatment-seeking U.S. veterans of the military operations in Iraq and Afghanistan, 60% of participants with probable PTSD also had probable depression (Vaughan, Schell, Tanielian, Jaycox, & Marshall, 2014). This comorbidity has been associated with higher levels of psychological distress and greater use of mental health services (Kramer, Booth, Han, & Williams, 2003). The role of social support as it relates to veterans who have PTSD continues to be explored.

Although many post-deployment factors can affect an individual, social support can serve as one of the most positive interventions. A robust and growing body of literature has demonstrated the impact the protective nature of post-deployment social support and the negative impact of perceived negative social support can have on post-deployment mental health. Post-deployment social support refers to the support provided by an individual's broader social system, including friends, family members, coworkers, and society, following deployment (Kehle, 2011) It has been well established that social support attenuates stress responses in the face of stressful life events (Cohen & McKay, 1984). Further, a high level of social support has been associated with psychological resilience after trauma exposure (Vlahov, 2007).

Interestingly enough, a low level of post-deployment social support is one of the strongest negative predictors of PTSD among combat veterans (e.g., Goldmann et al., 2012). Similarly, higher perceived post-deployment social support has been associated with less severe self-reported PTSD (Han et al., 2014) and depression (Pietrzak, Goldstein, et al., 2010). Furthermore, Han (2014) found that low post-deployment social support, but not unit support during the deployment, was associated with higher levels of depression severity is somewhat similar to findings from a prior study that showed post-deployment social support, rather than unit support, to be more strongly negatively associated with PTSD symptom severity (Han et al., 2014)

Scholarly Significance

This study possesses scholarly significance as new knowledge regarding many aspects of social support within veteran communities is uncovered. Indeed, a topic as significant as social support deserves the continued rigorous study of academics and

communication researchers. This study has extended existing scholarly knowledge of the positive and negative aspects regarding unsolicited and solicited social support. In addition to scholarly significance, this study possesses practical importance. Many soldiers are returning from combat experiences with a high level of psychological trauma. These disturbing experiences can lead to PTSD in combat veterans that can adversely affect those around them. The mental health crisis concerning our nation's veterans should not be overlooked, and innovative, practical approaches should continue to be discussed. Understanding the nuances between solicited and unsolicited support among veterans who have PTSD is essential.

CHAPTER THREE

Research Questions & Methodology

Research Questions

Social support has received an abundance of scholarly investigation; however, a gap persists in literature surrounding unsolicited support and the potential harm that accompanies it. In particular, the literature focusing on veterans' experiences with unsolicited social support needs further investigation. Additionally, little research has explored the importance of social support sources such as veteran support organizations and families who offer well-meaning social support when its unsolicited from the veterans these groups are seeking to serve. The call for further research in this area was initiated by Sayers et al., 2012, who noted that despite the importance of family in encouraging help seeking behaviors, little research has underscored how family members talk with returning service members if they are concerned with how that individual is readjusting to civilian life. Some evidence has suggested that such conversations can be exceedingly difficult (Wilson, 2015). According to Wilson (2015), understanding how veterans perceive and receive offers of unsolicited support from various sources is critical to providing the type of support that is necessary for healthy recovery and reintegration into civilian life.

With that in focus, this study pursues the following three research questions:

- RQ₁: Is there a relationship between lower levels of perceived social support and unsolicited social support in veterans?

- RQ₂: What are the reasons, if any, for which offers of social support were perceived to be unsolicited?
- RQ₃: Are there sources—family members, friends, support organizations—that are more or less likely to offer unsolicited support?

Description of Methodology

This research project examined veteran perceptions regarding unsolicited social support. To explore the proposed research questions, this study took a multimethodological approach that focused on veterans who were the recipients of social support, particularly unsolicited support. A total of 80 veterans completed a brief survey. This chapter describes how the study was conducted, participant details, survey protocols, and the methods of analysis used to address the proposed research questions.

Sampling and Data Collection

80 veterans (64 male, 16 female) between the ages of 18 and 50 participated in the study. Participants were recruited via the Amazon.com Web Services crowdsourcing marketplace Mechanical Turk (MTurk). MTurk is an online service whose purpose is to allow researchers to post their call for participants, and for a pool of qualifying participants to complete surveys online. Upon completion of the survey, researchers confirm that the data is correct and usable for their purposes, and then pay the participants a predetermined amount for their participation. Additionally, the platform allows for researchers to set particular parameters for their sample of participants, and allows researchers to cull their dataset for participants who do not meet the set forth guidelines for participation. For example, participants who took part in this study were

required to have served in some capacity within the United States Armed Forces, and the MTurk settings coupled with the introductory question built into my Qualtrics survey allowed for this parameter, as well as others, to be met by all participants prior to being paid and prior to their final inclusion within this dataset.

As noted earlier, one of the functions of MTurk is to pay participants who complete the survey with usable data and who fit the parameters for the research call. For this study, participants recruited through M-Turk received a pre-determined amount of payment for their participation in the form of an Amazon credit of \$0.25. Here, a work assignment was created in which participants were asked to take part in a survey about social support. Those who chose to participate clicked on a link to an online questionnaire (Appendix E). Before the questionnaire began, all participants provided their consent (Appendix F). During the online survey, questions were asked regarding particular situations where unsolicited support was offered (e.g. “Describe the offer of unwanted or unsolicited support. What type of situation were you in, and how was the other person offering to assist you?”). The surveys averaged 9 minutes, with the shortest being 2 minutes and the longest being 55 minutes. Participation was limited to participants who had met the previously mentioned criteria.

The social support scales utilized within this study have been developed and applied to various communicative research protocols with a high degree of success (Zimet 1988, Kliem, 2015). First, the Multidimensional Scale of Perceived Social Support *f*(MSPSS) analyzes support which stems from three important sources; family, friends, and significant others (Zimet, 1988). The MSPSS can be seen in its entirety within appendix G. Drawing from such sources, twelve items are synthesized into a scale

ready for implementation. Across various disciplines, the MSPSS exhibits quality reliability as well as validity (Cartwright, 2020). The German developed scale of perceived social support (F-SozU K-6), is shorter using only six distinct questions. This scale can be seen within appendix H. Originally, this scale utilized fourteen various responses related to support, however the scale was shortened in an attempt to provide an increase in efficiency by decreasing the amount of time needed for participants to complete the questionnaire. F-SozU K-6 presents impressive reliability and validity when examined and critiqued (Kliem, 2015). Indeed, this scale serves as a quality model to address the nuanced frameworks of communicative social support research, and was thus utilized here.

Participants of this study were administered the Perceived Social Support Questionnaire (F-SozU K6) (*Appendix H*), as well as the Multidimensional Scale of Perceived Social Support (MSPSS) (*Appendix G*). These support scales focus on evaluating various degrees of perceived social support as well as identifying the sources of support. Such scales allow for content and criterion validity and provide insights into the role of support sources. The predetermined support scale was administered until necessary themes begin to emerge from the data. Overall, quantitative methods were necessary for this study because it lends to the understanding of certain occurrences through the participants' perspectives.

Following the support scales administration, various qualitative analysis occurred using Floyd & Ray's Unwanted Social Support Questionnaire (*Appendix I*) (Floyd & Ray, 2017). This questionnaire asks participants three open-ended questions relating to unsolicited support, allowing them to elaborate on previous experiences. Coding was

used to determine emergent categories and themes related to why offers of social support were unwanted. Originally, six themes emerged revolving around why social support may be perceived as unsolicited. Such categories include: Embarrassment to the target, too personal of an offer, feelings of indebtedness, annoyance, religious conflict, and ulterior motives.

This questionnaire was chosen for its reliability and practical effectiveness when considering unsolicited social support. Overall, the qualitative analysis used has ensured that applicable data has been collected in relation to the proposed research questions. The utilized codebook has been attached for clarity and understanding (Appendix J).

The questionnaire data was checked for errors on multiple occasions and mistakes were routinely edited out to avoid potential errors during data analysis. This process yielded a lengthy spreadsheet of information and numerous pages of single-spaced text to be explored. All of the raw and processed data were saved on a password protected computer.

CHAPTER FOUR

Results

Quantitative Data

Demographic Breakdown and Diversity of Sample

As my project is seeking a clearer understanding of the veteran community's reception of unsolicited social support, I was curious if and how mental health would play a role in my dataset. As previously discussed, PTSD and other psychological issues are linked to the reception of social support in general, so it followed that participants who have served represented a population who potentially had a higher rate of PTSD as conditions such as PTSD tend to manifest following the psychological traumas of war (Pierre & Cosgrove, 2009). The psychological requirements relating to the disclosure of PTSD are necessary within this study's scope because of the need to uncover insights into the relationship between social support and those diagnosed with PTSD. Experiences of psychological issues was addressed in the research questionnaire, and the focus was to gather a breadth of possible experiences with physical and mental health. Despite the presence of mental health questioning in the survey instruments, a confirmed diagnosis of PTSD from a medical professional was not required for participation within this study.

In terms of current mental health conditions, they were experiencing, anxiety (n=48), PTSD (n=23), depression (n=48), social withdrawal (n=34), and intense flashback or nightmares (n=20). Please see Appendix A for further information. As indicated in the review of literature, these mental health conditions are among the more

commonly cited ailments experienced within the veteran community, and their presence here is important for exploring the implications of unsolicited social support with these variables were present in the data by the guidelines utilized in my methodological approach.

Ensuring that the data was as diverse as possible across a spectrum of experiences was also an important consideration for the selection of survey instruments as well as the development of the open-ended qualitative questions. The first element of diversification in the participant pool centered on the incorporation of as many branches of service as possible. Participants in this study came from a diverse background of military service including the Air Force (n=13), Army, (n=31), Coast Guard (n=4), Marine Corps (n=10), Navy (n=11), and National Guard (n=11). Please see Appendix B for further information. The only branch of service that is not represented within the dataset is the newly formed branch of Space Force.

Within the military hierarchy the distinctions between military officers versus enlisted soldiers is another element of diversity. It was interesting that a portion of these individuals reported to be officers (n=31) as compared to enlisted (n=44). Appendix C highlights this comparison in greater detail. This is a strong aspect of the dataset included here, as the split between officers and enlisted here is quite balanced. The balance between these two—at times—distinct perspectives and military experiences allowed for greater generalization of my findings for both of these cohorts.

Finally, ethnic and racial diversity is a key demographic for diversity for any research study, and the group of veterans assessed here captured a diverse range of racial and ethnic participants. The breakdown is as follows: White (n=45), Black or African

American (n=6), American Indian or Alaskan Native (n=3), Asian (n=18), Native Hawaiian or Pacific Islander (n=1), and Hispanic (n=7). Two things stand out with regard to this element of diversity. First, the sample has a high number of participants who identify as White, with it being the largest category. This is perhaps a limitation of the study, but will be further explored in subsequent chapters. However, an interesting element of this study is the inclusion of a large portion of Asian American veterans. As an ethnic group, Asian Americans have not comprised a large portion of datasets when exploring veteran experiences, so in this way the participant pool here adds to existing literature (Tsai et al., 2014). For further details regarding the participants' demographic breakdown, see Appendix D.

F-SozU K-6

This scale is useful for providing a general preview of perceived social support in the lives of respondents. The role of perceived social support is meaningful to this study because of its ability to mitigate PTSD symptoms (Lee, 2019). Lee contends that “perceived social support from supervisors, coworkers, and family/friends appeared to be a protective factor in addressing symptoms associated with PTSD” (pg. 2). The results of this scale indicate that the veterans who participated have a relatively high level of perceived social support. Over 51% noted that if they are depressed, they know who to turn to for support with this particular mental health need. Only 25% of participants indicated their experience with high levels of social support to be either rarely or not at all true. Perhaps one of the more fascinating results of this scale is that no veterans reported hesitation in asking friends or relatives to handle important things for them when they are sick, whereas over 51% marked “usually true” or “very true” in response to this

question. When it comes to enjoyable activities, these participants seemed to know who to turn to, with over 51% indicating the statement “I know several people with whom I like to do things” either usually or very true. No veterans reported a lack of understanding or security from others in their lives. Interestingly, a large portion of veterans noted that they felt very comfortable with borrowing something from a friend or neighbor without repercussions. Indeed, the veterans surveyed reported high perceptions of social support with significantly minimal apprehension which is somewhat surprising in light of previous research into perceptions of social support.

MPSS

Mirroring the results of the F-SozU 6 scale, the 80 veterans who participated in this study, showed a relatively high level of perceived social support. However, unlike the F-SozU 6 scale, the MPSS features three notable subscales from which valuable data can be drawn relating to support networks and how veterans are perceiving those networks. The results of the MPSS indicate varying perceptions of support across three primary sources; family, friends, and significant others. Special persons, commonly referred to as significant others, represented the largest source of perceived support among veterans (25.31%). Family members represented the second largest source contributing to veterans perceived social support (21.76%). Friendships, although still positively perceived by veterans, made up the smallest portion of perceived support (17.28%). Below I detail each of these categories and provide additional statistical information outlining these results.

Family Support

No participants indicated the response “very strongly disagree” when asked if that their family really tries to help them, whereas 25.32% of veterans indicated that they “very strongly agreed” when asked if they noticed their families attempts at support. Additionally, no participants selected that they felt “very strongly neglected” by their families, whereas approximately 21% choose the response that they “very strongly agreed” that their family provided emotional support. Interestingly, there was a larger than anticipated percentage of participants who felt that they couldn’t talk to their families about problems. 2.56% of veterans marked “very strongly disagreed” that they could talk about problems with their families while 18% chose “very strongly agreed” that they could speak with their families about difficult topics and received support. This is surprising because previous research has suggested that family is one of the most available and accessible sources of support, and who often play a critical role in helping veterans identify PTSD symptoms and recognize resources (Wilson et al.) Additionally, 22.50% of veterans selected “very strongly agreed” that their family was willing to help them make decisions as compared to the 1.25% who did not.

Friendship Support

No participants indicated that they very strongly disagreed that their friends were a good source of help. Contrasting this, 19% of veterans did show that they very strongly agreed that their friends really try to help them. Additionally, there are indications that show these participants can count on their friends when things go wrong. Only 16.45% of respondents disagreed in some way, whereas an overwhelming 68.36% agreed in some manner that their friends could be relied upon to help them when needed. When it comes

to sharing joys and sorrows with friends, approximately 14% disagreed that they had a friend capable of such interaction. On the other hand, a staggering 75% agreed that they have friends with whom they can share their joys and sorrows. Specifically, 18% of veterans very strongly agreed with this. 1.25% of participants reported a very strong disagreement to talking about problems with their friends, whereas 16% very strongly agreed. This difference is highlighted even more as 69.4 of responses indicate responses rated as either somewhat to strongly agree.

Significant Other Support

21.25% of veterans very strongly agreed that there was a special person around when they are in need, as compared to the 1.25% that very strongly disagreed. Further emphasizing this point, only 11% of responses disagreed that there was a special person around when they are in need in some manner, compared to the over 76% who agreed in some way. Along these same lines, 23.75% of veterans very strongly agreed that there is a special person who they can share their joys and sorrows with. No participants very strongly disagreed with this statement, which further indicates the role of significant others within a support network. Furthermore, just over 1% of participants very strongly disagree that they have a special person who is a real source of comfort to them. On the other hand, over 30% of individuals very strongly agreed. Cementing these findings related to significant others, no participants selected that they very strongly disagreed that there was a special person in their life who strongly cares about their feelings. Over 26% of individuals very strongly agreed that there was a special person in their life who strongly cares about their feelings.

Qualitative Data

Perceived Scale of Social Support

The results of the Unwanted Social Support Questionnaire are fascinating and provide valuable insights into the sources which were more likely to offer unsolicited support to veterans. I wanted to include this survey instrument and a qualitative process in general so that the identify and sources of unsolicited social support could be made clear. By doing so, this allowed me to accurately account for the helpers depicted in the qualitative responses from veterans who served as the targets. In the sections that follow I will first provide the quantitative breakdown of helper sources, and then transition to the emergent qualitative themes that illustrate how the helpers were perceived by the veteran targets.

The initial phase of analysis started following the last responses to the online questionnaire. At this point, I submerged myself in the breadth of the currently available data. This marked the start of the data immersion phase, where I attempted to uncover and analyze various themes which presented themselves. After all 80 participants had submitted their responses, I began primary-cycle coding (Tracy, 2013). During this initial coding phase, I combed through participant responses in search of key terms or repeated themes. Essentially, the first iteration of coding was largely manual and inductive. I transferred the responses to an excel spreadsheet where I began to isolate related or pertinent information. Indeed, raw data began to transform into emergent themes. Because primary coding cycle can occur multiple times, I constantly re-read the data over the course of several days to ensure accuracy. Following this process, I reviewed literature on unsolicited social support to gauge which frameworks and models could

prove helpful in terms of considering the current data set. Indeed, various literature was used in recognizing emergent codes from the given data (Floyd & Ray, 2017, Lee, 2019, Ramchand et al., 2015). At this point, six themes found in the quantitative data emerged as a result of the coding process. These themes served to represent how veterans perceive support to be unsolicited. The coding results were checked by outside sources to ensure that all necessary and pertinent themes were represented from the provided data. These outside sources were comprised of a close friend with relatively little communicative experience, as well as a previous communication scholar well versed in coding procedures. Overall, the utmost care was taken during the coding process to ensure qualitative accuracy and meaningful themes.

When veterans were asked to choose which source was most likely to offer unsolicited support, family emerged as the clear frontrunner with 27.50% indicating so. Following family, neighbors represent the second most common source of unsolicited support within this study. This is interesting because in a similar study (Floyd & Ray, 2017), it was also discovered that neighbors represented one of the top sources of unsolicited social support. The third most common source of unsolicited support was friends, at almost 18%. Consequently, these findings were supported in the qualitative portion of the survey as well. The qualitative coding found that 27.50% of the responses directly indicating familial involvement, followed by 23.75% neighbor involvement, and finally 17.50% friend involvement in unsolicited offers of social support.

The qualitative findings offer rich examples to further support the quantitative data as it pertains to primary sources of unsolicited social support. Of note, one particular response associated negative perceptions of social support with family

members writing, “My friends and some family members give me unwanted support when they visit me routinely. I feel like it is wasting my time as I spend more time serving them.” Additionally, veterans commented that neighbors would continually try to offer them social support with the element of poor timing being a major factor. One participant described a neighbor interaction as follows, “My Neighbor kept asking me what's wrong with me, why am I so down, trying to cheer me up and make me act like I did before I left home; I just wanted to be left alone”. Another common experience with neighbors that bore out in the data was neighbors offering to do various jobs or tasks for veterans. One commenter stated that “Neighbors offered to take care of certain tasks for me that I didn't need help with.” Furthermore, another response claimed, “Once when I was sick, my neighbors insisted on completing household tasks for me even though I didn't really want them to”. For more details, please see appendices G and H.

The second free response question sought to understand why offers of support were perceived to be unsolicited. Six specific codes emerged from the data collected: Annoying, Feelings of Indebtedness, Religious Conflicts, Embarrassment, Too Personal, and Ulterior Motives. Interestingly, feelings of embarrassment accounted for 7.94% of the responses. Many veterans commented that they felt this way on numerous occasions following offers of unsolicited support. One such veteran remarked “I received money from my family, but it ultimately just made me feel embarrassed and remorseful.” Another veteran similarly noted that “All I want to do is get back to normal, but the constant offers of help just embarrass me.” Indeed, embarrassment served as a primary reason for perceiving support as unsolicited.

A second finding showed offers of unsolicited support were refused because the offer was deemed too personal (14.29%). One veteran recalled one such unsolicited offer by noting “It was too personal for this person to offer this and so I refused.” Additionally, several comments noted helpers becoming invasive or disrespectful of an individual’s personal space, especially with regards to their current level of friendship. Certainly, veterans repeatedly described not feeling close enough with a helper to accept their unsolicited offers of support.

The third most prominent reason for viewing support as unsolicited was because either the helper, or the offer itself, was annoying (12.70%). The word annoying was one of the first prominent codes to emerge early on because of how often it was used and mentioned when describing offers of support. When asked why they refused an unsolicited offer of social support, a participant said that “The emails from the VA were intrusive and a bit annoying”. Additional responses echoed the same point. Another veteran noted their response to an unsolicited offer of support by stating “I didn’t pay him any attention because he was annoying.” Finally, one veteran simply claimed that “My family support me a lot, but I very seldom accept their support because I find it extremely annoying.”

Other interesting findings reveal that religious conflicts played a surprising role in perceiving support as unsolicited (4.76%). Perhaps the most memorable response from a veteran centered around offers of religious unsolicited support. The veteran remarked “I think if they are maybe an overbearing Christian telling me I need God or an overbearing professor telling me I just need to be educated I might get a little angry with them.”

Additionally, it should be recognized that ulterior motives and feelings of indebtedness, which were presumed to be root causes of perceiving support as unsolicited accounted for over 22% of responses. In terms of ulterior motives, one marine commented that “I had a fellow Marine Corps veteran offer to help, the only problem with it was I could see he had ulterior motives for offering.” Similarly, another response stated, “I know him to be very boastful and he might bring it up in future so I promptly declined.” Additional responses also noted that “The person helping me had a very shady personality and I was afraid that they wanted something more from me.” Indeed, there is significant evidence to support the notion that offers of unsolicited social support are rejected because of ulterior motives from a helper. Furthermore, feelings of indebtedness played a large factor. One veteran remarked that “accepting money would make me indebted to them, and would make me feel guilty about taking money from them and thus depriving them of retirement savings.” Another example can be found as a veteran claimed, “I am afraid that he (friend) will ask for something later that I am unable or unwilling to repay.” Overall, these factors help to broaden our understandings of why unsolicited support might be declined.

CHAPTER FIVE

Discussion

Literature on social support, unsolicited social support, veteran social support, and face threatening actions are extended through these findings by suggesting shifts in approaches to achieving legitimacy that mitigates unsuccessful implementation of unsolicited support. Further, the findings of this study speak to unsolicited social support strategies in veterans from a communicative perspective and showcases the critical nature of support sources. Sources of both solicited and unsolicited support are found to have interesting implications for both the target and helper.

Solicited and Unsolicited Support

Several notable findings related to social support should be discussed. First, with regard to unsolicited support, feelings of indebtedness related to such social support were observed. This was one of the most expected reasons as to why individuals would perceive support as unsolicited. Key literature points to feelings of indebtedness as one of the primary reasons that someone may fail to receive support (Floyd & Ray, 2017). Indeed, some offers of support may be considered burdensome or intrusive if the costs associated with accepting them outweigh their benefits. Feelings of indebtedness can refer to the feelings associated with being in debt to someone for a previous action. Additionally, these feelings of indebtedness can occur in cases of financial support. Accepting an offer of financial support may benefit the receiver in economic terms, for instance, but may also impose relational burdens—such as the discomfort of being in

someone's debt—that result in a net deficit rather than benefit (Floyd & Ray, 2017). This point was echoed in the data as over 11% of veterans identified such a feeling as the primary reason for regarding an offer of support as unsolicited. This feeling was shared across numerous branches, as well as between both officers and enlisted veterans. Interestingly, 54% of officers felt this way, whereas only 46% of enlisted respondents shared this feeling. This is an important finding as communication revolving around support themes has the potential to mitigate the distress of victims suffering from psychological trauma (Matsunaga, 2011). Many veterans perceived such support to be helpful, as 51.25% of participants who were depressed indicated that they could turn to someone for support.

Unsolicited Social Support

When it comes to unsolicited social support, this study possesses pertinent information critical to better understanding how and when to offer help. As Floyd and Ray (2017) have suggested, when people receive offers of unsolicited support they must encounter some sort of face threat when attempting to reject the offer. This notion is supported by the findings of the current study, as face threats accompanying offers of unsolicited support were found in the quantitative analysis portion. Indeed, the most frequent reason for perceiving support as unsolicited is simply because it is unwanted in the first place (17.50%). This finding supports previous work (Floyd and Ray, 2018) which note that when people receive offers of unwanted social support – regardless of any facework that accompanied the offer – they are placed in a conundrum of choosing to accept or reject the offer that is accompanied by various face threats.

The present study further explored specifically how receivers of unwanted support manage threats when responding. Some of the most impassioned responses in this survey revolved around religious attempts at support. In one such example, a veteran recalls that “I turned down her offer of continued support because she told me that she would pray for me when I did not want that”. Additionally, another veteran describes “I am not a religious person and therefore was not interested in the slightest at the offer of support.” Indeed, various face threatening actions were at play during this encounter, which caused the target to not be receptive to support. Perhaps further studies could utilize this information to see if it is generalizable to the larger veteran population. Indeed, the individual utilized as an example in this study will likely not be receptive to needed support due to failed unsolicited support found in offerings from religious helpers.

Veteran Social Support

The results of this study also contain implications for veteran specific social support. A significant portion of individuals within this study have refused support for various face threatening reasons. Such a refusal is predictable from previous literature (Floyd & Ray, 2017, Ray & Veluscek, 2017, Lincoln, 2000). It has also been argued that following previous military service involving aversive human contact; veterans tend to deny social support. This refusal often can result in adverse psychological consequences (Litz et al., 2009). Furthermore, PTSD is one of the most frequently diagnosed mental health conditions among returning Afghanistan and Iraq veterans (Hoge et al.). Such a condition is increasingly being diagnosed due to the current style of fighting and combat operations experienced by soldiers (Pearrow & Cosgrove, 2009). Previous literature findings were also supported by the results of this study.

Within this study, 74.50% of all participants experiencing PTSD symptoms (12.8%) were between the ages of 18-30, suggesting that modern combat styles have taken an emotional and psychological toll on today's modern soldier. Along these same lines, social support's impact on depression symptoms are apparent (Ilgen, et al. 2010). Of the participants in this study, 26.67% suffered from depressive symptoms that have been mitigated in some manner by positive social support. It is important to recognize that this data mirrors national statistics regarding PTSD among veterans. These similarities speak to the prevalence of PTSD among veteran communities.

Support Sources

Support sources remain one of the most influential and powerful factors affecting unsolicited support. By understanding how social support can be used most effectively, new opportunities for veteran interventions arise (Duax, 2014). Support groups generally consist of individuals with similar problems they face or have faced, provide support, give advice, and encourage people who participate in such groups (Thakur et al., 2021). For this study, social support organizations (including the V.A.) and similar resources have been deemed "helpers". This point is echoed by the findings of this study. Lack of confidence in a helper was the primary reason for viewing support as unsolicited according to over 11% of veterans. Many veterans felt as if they could only discuss their problems with individuals who shared similar experiences to them. One response plainly stated that "They don't understand what I am going through without experiencing it for themselves". Perhaps this is why offers of unsolicited support among other veterans and the V.A. were lower than other sources of support. Furthermore, it follows then that social support can contribute to relationship satisfaction (Cutrona, Shaffer, Wesner, &

Gardner, 2007), bolster esteem (Holmstrom & Kim, 2015), and promote individual health (Ditzen & Heinrichs, 2014). Such a statement is reinforced by the fact that significant others remained one of the highest sources of perceived social support among veterans (21%). These veterans indicated that they very strongly agreed that there was a special person around when they are in need, as compared to the 1.25% that very strongly disagreed. Further emphasizing this point, only 11% of responses disagreed in some manner, compared to the over 76% who agreed in some way. In this way, it is understandable how social support can contribute to relationship satisfaction. Despite these findings, there is still a need for further research in order to better understand these networks due to their potential to generate negative and positive consequences (Floyd & Ray, 2017).

Face Threats

Perhaps the largest contribution to communication literature from this study pertains to face threats as components of unsolicited support. Although politeness theory is multifaceted, the scope of this project focuses particularly on face threats. Brown and Levinson's definition of face reflects their view that face is comprised of two components: positive face and negative face. They define positive face as "the want of every member that their wants be desirable to at least some others (1987, p. 62)." It should be noted that these wants are elements of our face that are present when we interact with others. Negative face, on the other hand, is the want of every individual that his or her actions be unimpeded by others. Additionally, Brown and Levinson explored other various strategies related to facework. Bald on record strategy is a direct way of saying things, without any minimization to the imposition, in a direct and concise way.

Although most recollections of unsolicited support were unwanted for one specific reason, many respondents perceived more than one type of threat in the offer they described.

In response to the face threats, participants employed one or multiple of the facework strategies outlined in politeness theory. The most commonly used politeness strategy, according to qualitative analysis, was positive politeness (28.13%), which entails crafting responses in such a way to account for the provider's needs for affiliation, esteem, and respect. These responses centered around gratitude for providers' offers while simultaneously rejecting them. Such an action accomplishes the goal of protecting providers' positive face needs while avoiding the negative aspects of unwanted support.

On the other hand, off-the-record responses refer to an implied rejection of the support offer (such as changing the subject), with minimal attempts to mitigate threats to providers' face needs. Drawing from the qualitative data, one veteran noted such an off-the-record strategy. One veteran commented that "I was uncomfortable with their offer and ultimately changed the topic to something less serious to get my friends to stop bothering me". Furthermore, another veteran stated that when he was offered support, he quickly changed the subject to something else entirely. This veteran claims "I responded to an offer of support by changing the subject, indicating that I needed rest more than their help." This data reinforced Floyd & Ray's (2017) assertion that off the record strategies typically concern themselves with minimal offense to the providers of support.

Bald-on record is considered to be the most direct and least polite strategy; however, many veterans utilized this method (20.31%). This data is fascinating, as it can tell us more regarding how veterans respond communicatively to unsolicited offers as

compared to the general population. Based on other participant pools consisting of a more generalized population, bald on-face strategies were used at a minimum in comparison to other strategies. However, this study suggests that bald on-face strategies could be utilized more frequently within veteran communities. Indeed, the majority of the descriptions provided used either positive politeness or off-the-record strategies to respond to unwanted offers. Both strategies ultimately reject the offer of unwanted support, but with varying degrees of directness.

This study proposed three primary research questions to be addressed. The first research question was answered in part by the perceived social support scale (F-SozU K6).

- RQ₁: Is there a relationship between lower levels of perceived social support and unsolicited social support in veterans?

This scale was designed to measure various levels of perceived support based on six questions. Across all questions, the majority of veterans indicated having some source of support who would be willing to assist them when necessary. Results from this scale emphasized high levels of perceived social support among veterans. This data is further echoed by the MSPSS. This scale mirrored high levels of perceived social support among veterans. This scale also utilized a subscale which identified the three largest sources of perceived social support. Special persons, commonly referred to as significant others, represented the largest source of perceived support among veterans. Family members represented the second largest source contributing to veterans perceived social support. Friendships, although still positively perceived by veterans, made up the smallest portion

of perceived support. These results were surprising, as all but two veterans who participated in the study had experienced some kind of unsolicited support.

The second research question addresses the reasons why social support was perceived to be unsolicited.

- RQ₂: What are the reasons, if any, for which offers of social support were perceived to be unsolicited?

The second free response question of the unwanted social support questionnaire directly addresses the second research question. Six primary reasons emerged as to why an individual would perceive support as unsolicited. First, the most frequent reason for perceiving support as unsolicited is simply because it is unwanted in the first place (17.50%). Although this reasoning may seem obvious, it is communicatively significant. As Floyd and Ray (2017) noted, simply being offered support without any accompanying FTA's places the user in a conundrum. Recognizing the impact of such offers is crucial to better understanding unsolicited social support.

Next, offers that were deemed too personal were also perceived to be unsolicited and burdensome (14.29%). Such offers made the target feel uncomfortable and ultimately refuse the offer of support. This survey result supports Goldsmith's (2000) findings that such supportive acts can threaten the receiver's negative face by invading their privacy and imposing unwanted obligations on how they choose to spend their time. Annoyance proved to be a prominent reason for not accepting unsolicited social support (12.70%). Typically, these comments coincided with pushy helpers who are relentless in their attempts. Feelings of indebtedness were expected and common throughout the data set

(11.11%). Veterans would consistently note how they did not want to owe a helper anything in exchange for accepting their offer of support.

Religious conflicts were one of the more interesting reasons for perceiving social support as unwanted, however, the responses which noted these conflicts were heated and passionate (4.76%). Embarrassment also served as a reason for viewing support as unwanted. Situations in which a helper believed they were doing good ultimately embarrassed the target and made them uninterested in actually receiving needed support. Another reason that was fascinating was a lack of confidence in the helper (9.52%). Unqualified individuals were sometimes mentioned, but the majority of responses highlighted veterans not willing to take advice from someone who doesn't share like experiences. One understandable reason veterans viewed support as unsolicited was simply because they felt as if they could deal with whatever problems they were facing themselves (11.11%). Indeed, many veterans took pride in being independent when it came to outside support. This is evidenced by a veteran commenting "I can heal myself and I can manage the situation, but my friends gave their support which is unwanted by me in that situation". Furthermore, another veteran describes "I do not like to receive help from others, as I am a self-made person". Finally, ulterior motives were a very common reason to not accept unsolicited support (11.11%). Such motives, whether intentional or not, almost always interfere with offers of support in veterans. The second review question has been answered by this study's uncovering of six specific ways in which support is perceived to be unsolicited by veterans.

The third research question revolved around which sources of support were most likely to offer unsolicited support.

- RQ₃: Are there sources—family members, friends, support organizations—that are more or less likely to offer unsolicited support?

The unwanted social support questionnaire confronts this question. The first multiple choice question asked veterans what sources offered them unsolicited support. In order of most to least likely to offer unsolicited support; family, neighbors, friends, parents, V.A., other veterans, and finally other sources. Interestingly, the other sources of unsolicited support centered around co-workers or other organizational members. Furthermore, the quantitative questionnaire was supported by the first qualitative open-ended response question of this survey which was coded in order to confirm results and add validity of the previously selected choices. Such analysis revealed the same three most likely sources of unsolicited support; family, neighbors, & friends. Overall, these sources have been shown to be the most likely to offer unsolicited support to veterans.

Overall, this study highlighted the implications of unsolicited social support among veterans. Multiple discoveries were made regarding unsolicited support, support sources, and face threats. Regarding unsolicited support, it is apparent that feelings of indebtedness played a significant role of individual perceptions of support. However, it is apparent that the most frequent reason for perceiving support as unsolicited, is simply because it is unwanted in the first place. Furthermore, the role of various sources of support were examined successfully. One interesting finding revolved around the support that significant others can offer. Indeed, such support was prevalent among numerous veterans and offers valuable insights as to where veterans can turn in times of assistance. Finally, the results of this study further suggest that the combat styles and various roles

that modern day soldiers are placed in has an effect on their re-integration back home.

Specifically, conditions such as depression or PTSD tend to manifest as soldiers recall their horrifying experiences during service.

CHAPTER SIX

Limitations and Future Research

The findings and implications of this study are accompanied with limitations. The first being the scope of data collection. Due to time constraints, a limited number of veteran participants were able to complete the online questionnaire. The number of responses in a small data set cannot be said to reflect all veterans or veteran organizations. Furthermore, due to the online nature of the questionnaires, participants were required to self-report. Although much care was taken to ensure the validity of responses through careful selection and review of responses, there is inherent room for error with self-reporting participants. A further limitation of the study was the predominance of self-identified White veterans, which could potentially limit the generalizability of the findings to veterans who identify with other racial and ethnic groups. Finally, the scope of this study revolved around veteran's responses and perceptions of unsolicited social support. Due to the scope being tailored specifically to look at such veterans, the findings of this study cannot be applied to other communities or groups. The findings of this study reflect how and why veterans perceive unsolicited support to be unwanted. Future research is necessary to expand the number of participants in order to further increase validity.

With regard to future research opportunities an area of exploration could consider co-workers as possible sources of unsolicited support for veterans. This could be fascinating and contribute to a better understanding of this minimally studied source of

support. Although very few instances were found in which co-workers offered unsolicited support (2.50%), these instances suggest that there is a possible source of support which has been understudied. The presence of co-workers within support groups was not anticipated, and therefore interesting to discover. Perhaps a consideration of co-workers could also include workplace or organizational settings not accounted for in the definition of a support group. A final area of potential future research could consider tailoring this study to international veterans which would likely yield interesting results as face threats can be interpreted differently in eastern and western countries. While limitations in this study are present, the research and implications of this research are intended to encourage veterans and helpers to grow and become increasingly aware of their role in offering and receiving unsolicited social support. Further, this research looks to contribute to the conversation surrounding supportive communication.

Conclusion

In conclusion, this study underscored numerous significant findings related to unsolicited support in veteran populations. Multiple discoveries were made regarding unsolicited support, support sources, and face threats. Several notable findings related to social support should be discussed. First, with regard to unsolicited support, simply receiving offers of support when they are not requested comprise one of the main reasons an individual might view an offer as unsolicited. As Floyd and Ray (2017) have suggested, when people receive offers of unsolicited support they must encounter some sort of face threat when attempting to reject the offer. This notion is supported by the findings of the current study, as face threats accompanying offers of unsolicited support were found in the quantitative analysis portion. Furthermore, feelings of indebtedness

related to such social support were observed. This was one of the most expected reasons as to why individuals would perceive support as unsolicited. Additionally, this study offers valuable insights into veteran specific support. Perhaps the most notable finding revolves around the notion that veterans often refuse support for various face threatening reasons. This refusal was expected, as previous literature has further emphasized this point (Floyd & Ray, 2017, Ray & Veluscek, 2017, Lincoln, 2000). In terms of support groups, this study emphasizes that veterans often prefer to seek support from like-minded individuals who share the experiences of the target. Additionally, one interesting finding revolved around the support that significant others can offer. Indeed, such support was prevalent among numerous veterans and offers valuable insights as to where veterans can turn in times of assistance. Along these same lines, many veterans noted that significant others represented a source of support when they need assistance. The results of this study further suggest that the combat styles and various roles that modern day soldiers are placed in has an effect on their re-integration back home. Specifically, conditions such as depression or PTSD tend to manifest as soldiers recall their horrifying experiences during service. When looking at face threats, most recollections of unsolicited support were unwanted for one specific reason although many respondents perceived more than one type of threat in the offer they described.

This study is important for veterans overall because it offers insight into the types of support that can be utilized most effectively. Minimizing face threats, while simultaneously recognizing a specific role within a support network could have immense positive benefits for veterans. Indeed, the data drawn from this study can suggest improved and more practical support processes to aid veterans when attempting to make

the transition home. Such examination of unsolicited social support, as well as other concepts such as the notion of nonsupport, could have fascinating results and implications for future studies (Ray & Veluscek, 2017). Although the results of this study do not attempt to suggest reformed social support practices among veterans, there are general conclusions that can be drawn. Perhaps instead of saying to a veteran “I am here *to help you*,” the data suggests that a more meaningful approach would simply be to say, “I am here *for you*.” Indeed, veterans don’t always want our unsolicited social support, however, it is essential for us to be available if and when they request help. Overall, this study contributed valuable information related to unsolicited veteran support.

APPENDICES

APPENDIX A

Demographics

Table A.1: Conditions Experienced by Participating Veterans

#	Answer	%	Count
1	Anxiety	26.67%	48
2	Post-Traumatic Stress Disorder (PTSD)	12.78%	23
3	Depression	26.67%	48
4	Social Withdrawal	18.89%	34
5	Intense Flashbacks or Nightmares	11.11%	20
6	Other/ Prefer Not to Answer	3.89%	7
	Total	100%	180

Table A.2: Branches of the Armed Services Represented

#	Answer	%	Count
1	Air Force	16.25%	13
2	Army	38.75%	31
3	Coast Guard	5.00%	4
4	Marine Corps	12.50%	10
5	Navy	13.75%	11
6	Space Force	0.00%	0
8	National Guard	13.75%	11
9	I have not served in the Armed Forces	0.00%	0
	Total	100%	80

Table A.3: Military Ranking

#	Answer	%	Count
1	Officer	38.75%	31
2	Enlisted	61.25%	49
	Total	100%	80

Table A.4: Race

#	Answer	%	Count
1	White	56.25%	45
2	Black or African American	7.50%	6
3	American Indian or Alaska Native	3.75%	3
4	Asian	22.50%	18
5	Native Hawaiian or Pacific Islander	1.25%	1
6	Hispanic	8.75%	7
7	Other	0.00%	0
	Total	100%	80

APPENDIX B

Participant Questionnaire

An Examination of Unsolicited Social Support Among Veterans

Q1 Do you agreed to the attached consent form?

☐ I Do Not Agree

☐ I Agree

Q2 Please input your M-Turk worker number

Q3 Age

☐ 18-25

☐ 26-30

☐ 31-35

☐ 46-40

☐ 41-45

☐ 46-50

☐ 50+

Q4 Gender

☐ Male

☐ Female

☐ Non-binary / third gender

☐ Prefer not to say

Q5 Race

- ☐ White
 - ☐ Black or African American
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Native Hawaiian or Pacific Islander
 - ☐ Hispanic
 - ☐ Other
-

Q6 What branch of the Armed Forces have you served in?

- ☐ Air Force
 - ☐ Army
 - ☐ Coast Guard
 - ☐ Marine Corps
 - ☐ Navy
 - ☐ Space Force
 - ☐ I have not served in the Armed Forces
-

Q7 Military Ranking

- ☐ Officer
 - ☐ Enlisted
-

Q8 Please select any and all that you have experienced:

- ☐ Anxiety
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Depression
- ☐ Social Withdrawal
- ☐ Intense Flashbacks or Nightmares
- ☐ Other/ Prefer Not to Answer

Q9

For this portion of the survey, we are interested in how you react to the following statements

Read each statement carefully

Indicate how you feel about each statement:







Select the "1" if the statement is *Not True at All*

Select the "2" if the statement is *Rarely True*

Select the "3" if the statement is *Occasionally True*

Select the "4" if the statement is *Usually True*

Select the "5" if the statement is *Very True*

	<i>Not at all true</i>	<i>Rarely True</i>	<i>Occasionally True</i>	<i>Usually True</i>	<i>Very True</i>
	1	2	3	4	5
I receive a lot of understanding and security from others.					
There is someone very close to me whose help I can always count on.					
If I need to, I can borrow something from friends or neighbors without any problems.					
I know several people with whom I like to do things.					
When I am sick, I can ask friends/relatives to handle important things for me without hesitation.					
If I'm very depressed, I know who I can turn to					

Q10 For this portion of the survey, we are interested in how you feel about the following statements.

Read each statement carefully

Indicate how you feel about each statement:

Select the "1" if you *Very Strongly Disagree*

Select the "2" if you *Strongly Disagree*

Select the "3" if you *Mildly Disagree*

Select the "4" if you are *Neutral*













Select the "5" if you *Mildly Agree*

Select the "6" if you *Strongly Agree*

Select the "7" if you *Very Strongly Agree*

<i>Very Strongly Disagree</i>	<i>Strongly Disagree</i>	<i>Mildly Disagree</i>	<i>Neutral</i>	<i>Mildly Agree</i>	<i>Strongly Agree</i>	<i>Very Strongly Agree</i>
---------------------------------------	------------------------------	----------------------------	----------------	-------------------------	---------------------------	------------------------------------

1	2	3	4	5	6	7
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There is a special person who is around when I am in need.	
There is a special person with whom I can share joys and sorrows.	
My family really tries to help me.	
I get the emotional help & support I need from my family.	
I have a special person who is a real source of comfort to me.	
My friends really try to help me.	
I can count on my friends when things go wrong.	
I can talk about my problems with my family.	
I have friends with whom I can share my joys and sorrows.	
There is a special person in my life who cares about my feelings.	
My family is willing to help me make decisions.	
I can talk about my problems with my friends.	

Please read the following: *When people go through challenging experiences in their lives, their friends and loved ones often offer them social support. Social support can take many forms, including expressions of love and concern; expressions of respect and validation; expressions of belonging and social connection; offers of information and advice; and offers of material resources such as money or help. When we find ourselves in challenging circumstances, we often appreciate and find value in the types of social support others give us. On occasion, however, we can be offered social support that we don't actually want, not only because it wouldn't help our situation, but also because it would actually place a burden on us to accept it. Such support can be defined as either unsolicited or unwanted. We would like you to recall a time when someone offered you social support that you didn't want because you felt it would be burdensome to accept it. With that situation in mind, please continue to respond to the following questions.*

Q11 Think about a time when you have been offered unwanted or unsolicited support. What relationship did you have to the individual(s) offering such support?

☐ VA

☐ Parent(s)

☐ Family

☐ Neighbors

☐ Friends

☐ Other Veterans

☐ Other _____

Q12 Think about a time when you have been offered wanted or solicited support.

What relationship did you have to the individual(s) offering such support?

☐ VA

☐ Parent(s)

☐ Family

☐ Neighbors

☐ Friends

☐ Other Veterans

☐ Other _____

Q13 Describe the offer of unwanted or unsolicited support. What type of situation were you in and how was the other person offering to assist you?

Q14 Why did you view this person's offer of support as unwanted and potentially burdensome to you?

Q15 What did you say to this person in response to his or her offer, and why did you choose to respond in this way?

APPENDIX C

Consent Form

Baylor University

Department of Communication

Consent Form for Research

PROTOCOL TITLE: **An Examination of Unsolicited Social Support
Among Veterans**

PRINCIPAL INVESTIGATOR: **Kayla Rhidenour, Ph.D.**

SUPPORTED BY: Baylor University

Purpose of the research: The purpose of this study is to explore the positive and negative aspects of social support as they apply to the veteran community. Through a better understanding of the implications of social support, more veterans can be helped as they transition back into a civilian lifestyle.

Study activities: You will be asked to complete a brief online questionnaire consisting of fifteen primary questions. This questionnaire was designed to be completed in one sitting, and should take no more than thirty minutes to complete.

Risks and Benefits: There are some risks you might experience from being in this study. These risks include discomfort or anxiety related to recalling previous traumatic experiences. Although this study will not require a detailed recollection of information, questions related to the long-term impacts of military service will be asked.

You might benefit from being in this study because of the unique opportunity to share your perspectives regarding social support. Others may benefit because through your feedback, better support can be offered to individuals attempting to re-integrate into civilian life.

Confidentiality: Confidentiality will be maintained to the degree permitted by the technology used. Your participation in this online survey involves risks similar to a person's everyday use of the Internet, which could include illegal interception of the data by another party. If you are concerned about your data security, you should not participate in this research.

We will keep the records of this study confidential by utilizing a coding system that prohibits the use of participant names. Through M-Turk, names will be replaced by

numbers. We will make every effort to keep your records confidential. However, there are times when federal or state law requires the disclosure of your records.

Authorized staff of Baylor University may review the study records for purposes such as quality control or safety.

Compensation: You will receive a single payment of \$0.25 available through the M-Turk website for fully completing the online questionnaire.

Questions or concerns about this research study: You can call the researcher(s) with any concerns or questions about the research.

- Kayla Rhidenour, PhD: Principal Investigator
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Eric_Morris1@baylor.edu

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), you may contact the Baylor University IRB through the Office of the Vice Provost for Research at 254-710-3708 or irb@baylor.edu.

Taking part in this study is your choice. You are free not to take part or to stop at any time for any reason. No matter what you decide, there will be no penalty or loss of benefit to which you are entitled. If you decide to withdraw from this study, the information that you have already provided will be kept confidential. Information already collected about you cannot be deleted.

By continuing with the research and completing the study activities, you are providing your consent.

APPENDIX D

Quantitative Scales

#	Field	Very Strongly Disagree		Strongly Disagree		Mildly Disagree		Neutral		Mildly Agree		Strongly Agree		Very Strongly Agree		Total
6	My friends really try to help me.	0.00%	0	5.06%	4	10.13%	8	10.13%	8	22.78%	18	32.91%	26	18.99%	15	79
2	There is a special person with whom I can share joys and sorrows.	0.00%	0	3.75%	3	7.50%	6	12.50%	10	23.75%	19	28.75%	23	23.75%	19	80
9	I have friends with whom I can share my joys and sorrows.	0.00%	0	6.25%	5	7.50%	6	11.25%	9	28.75%	23	28.75%	23	17.50%	14	80
7	I can count on my friends when things go wrong.	0.00%	0	7.59%	6	8.86%	7	15.19%	12	24.05%	19	27.85%	22	16.46%	13	79
11	My family is willing to help me make decisions.	1.25%	1	7.50%	6	6.25%	5	13.75%	11	21.25%	17	27.50%	22	22.50%	18	80
8	I can talk about my problems with my family.	2.56%	2	3.85%	3	11.54%	9	16.67%	13	20.51%	16	26.92%	21	17.95%	14	78
1	There is a special person who is around when I am in need.	1.25%	1	1.25%	1	8.75%	7	12.50%	10	28.75%	23	26.25%	21	21.25%	17	80
10	There is a special person in my life who cares about my feelings.	0.00%	0	2.50%	2	5.00%	4	21.25%	17	18.75%	15	26.25%	21	26.25%	21	80
5	I have a special person who is a real source of comfort to me.	1.25%	1	6.25%	5	8.75%	7	12.50%	10	16.25%	13	25.00%	20	30.00%	24	80
4	I get the emotional help & support I need from my family.	0.00%	0	2.50%	2	11.25%	9	16.25%	13	26.25%	21	22.50%	18	21.25%	17	80
12	I can talk about my problems with my friends.	1.25%	1	5.00%	4	11.25%	9	15.00%	12	30.00%	24	21.25%	17	16.25%	13	80
3	My family really tries to help me.	0.00%	0	2.53%	2	8.86%	7	12.66%	10	31.65%	25	18.99%	15	25.32%	20	79

Showing rows 1 - 12 of 12

Figure D.1: MSPSS

#	Field	Not at all true	Rarely True	Occasionally True	Usually True	Very True	Total
3	If I need to, I can borrow something from friends or neighbors without any problems.	2.53% 2	10.13% 8	24.05% 19	40.51% 32	22.78% 18	79
6	If I'm very depressed, I know who I can turn to	2.50% 2	22.50% 18	23.75% 19	27.50% 22	23.75% 19	80
2	There is someone very close to me whose help I can always count on.	1.25% 1	12.50% 10	28.75% 23	30.00% 24	27.50% 22	80
1	I receive a lot of understanding and security from others.	0.00% 0	15.00% 12	28.75% 23	38.75% 31	17.50% 14	80
4	I know several people with whom I like to do things.	0.00% 0	23.75% 19	25.00% 20	31.25% 25	20.00% 16	80
5	When I am sick, I can ask friends/relatives to handle important things for me without hesitation.	0.00% 0	15.00% 12	26.25% 21	37.50% 30	21.25% 17	80

Showing rows 1 - 6 of 6

Figure D.2: F-SozU K-6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	I receive a lot of understanding and security from others.	2.00	5.00	3.59	0.94	0.89	80
2	There is someone very close to me whose help I can always count on.	1.00	5.00	3.70	1.04	1.08	80
3	If I need to, I can borrow something from friends or neighbors without any problems.	1.00	5.00	3.71	1.01	1.02	79
4	I know several people with whom I like to do things.	2.00	5.00	3.48	1.06	1.12	80
5	When I am sick, I can ask friends/relatives to handle important things for me without hesitation.	2.00	5.00	3.65	0.98	0.95	80

6	If I'm very depressed, I know who I can turn to	1.00	5.00	3.48	1.15	1.32	80
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Figure D.3: F-SozU K-6 Data Analysis

APPENDIX E

Qualitative Scales

Figure E.1: Unsolicited Social Support Questionnaire

Unwanted social support. To frame the issue of undesired social support, we first presented participants with the following instructions:

When people go through challenging experiences in their lives, their friends and loved ones often offer them social support. Social support can take many forms, including expressions of love and concern; expressions of respect and validation; expressions of belonging and social connection; offers of information and advice; and offers of material resources such as money or help. When we find ourselves in challenging circumstances, we often appreciate and find value in the types of social support others give us. On occasion, however, we can be offered social support that we don't actually want, not only because it wouldn't help our situation, but also because it would actually place a burden on us to accept it. We would like to you recall a time when someone offered you social support that you didn't want because you felt it would be burdensome to accept it. With that situation in mind, please respond to the following questions.

After reading this description, participants were asked to respond to three open-ended questions. The first question was, "Describe the offer of unwanted support. What type of situation were you in and how was the other person offering to assist you?" Second, "Why did you view this person's offer of support as unwanted and potentially burdensome to you?" Finally, "What did you say to this person in response to his or her offer, and why did you choose to respond in this way?"

	Frequency	Percentage
VA	6	7.50%
Parents	12	15.00%
Family	22	27.50%

Neighbors	19	23.75%
Friends	14	17.50%
Other Veterans	5	6.25%
Other	2	2.50%

Figure E.2: Emergent Codes – Sources of Unsolicited Support

	Frequency	Percentage
Unwanted	11	17.46%
Helper Hesitation	25	39.68%
Target Hesitation	27	42.86%

Figure E.3: Emergent Codes – Helper and Target Unsolicited Support Perceptions

	Frequency	Percentage
Annoying	8	12.70
Feelings of Indebtedness	7	11.11
Religious Conflicts	3	4.76
Embarrassment	5	7.94
Too Personal	9	14.29
Ulterior Motives	7	11.11

Figure E.4: Emergent Codes – Perceived Barriers to Unsolicited Support

	Frequency	Percentage
Bald On Record	13	20.31
Positive Politeness	18	28.13
Negative Politeness	9	14.06
Off the Record	16	25
Avoidance	8	12.5

Figure E.4: Emergent Codes – Responses to Unsolicited Support

	Frequency	Percentage
Family	15	23.08
Neighbors	13	20
Friends	11	16.92
Parents	10	15.38
VA	7	10.77
Other Veterans	3	4.62
Other	6	9.23

Figure E.4: Emergent Codes – Qualitative Unsolicited Support Sources

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