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This study aimed to explore what constitutes effective and ineffective social support after an individual endures trauma. Participants were recruited mainly through social media to complete an online survey with open-ended questions. The survey provided participants with the opportunity to reflect and share the social support they received after the endured trauma, specifically disclosing what support messages were effective and ineffective, and why these messages were effective and ineffective. The messages found to be effectively supportive after the endured trauma, and the ones most frequently mentioned were emotional and appraisal support. These messages were found to be effective due to the reassuring nature of them, providing survivors with encouragement and strength to process and manage their trauma. The messages found to be ineffective after the endured trauma, and the ones most frequently mentioned was informational support. These messages were found to be ineffective due to lacking acknowledgment. A lack of acknowledgment left trauma survivors feeling as if they did not have a right to feel vulnerable, and left their feelings invalidated. In regards to social support after trauma, reassurance is a necessary component, and receiving this support from close relational partners can be additionally beneficial due to relational expectations, leaving the survivor with positive relational satisfaction.

Document Type

Dissertation

Degree Name

Ph.D.

Department

Human Communications

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Keywords

Communication, Trauma, Support

Subject Categories

Communication | Interpersonal and Small Group Communication | Other Communication

The Examination of Social Support Received After Traumatic Experiences

A Dissertation

Presented to

the Faculty of the College of Arts, Humanities and Social Sciences

University of Denver

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Emily Abellon

August 2022

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Title: The Examination of Social Support Received After Traumatic Experiences

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Chapter One: Rationale

Significance

Trauma can have a long-lasting effect on individuals, and those directly and indirectly impacted can experience heightened stress and a range of emotions that could potentially lead to post-traumatic stress disorder (Buck, 2018). Although there is a significant amount of research examining trauma, the body of research on social support within contexts of trauma needs to continue to grow, considering the many influences that can impact the process of coping from trauma. As a phenomenon, social support is widely researched, however, by considering the influences on support within certain contexts, the research can evolve and advance as needed. Additionally, the body of social support research emerged in the mid-1970s, and considering how societies, cultures and ideologies have evolved since then, it is important to consider how their evolution impacts the foundation of support that is known and continues to grow.

By studying the social support received after traumatic experiences, significant knowledge can contribute to the phenomenon of social support, as well as to communication studies, specifically interpersonal and family communication. This study also poses a unique perspective of examining unsupportive messages and the reasons as to why they were not deemed supportive to the trauma survivor. While there has been a

wealth of research conducted on social support, supportive messages are examined far more than unsupportive messages. Research on supportive messages dates back to the beginning of social support research, and has been examined within a variety of contexts, especially contexts within relationships and within healthcare. For example, Foster et al. (2007) examined supportive messages within different relational dynamics, finding that gender differences and attachment orientations impacted perceptions of social support. Similarly, Miller and Ray (1994) also examined supportive messages within relationships but focused on the interaction patterns specifically, versus relational dynamics. Though there is a great deal of research on supportive messages, research is lacking with unsupportive messages. Unsupportive messages are generally examined in conjunction with supportive messages, but rarely are they the main focus. For example, Toller (2011) examined both supportive and unsupportive messages received by bereaved parents, identifying the most reported supportive methods as being present, listening and honoring the parents' connection. While unsupportive messages were touched on, the focus remained on supportive messages and supportive methods. Taylor (2007) also focused on the communication styles displayed by supportive and unsupportive messages, again with a focus on supportive messages. The research that has been conducted on unsupportive messages, although limited, has explored contexts of mourning, healing and bereavement. DeGroot and Carmack (2022) examined the hurtful messages received during mourning, and found that the messages perceived as hurtful were ones that attempted to rationalize the death and minimize the loss. Similarly, Dunleavy and Malova (2019) examined

hurtful messages associated with eating disorder recovery, finding that aggressive messages that were critical and included social modeling and comparison were unsupportive.

Understanding of ineffective support can be beneficial in examining social support and how relational dynamics can impact its effectiveness. Further understanding of unsupportive messages would facilitate the development of a better conceptualization of social support and what is supportive. Identifying the categories in which those unsupportive messages most often fall, can contribute to the growing research on unsupportive messages, benefiting the concept of social support as a whole. Studying unsupportive messages also allows the opportunity to learn more about relational dynamics. Understanding both supportive and unsupportive messages can illuminate how giving and receiving support are affected by the ways in which relationships are maintained, the ways in which individuals communicate with one another, and the ways relationship patterns are established. Additionally, this research can contribute to the foundational knowledge set forth by many other fields, especially those that often work with survivors of trauma, mental health, grief, loss, and well-being, as this research can suggest and inform even further how support is perceived by survivors of trauma. Finally, this research can contribute to knowledge regarding interpersonal relationships: how support is given to one another, how support can be better enacted, how survivors perceive support from their relational partners, and how relational dynamics, as well as

individual characteristics and outside influences, affect support.

Positionality

My interest and work on social support began in my Master's program, where I mainly examined social support within the context of forgiveness, specifically how support aided forgiveness. As I continued research, and began my Ph.D. program, my interests shifted from social support aiding forgiveness, to social support within different contexts, such as trauma and grief, mainly due to my own experience with trauma.

In January 2018, I experienced a miscarriage and was immediately dealt the trauma that comes with a sudden loss such as this, both physical and emotional trauma. I received both supportive and unsupportive messages, and learned a great deal about both the medical side of miscarriage, as well as the emotional side, and talking to those who have experienced similar trauma. When I entered my Ph.D. program in September 2018, I enrolled in a course that allowed me the space to reflect on my trauma, but that opportunity also allowed me to further develop my research interests. Being provided the opportunity to reflect on my own trauma, allowed me to realize the gap in research focused on social support and trauma. Given the ongoing trauma people experience throughout their lives, in addition with the trauma played out within the last few years with the global pandemic and social injustice, developing this body of research seems important now more than ever.

Literature Review

A significant amount of research on social support explores support within both health contexts and relational contexts. While literature on social support and trauma has grown, there is a continuous need for it to progress, considering the variety of situations including social support and trauma that are ongoing. By examining existing literature, foundational knowledge on trauma social support and the buffering model can set the framework for continued research. While the research done on social support is extensive, examining social support within different contexts is an area of growth, especially in contexts of trauma. Given that trauma is consistently experienced by individuals, and also considering how enduring societal trauma (such as the global pandemic) can impact an individual, examining trauma specifically could allow the body of research to grow. Trauma can have significant impact on an individual, either physically, emotionally and/or mentally (Freisthler et al., 2014), and social support can mitigate these outcomes (Cohen, 1998). Compared to other models, such as the main effects model, the buffering model is most often associated with trauma and social support, specifically because when it comes to trauma, support is usually needed to buffer the negative effects from the traumatic experience. The buffering model can be understood as a model framed by the buffering hypothesis which suggests that under stressful conditions, social support “buffers” individuals from the harm they are susceptible to during and after stressful situations (Farmer & Sundberg, 2010). This model is often compared to the main effects model, which hypothesizes that social support is beneficial, regardless of stress level (Aba, Knipprath, & Shahar, 2019).

Additionally, the limitations of the literature can be better understood and the importance of continuing to research topics such as this can become clearer in terms of contributing and further developing the discipline of communication studies.

Social Support

Social support is a widely researched and studied concept. In early research, scholars were uncertain about how to conceptualize social support, since there were several definitions and several contexts in which it was applied and studied. However, many scholars concluded that social support could be defined as an “umbrella term for a variety of pathways linking involvement in social relationships to well-being” (Cohen, 1988; Goldsmith, 2004, p.12). Additional definitions that are linked to social support became even more relevant within this body of research, such as supportive communication, which is defined as “verbal and nonverbal behavior produced with the intention of providing assistance to others perceived as needing that aid” (Burlison & MacGeorge, 2002, p. 374). In addition to an overall conceptualization, there are types of social support often recognized and referenced in research: emotional support, tangible support, informational support and appraisal support. Emotional support can include expressions of worth, caring, concern and empathy; tangible support can include the offering of goods and services; informational support can include advice giving and suggestions; and appraisal support can include the giving of information that is useful for self-evaluation and new perspective (Goldsmith, 2004). This conceptualization set forth the significant amount of research that would be conducted with social support, and

continues to be, most often in the context of personal relationships and health. These are often the two most common contexts for research to be conducted in regard to social support, due to the concept being connected to better and healthier well-being, improved recovery from certain illnesses and diseases, longevity, and improved mental health (Sarason & Gurung, 1997; Schwarzer & Leppin, 1989). As explained by Burton et al. (2004), “social support presumably enhances efficacy, esteem, and confidence, thereby increasing an individual’s perception that he or she can cope effectively with negative life events” (p. 690).

Within personal relationships, support is necessary and an expectation, and research often looks at relational satisfaction, relational competence, and overall intimacy through the lens of social support (Goldsmith, 2004). However, studying support and examining the interactions in which support is enacted can be rather complex since there are many factors to consider, such as the enactor’s intentions in giving support and the overall quality of support (Burlison, 2009). Additionally, existing literature on interpersonal relationships must be considered in social support research within the context of relationships, due to what we know about relational dynamics and maintenance. Researchers have theorized fundamental interpersonal needs, such as Weiss (1974) who proposed that six were necessary for our personal and relational well-being: attachment, social integration, reassurance of worth, guidance, reliable alliance, and opportunity to provide nurturing. Caplan (1974) also proposed a collection of fundamental interpersonal needs, which included love and affection, freedom to disclose

personal feelings, validation of identity and worth, satisfaction of nurturance and dependency needs, assistance with tasks, and support in handling emotion and controlling impulses. This early research on the necessities within a personal relationship set the foundation for the social support research that would build upon it.

Research within personal relationships has looked at many types of relationships, varying from family, romantic, and workplace, and similar to the health-related contexts, it has often examined not only the individuals needing support and how they receive it, but also the individuals enacting support and how that role affects them. Recent studies have explored the relationships of those with a stressor in their lives, such as a child with a health or behavioral condition, and examined how support and social networks mediated the family demands and contributed to positive family functioning (Hsiao, 2013). Family functioning has been the focus within several studies in recent years, specifically how social support can improve work-family balance and contribute to better family functioning (Michel et al., 2010), as well as how social support and family functioning can contribute to perceived parental competence (Anglely et al., 2015). Also, within the context of health challenges, research on social support and interpersonal relationships has focused on the supportive element of open communication. Goldsmith and Domann-Scholz (2013) studied couples coping with a cardiac event, finding that the open communication between partners enhanced recovery, relational satisfaction and coping. Researchers have also considered different age ranges, and how that impacts not only relational dynamics, but also how support is enacted and received. For example,

Khallad and Jabr (2015), explored the mental well-being of college students, finding that while social support contributes to their well-being, their family demands also deeply impact them and can dampen well-being. Additionally, research has also found that support often acts as a moderator in a marriage between sacrifice and well-being, showing that in some situations, relationships with higher sacrifice and less social support, had lower relational satisfaction (Wei-Fang et al., 2016). As explained by Burton et al. (2004), “social support presumably enhances efficacy, esteem, and confidence, thereby increasing an individual’s perception that he or she can cope effectively with negative life events” (p. 690).

Within the contexts of health and personal relationships, social support research tends to focus on specific elements such as how support was perceived, how support influences decisions and choices, and how it impacts mental health. Through health research, scholars have found that the connection between health and social ties is very relevant, and legitimately important to study and understand, given that support impacts the health of the person receiving it, as well as the person enacting it (Inagaki, 2018). Support can impact the health of an individual, as well as the decisions made regarding their health. For example, a recent study examined the experiences of older individuals with cancer, and how the role of social support impacted their measurement of quality of life, as well as influenced their health-related decisions regarding treatment (Doran, 2018). Similarly, other research has looked at specific types of cancer, such as breast cancer, and has examined the role social support had in bettering the quality of life for the

individual, finding that it was vital in improving quality of life, considering the effect breast cancer can have on a woman's identity (Leung et al., 2014).

Given the many health-related experiences one may be faced with throughout one's life, there is endless knowledge to be accounted for and to consider, to better understand the role of support, as well as how to better enact it and make it accessible. Existing research has examined many perspectives on postpartum depression, specifically the resources available to new mothers, such as those provided by their pediatricians, their OBGYN, and their social network. This existing research examines the stigmatization of postpartum depression, finding that new mothers appreciate support from those around them, not limited to family or friends, but including doctors and healthcare professionals (Byatt et al., 2013). Research conducted on the role of social support given to mothers during the postpartum period has shown social support to act as a buffer to depression (Negron et al., 2013). Both existing research and future research can not only provide healthcare professionals with additional knowledge needed to improve interventions and resources for new parents, but it can also raise greater awareness of postpartum depression, and contribute towards the destigmatization of postpartum depression.

Understanding support from both enacting and receiving perspectives is important, considering that there are benefits and impacts within both roles. Those in caregiving situations are also often in need of support due to the obstacles with which they are faced and the emotional rollercoaster their caregiving experience can bring.

Smith et al. (2012) recognized the complexity of caregiving, and explored the effect social support had on the well-being and mental health of mothers caregiving for their adolescent and/or adult children with Autism Spectrum Disorders. Their research found that larger social networks conveyed improved well-being over the span of 18 months, compared to smaller social networks. Research done on social support in health-related disciplines can be very important considering the constant evolution of health conditions, diagnoses, and the range of outside influences that can impact how someone with a health condition receives social support.

The progression of research is necessary considering how factors in personal lives and in society can be consistently in motion, therefore changing how support is given, received and perceived. Taking what is known about social support in interpersonal relationships and health, and applying it to situations of trauma can further develop our knowledge and scholarship on interpersonal and family communication.

Trauma

Situations of trauma not only impact those who directly experience them, but also the individuals who are close to the person experiencing the exposure to trauma, causing support to be needed at all levels and of all variations (Dekel et al., 2005). Trauma can be understood as both biological and psychological, however in situations regarding social support, psychological trauma is the appropriate definition because it refers to trauma impacting well-being and mental health. Psychological trauma has been defined as an

unexpected, sudden experience that causes a disturbance in core psychological needs, or a possible familiar event that occurred consistently enough to violate a person's normal living (McCann & Pearlman, 1990; Cling, 2004). Research has shown that a main factor in an individual's ability to work through and survive trauma and stress is external resources, such as a social network that provides social support (Weinberg et al., 2016). Some of the existing literature on trauma has examined social support, specifically the link between the protective force of support for those who have experienced trauma or disaster (Norris et al., 2002). Social support has proven to be a driving force behind developing resiliency during recovery from trauma and other stressful experiences one may encounter (Besser & Neria, 2010).

Trauma varies, and research has considered a broad age range and a variety of traumatic experiences when examining the role of social support, such as abuse victims, survivors of terrorism and court-involved children (Time, 2014; Weinberg et al., 2016; Crosby et al., 2017). Time (2014) examined the role of social support reducing the impact of trauma amongst child abuse survivors and found that because many of the children were removed from homes and living situations, their relational ties were inconsistent, and therefore, their support was inconsistent and did not provide as much of a buffer to trauma experienced. Weinberg et al. (2016) also studied contexts of trauma, examining key sources of resilience: hope, optimism and social support, as well as symptoms of PTSD, depression and anxiety specifically among survivors of terrorism and their spouses. The researchers found that while the sources of resilience were instrumental in

the coping of trauma, spouses were less likely to receive the support they needed, as their need for support would be overlooked due to their partner's direct experience with terrorism. Additionally, Crosby et al. (2017) examined court-involved female students and found that their relational ties on their school campuses were a driving force in the social support they did or did not perceive. The researchers found that those who perceived less support struggled with additional stress and anxiety, on top of struggling with their academics, showing how relational ties within an education setting can have a strong benefit for a student's well-being, academic performance and their coping with trauma.

Given the stress that comes from experiencing a traumatic event, social support is even more important to an individual's coping, well-being and resilience, compared to those who need support due to non-traumatic occurrences. Social support is closely tied to personal relationships and to a social network, since that is how people receive informal support, versus formal support, which would be seeking professional help (Leach, 2015). Considering that the stress may be higher in those who experience traumatic events compared to those who do not, research done on social support within traumatic events can provide additional insight that can benefit survivors of trauma, and can also inform groups, organizations, professionals, industries and healthcare on how to better support and help their clients. Research done on support enacted within contexts of trauma can also provide insight from a relational perspective, developing further

knowledge on how to support the ones we love and care about, thus contributing to our understanding of communication within interpersonal relationships.

Buffering model

While it has been conceptualized in many ways, the buffering model can be understood as a model framed by the buffering hypothesis which suggests that under stressful conditions, social support “buffers” individuals from the harm they are susceptible to during and after stressful situations (Farmer & Sundberg, 2010). This model has been conceptualized based on studies and knowledge of stress and health, showing that social support can buffer and moderate the effects of stress (DeGarmo et al., 2008). To elaborate, this model suggests that in situations of stress or troubling events, those who have a good amount of support from family and friends are less likely to experience the common effects of stress, such as depression (Burton, et al., 2004). This model is often compared to the main effects model, which hypothesizes that social support is beneficial, regardless of stress level (Aba, Knipprath, & Shahar, 2019). The main effect model takes into consideration the generalized belief that support is beneficial and is connected to positive experience, since people usually receive support from their social network, support can be conveyed as stability, positivity, reliance, and recognition of self-worth.

Compared to the main effects model, the buffering model specifically theorizes that the effects of coping resources are only evident at high levels of stress (Terry, 1989). In

regards to buffering effects, it is not simply a manner of support being enacted, but support providing the beliefs, confidence and esteem necessary for an individual to perceive that they can cope with the stress, trauma and negative events. The hypothesis specified certain conditions, as individuals must experience high levels of stress as a response to a stressful situation, and support must be defined in consideration of the availability of interpersonal resources, which is often referred to as “instrumental support” (Cohen, 1988). In their early research, Cohen and Wills (1985) coined the term “buffering model” to refer to the benefits support has in relation to well-being, paving the path for the large body of research that has focused on social support and well-being since this point (p.310).

A significant amount of research that applies the buffering model does so in a straightforward fashion, looking directly at the buffering effects of support enacted and perceived, however, Ross et al. (2020) measured the buffering effects of both social support and support erosion amongst military spouses. Gathering data from a randomized clinical trial of a home-based reintegration program, Ross et al. used social support variables such as measures of social connectedness, perceived support and dyadic satisfaction, in addition to psychological distress. Since military-specific social supports had to be considered, the researchers enacted the Personal Network Inventory Matrix, which assesses the contact frequency with formal and informal supports on a monthly basis. This study found that the frequency of social support was tied to relational satisfaction and effectiveness. This perspective shows additional contributions being

made to the conversation of social support, especially regarding the role of interpersonal relationships and closeness, as the social erosion model hypothesizes that an increase in mental health symptoms leads to the decrease of support enacted and received by individuals, in this case, military spouses (Shallcross et al., 2016). Similarly, Yang and Burr (2015) examined the role of stress-buffering within personal relationships amongst middle-aged and older veteran men, finding that although veterans have poorer health later in life (Gould et al., 2014), those who have a higher social relationship index were less likely to be depressed and in poorer health. As with most social support research, conducting studies that examine groups and populations that often need support and possibly do not receive it, is important in the continuous education of and shared knowledge that could benefit said groups and populations for the better, improving their support received, and therefore, improving their well-being.

Recent research has also examined the buffering effects within interpersonal communication specifically, looking at how the way some conversations happen can provide a buffer between two people. Overall and Simpson (2013) looked at discussions of conflict between two partners, specifically looking at the buffering effect within avoidance, and softening the emotional and behavioral defenses during conflict. They did so by first assessing attachment-related avoidance, and then proceeding to video-recording 180 heterosexual couples that discussed relational problems in which one partner wanted a change in the other partner. The project measured relationship quality, problem severity and discussion success. The study found that softening emotional and

behavioral defenses buffered the anger experienced and made the conflict discussion more civil. Similarly, Røsand et al. (2012), examined the buffering effect of relational satisfaction, finding that couples who reported lower relational satisfaction were more susceptible to depression, and those who reported higher relational satisfaction were buffered from depression. The study measured emotional distress, relationship satisfaction, self-esteem, and social support, aiming to identify personal and partner risk factors for emotional distress. The study also found that higher relational satisfaction buffered the stress factors such as first-time parenthood, unemployment and health concerns. Carter et al. (2020) also looked at the interpersonal communication between deployed service members in the military and their spouses, in particular the role of “protective buffering” in conversations where service members intentionally withheld information or concern regarding their deployment, to protect their partner from additional worry and stress. The researchers found that while this did buffer the partners’ stress and worry, it led to additional stress in service members during and after deployment.

Research on the buffering model has found support for the model in a variety of health contexts. Mama et al. (2020) examined the physical activity and stress experienced by rural cancer survivors and the role social support played in moderating stress. Their research, which has been considered one-of-a-kind, contributed to discussion on how environments can play a role on stress felt, and they focused on how rural living contributed to overall stress, and if social support acted as a buffer for their rural living.

This study found that rural living contributed to a lack of support. Lei et al. (2020) also applied the buffering model within a health context by looking at the buffering effects of parental emotional support regarding childhood adversities and cardiovascular health, finding their results to be consistent with the buffering hypothesis, and noting that parental emotional support buffered effects of cardiovascular risks. Similarly, Cho and Lu (2017) applied the buffering model to their measurements of fear of cancer recurrence and quality of life amongst Chinese cancer survivors, finding that positive appraisal was a legitimate moderator and buffering effect. Given the favorable effects social support has on health, a significant amount of literature has examined the buffering effects of social support within a variety of health conditions, risks, disorders, and diseases.

The buffering model has been featured in social support research ranging from the psychological responses from injured athletes, to the effect of unemployment on mental health, to the effects of social support amongst those living HIV+ (Mitchell et al., 2014; Krug & Prechsl, 2020; Rzeszutek & Gruszczyńska, 2018). The body of research that has examined the Buffering model has taken a variety of perspectives and approaches. Some literature has critically analyzed the model, questioning the methods and findings that are generally discussed in research that applies the buffering model. More recently, research has begun applying the buffering model to samples that early social support research historically did not examine, such as marginalized groups and people of color. Questions and concerns arose early on with the research done on the buffering model, and scholars questioned the results of the model (Farmer and Sundberg, 2010), wondering if early

findings were more modest than reported; additionally, paradigm shifts were suggested regarding the questions being asked to participants with research framed by the buffering model, insinuating that determinants of the coping process, the cost and consequences of support and personal context of support needed to be reflected at a deeper level in the questions posed (Mitchell, 1984). Other researchers acknowledged the limitations of the model, citing that there were mixed results in literature due to measurement issues, narrow samples and statistical analysis errors (Kessler & McLeod, 1985; Veiel, 1992). And early research noticed that the mixed results found in some literature could have been due to the inconsistencies in defining a social network, social involvement, and available support (Goldsmith, 2004). The critical approach sparked in early research, along with the paradigm's suggestions and questions, shaped the way the buffering model has been applied in literature and has entered discussions within many disciplines.

Due to its close tie with social support, the buffering model has been the framework for a significant amount of research within this phenomenon, often within the social sciences, as well as health and medical research. Recent research has expanded the lens in which the model is applied and discussed, considering broad age ranges, as well as people of all backgrounds, cultures and identities. Siegmann et al. (2017) conducted a cross-sectional study examining Chinese and German students and their buffers against depression and suicidal ideations. Using an online questionnaire, the researchers looked at measures of suicidal ideation and behavior, depression, positive mental health, self-efficacy, life satisfaction, social support, and psychosocial stress resistance. The study

found that resources found within school, as well as support given from those they had close relationships with, provided a buffer to lessen depression and suicidal ideations. This study approached the Buffering model with the inclusion of resilience, a suggestion made by Johnson et al. (2011), especially when studying suicide and depression. Similarly, Raffaelli et al. (2013) examined Mexican university applicants, and the role social support played in buffering symptoms of stress and depression. They measured and analyzed perceived stress, depressive symptoms and social support through their conducted self-report questionnaires and administered a repeated-measures analysis. They found that family social support provided the largest buffer, and their findings aligned with the buffering hypothesis. In addition to looking at the role social support had in buffering, Liu et al. (2019), examined the effects social connectedness had in buffering racial discrimination amongst Asian Americans, finding that in addition to social support, social connectedness and self-kindness had strong buffering effects. Through studies such as this, the variety of buffers that arise depending on the study's focus and sample are further understood, providing researchers with the opportunity to consider how culture, background and identity can influence what is considered a buffer for some individuals.

Conclusion

While research has explored social support and trauma, continuing this research can be beneficial to these areas, as well as additional disciplines. This existing research has provided the foundational knowledge and framework for continuing the work on, and related to, social support and trauma. By contributing research in these areas, this

additional knowledge and data can benefit those who experience similar situations, as well as industries and disciplines that work towards the improvement of research and resources aimed at those who experience trauma and bereavement.

Research Questions

The research questions for this project focus on how social support was enacted, received and overall, how it provided a buffer (or did not) for individuals after they experienced a traumatic experience. The buffering effect that all three research questions seeks to explore more in depth is rooted in the buffering model, which suggests that under stressful conditions, social support “buffers” individuals from the harm to which they are susceptible to during and after stressful situations (Farmer & Sundberg, 2010). Compared to the main effect model, which suggests that social support is beneficial in any situation, regardless of stress, the buffering model emphasizes that people in situations of high stress are able to benefit from social support more than in situations of low to no stress (Aba, Knipprath, & Shahar, 2019). While there is a significant amount of research on the buffering model, including such topics as the effect of unemployment on mental health, the psychological responses from injured athletes and the effects of social support amongst those living HIV+ (Krug & Preschl, 2020; Mitchell et al., 2014; Rzeszutek & Gruszczyńska, 2018) there is not yet enough research on the buffering effect in situations of trauma. This project is framed by the buffering model, under the argument that traumatic experiences are ones of high stress. This aligns with the argument of the buffering model, that argues social support is most useful in diminishing negative effects

of stress for the recipients, in situations of high stress. Through this framework, the buffering model provides a basis for expecting that social support would be beneficial in this context. However, due to a relative lack of research on the buffering effect in these contexts, there is not enough insight on the specific nature of helpful and unhelpful support for trauma survivors.

Research question one seeks to understand how the different types of support were effective, or not, for the trauma survivors. This question relies on the categories of types of support, as explained by Goldsmith (2004), which include emotional, tangible, informational and appraisal. These existing categories allow for the exploration within the specific context of stress and trauma, something that is missing from the body of research on social support. Existing research focused on the categories of social support explored contexts such as coping strategies and depression in heart transplant recipients, the impact the types of support have on youth physical activity, and the types of support that are provided by parents, teachers and peers during adolescence (Milaniak et al., 2015; Duncan et al., 2005; Hombrados et al., 2012 respectively). Research exploring situations of trauma is lacking. By exploring such contexts however, this further understanding of what types of support are most effective for survivors of trauma can be applied to resources that are being improved upon and developed for trauma survivors. Additionally, the fields and industries that most often work with trauma survivors can benefit from research that is done within this context, in terms of future research being conducted, policies and guidelines being revamped and approaches being re-evaluated

and improved. By understanding what types of social support work best for trauma survivors, the resources available to them can become better tailored to their experiences.

Research question two seeks to examine the form of the supportive message, specifically how it was received. Understanding how the message was received, whether it was communicated in-person, through a tangible item, via email or even via social media, can allow this research to consider how an element such as a communication channel may impact the perception of if a message is supportive or not. Freisther et al. (2014) examined the dark side of social support, and noted that in some cases, the way in which messages are communicated can impact whether they are viewed as supportive or unsupportive. Similarly, Doran et al. (2018) examined the messages received by cancer patients, and found that there were cases where the form of the message determined the effectiveness of the support.

Exploring which types of social support buffered the most can assist in the exploration of how social support provided the buffer. Research question three seeks to examine how certain messages provided a buffer to survivors as they adapted to their life after the trauma. While this varies for every survivor, exploring how support is enacted and how it is received can allow for a deeper understanding in the connection between support buffering the stress experienced from trauma and even the stress experienced from coping with trauma. Cohen and Wills (1985) closely examined the buffering model in conjunction with social support, finding that the buffering effects of support were more beneficial than other models, such as the main effects model. Their research found that

how supportive messages buffer the negative effects caused by trauma, were important to consider when posing the question of what makes a message supportive or not. By asking this question, this allows the opportunity to examine what particularly provided buffering effects in the supportive messages. Research on the buffering model also examines what about the supportive messages provides a buffer to the stress and trauma. Cohen (1988) examined supportive messages and the buffering effects, and hypothesized that messages included emotional validation for the support-receiver, per a strong buffer to stress and trauma.

This study also seeks to examine and explore the reasons the participants report for finding particular support effective. Effectiveness has been tied to the person-centeredness of the message (Burleson, 2008). Person-centeredness can be understood as “the extent to which messages explicitly acknowledge, elaborate, legitimize, and contextualize the distressed other’s feelings and perspective” (Burleson, 1994). Messages deemed supportive may be due to the buffering effect of the support, which is likely influenced by the person-centeredness of the message. Though research on person-centeredness has addressed a wide range of situations in which a person may need support (Burleson, 2008), this study is interested in the particular reasons identified by these participants in situations of trauma.

This understanding can also aid in the discussions and research on mental health, well-being and the resources being provided for those in need of mental health support. How support is providing a buffer to survivors of trauma has not been explored enough

for research and industries to truly benefit from the information. This information can reframe how social support is enacted in situations of trauma, as compared to those with less stress, as well as reframe how assistance is provided to trauma survivors.

RQ1: What was the category (emotional, tangible, information, appraisal) of the messages that were most supportive in the aftermath of the traumatic experience?

RQ2: What was the form of the messages that were most supportive in the aftermath of the traumatic experience?

RQ3: What made these messages supportive?

While social support can be extremely beneficial and have positive effects on well-being and mental health, there is importance in acknowledging that social support may not always provide a buffer to someone in need and may have a more negative effect than a positive one. Research question four seeks to explore how social support did not provide a buffer to survivors as they adapted to their life after trauma. It is not a safe to assume that when social support is enacted, it is well received and provides nothing but positive benefits to a person in need of the support. As seen in previous research, social support can have a negative impact if it is not enacted in an appropriate manner, if it does not reach the needs of the individual seeking support, or if it is simply not available (Golden, 1982; Vaux et al., 1986). Toxic relationships that exist within an individual's social network can pose a problem for enacted social support, especially because support is derived from a social network, this support may be unhelpful, not adequately enacted, or enacted too much and beyond the relational boundaries (Freisther et al., 2014). As

explained by Koenig Kellas et al. (2014) some additional risks of receiving support include the heightening of anxiety in the support giver, stigmatization and the receiver finding the support enacted to be inappropriate or not sensitive enough for the specific situation. This last potential risk is evident in research, such as Golden (1982) who examined breast cancer patients and the experience of a victimizing event in conjunction with the social support received. The social support received by these patients often included a lack of open communication, forced cheerfulness and an aversion to the realistic consequences of the patient's condition. Golden's tests showed that the patients found these forms of support to be inappropriate and unhelpful, and the support genuinely needed, which focused on open communication of possibilities, outcomes and circumstances, was not available. Research question five seeks to examine the form of how these unsupportive messages were communicated, again, to explore how the form may have affected the overall perception of the message. This opens the opportunity to the idea that, perhaps, an unsupportive message may be deemed unsupportive due to the manner in which it was communicated. For example, perhaps an unsupportive message was communicated though a text message, but the same message would have felt more supportive if it was communicated in-person. As previous research has examined, the dark side of social support and the way in which messages are communicated can impact whether they are viewed as supportive or unsupportive Freisther et al. (2014). In this study, unsupportive messages were found to be ones that were given in poor timing, and ones that did not communicate genuine feeling. Similarly,

Doran et al. (2018) examined the messages received by cancer patients, and found that there were cases where the form of the message determined the effectiveness of the support. In this study, unsupportive messages were ones that also included poor timing, but also ones that communicated a sense of invalidation.

Research question six seeks to examine what about these unsupportive messages made them unsupportive. The previous research that has examined the unsupportive elements of messages found that poor timing and a lack of genuine feeling could be reasons such messages are deemed unsupportive (Freisther et al., 2014). Additionally, unsupportive messages could lack emotional validation, since Cohen (1988) hypothesized supportive messages including emotional validation. In the same way that understanding this about supportive messages can help inform even more on the constructs of supportive messages, examining the characteristics of an unsupportive message can help inform on both unsupportive and supportive messages. This study aims to explore the reasons that participants experiencing trauma specifically give for the messages being unsupportive. Ineffectiveness has been tied to a lack of person-centeredness (Burlson, 2008), and it is likely that unsupportive messages are linked to low-person-centered messages, as compared to supportive messages being linked to person-centeredness and providing a buffer. This study focused on identifying the self-generated reasons trauma survivors give to explain unhelpful support. By exploring unhelpful support, this research can contribute to the knowledge and information that exists, and assist in the improvement of resources that are already available for survivors of trauma. Additionally, these data can assist in

developing additional resources for survivors of trauma. Drawing on the research of Cohen and Wills (1985), by asking this question, this study has the opportunity to better understand what characteristics of the unsupportive messages they received, did not have the same beneficial buffering effects as their supportive messages.

RQ4 What was the category (emotional, tangible, information, appraisal) of the messages that were not supportive in the aftermath of trauma?

RQ5: What was the form of the messages that were not supportive in the aftermath of trauma?

RQ6: What made these messages unsupportive?

Chapter Two: Methods

Methods

This project employed a qualitative methodological approach, online surveys and constructs of Charmaz's Constructivist Grounded Theory (Charmaz, 2014) to examine social support perceived by trauma survivors. This project aims at two goals, first to hear from survivors of traumatic experiences, and learn about the social support they received that was both effective and ineffective. Second, to learn why and how the social support they received was effective or not.

This project will expand on and further develop knowledge regarding interpersonal communication and social support, mainly through the exploration of trauma. Survey questions will seek to learn more about the dynamics of support enacted in personal relationships, and this research on personal relationships within a specific context of trauma, will contribute to IFC and social support literature by further developing our understanding of relational dynamics, relational communication and maintenance, and trauma.

Additionally, by exploring the depths of social support, and how it has impacted the mental health and well-being of survivors, the knowledge gained from this project can

benefit other disciplines and industries that focus on health, mental health, and well-being. Specifically, this project can enlighten on what can be done to better the support and care for those who are coping with a trauma exposure. In the case of trauma survivors, a majority of support that will help these individuals throughout their process of grief will be rooted in their social network. However, psychologists and researchers are consistently trying to learn more about the support process, and what it is that survivors need to lessen their post-trauma symptoms in the aftermath.

This project employed a qualitative approach. Qualitative methods and self-reporting are common in trauma research, as the telling of personal stories and situations is beneficial in terms of measuring elements of trauma. Qualitative methods, such as survey responses, provides a setting where participants can openly share stories, personal experiences and details of a personal situation. Qualitative methods are common approaches when studying social support, because it is considered to be one of the most effective ways to learn about enacted, received and perceived support (Goldsmith, 2004).

Previous research on social support proved that adopting qualitative methods was a beneficial choice and one that concluded in successful data. Iwatsuki (2019) conducted a qualitative study on the social and educational support given to young Japanese students in their literacy learning. The study included conducting semi-structured interviews, providing participants with the setting to openly share their stories. Data reflected in-depth information on their early background, literary practices, school experiences and who they perceived support from. The qualitative approach allowed participants to share

their lived experiences, thus benefitting the data. Within social support, qualitative methods has provided an approach that allows for ample information to be shared from the participant, benefitting the perspective of social support in a variety of contexts, from online gaming communities and the sense of social identity, to the support within weight loss communities, and the role of support and social networks in health information amongst Korean American adults (O'Connor et al., 2015; Hwang et al., 2009; Wonsun et al., 2015).

Given the nature of this project, and the emotional distress that could occur for the participants in completion of the survey, reflexivity was an important tool in employing the survey. Reflexivity can be understood as “a self-defining process that depends on monitoring of and reflection upon, psychological and social information about possible trajectories of life” (Elliott, 2001, p. 37). Being intentional and practicing reflexivity within this context allows for the research to be mindful of empathy and concern for the safety of the participants. With a topic such as this, that is rooted in trauma, emotion and lived experience, keeping the participants safe was a top priority. D’Cruz et al. (2019) explain that reflexivity is an important practice, especially when working with uncertainty, to provide a feature of professional discretion and ethical practice. Given the nature of this study, and the fact that the survey questions may present uncertainty in regards to how they impact the participant, and the type of responses recorded, reflexivity is a practical integration. Being mindful and empathetic when constructing the survey was key, keeping in mind the concern for participants, discretion and ethical practice. The

survey was designed with these ideas as a priority, ensuring that the participants could answer at their own pace, could share as much as they were comfortable with, and could stop at any point. For example, the survey explicitly asked for participants to share the traumatic experience the social support was based off of. Understanding that this question can raise a significant amount of emotion and discomfort, the question was constructed in a way that was empathetic toward this possibility, allowing the participant the space to share as much, or as little, as they would like. The question also reiterated this, and reminded the participant they could exit the survey and return later if needed. These decisions in the survey design process allowed this to be a “self-defining process”, one that assisted in being mindful of the psychological and social information that was going to be received by the participants. This method allowed for participants to complete the survey at a comfortable pace, while being able to disclose whatever information, or however much information, the participant was comfortable with. To ensure further safety, the consent form provided contact information for several counseling support resources.

According to Cohen (1988), in order for the buffering model to apply to a situation, individuals must experience high levels of stress within a stressful situation, which is common in exposures to trauma, leading me to believe that the buffering model appropriately fits the context of the project. Online surveys were conducted due to the close alignment with the overall goals for the project. As explained by Braun and Clarke (2013), qualitative surveys have the ability to generate the rich data and complex

accounts of sense-making that is usually a common goal amongst qualitative researchers. Given that participants recounted their traumatic experience and the aftermath of that experience, online surveys were appropriate in regards to not putting them in an uncomfortable situation, such as an interview, where they have to verbally tell their story. The call for empathy and creation of meaning between the participant and their story is exactly one of the elements my project aims to explore (Tracy, 2020). When it comes to exploring the buffers experienced by survivors of trauma throughout the aftermath, the survey approach provided an environment for participants to freely write, share what they would like, and take as much time as they needed to respond to the qualitative survey questions. Through writing, participants had the time and space to explore their own stories, and could take the time to write as much detail as they choose to. Even more so, it was a goal to not have participants experience a great deal of stress or emotional turmoil in this process, and online surveys assisted in preventing this from happening, compared to face-to-face interviews. However, through online surveys, the researcher did not have the ability to provide support to the participant, an opportunity that would have been presented if interviews were conducted. Participants were provided with resources to assist in any emotional distress, if they experienced that through their participation.

Participants

Participants were 69 individuals who experienced trauma at least once in their life. Of these participants, 86.9% ($n = 60$) were White 7.2% ($n = 5$) self-identified as Hispanic/Latinx , 4.3% ($n = 3$) self-identified as Black/African American, and 1.4% ($n =$

1) self-identified as American Indian or Alaskan Native. There was a good balance of male and female participants, with 44.9% ($n = 31$) self-identifying as male and 55% ($n = 38$) self-identifying as female. Participants ranged from 18 to 77 years old ($M = 39.5$ years, $SD = 13.9$). Within the group of participants, 1.4% ($n = 1$) completed some high school, 28% ($n = 2$) held a GED, 5.7% ($n = 4$) held an Associate's degree, 15.9% ($n = 12$) completed some college but no degree, 24.6% ($n = 17$) held a Bachelors degree, and 45.08% ($n = 33$) held a graduate degree of some sort (Master's, Ph.D., or Graduate/Professional degree). Within the group of participants, 12.8% ($n = 4$) had a household income of between \$10,000 - \$30,000, 17.2% ($n = 10$) had a household income of between \$30,000 - \$60,000, 28.7% ($n = 20$) had a household income of between \$60,000 - \$100,000, 27.3% ($n = 19$) had a household income of \$100,000 - \$150,000, and 23.1% ($n = 16$) had an income of \$150,000+.

Procedures

The survey link was also posted to social media, specifically Facebook and Twitter, and was shared with other social media users. All participants were found through social media and participated in the project due to accessing the link on one of the social media platforms used. This project employed a qualitative thematic analysis, and to gather data convenience sampling was executed to ensure survey responses were received. A majority of recruitment took place on social media, specifically Twitter. The tweets were shared in a thread with the following text:

“Hello Twitter! If you are willing, I would greatly appreciate you taking a few minutes to complete this survey I am conducting for my dissertation on trauma & support: qualtrics link (1/3)”

“The survey asks you to reflect on 1-3 traumatic experiences, and may bring up emotional discomfort/distress. Please view the consent form & reach out with any questions or if you are in need of resources (2/3)”

“Thank you for your time & willingness to participate. I appreciate it! (3/3)”

This tweet generated 15,003 impressions on Twitter, which refers to the number of times it was seen on the platform. The tweet generated 602 engagements, which refers to the number of times a user interacted with the tweet, such as clicking on it anywhere, expanding the tweet, liking the tweet and/or replying to the tweet. The tweet also generated 309 link clicks, and there were 137 times the tweet was expanded to view the entire thread, and all of the details. Individuals who chose to participate in the study accessed the survey through the Qualtrics link provided either through social media or by whoever informed them of the project. The survey begins with the consent form, then delves into demographic information. After the consent and demographic questions were completed, participants began the core questions on social support and their experiences with trauma. In the survey, trauma was defined for the participants as follows: Trauma can be defined as an unexpected, sudden experience that causes a disturbance in core psychological needs, or a possible familiar event that occurred consistently enough to violate a person’s normal living.

The survey allowed participants to disclose up to three instances of helpful social support received after the traumatic experience they initially disclosed in the first question. The second part of the survey focused on social support that was deemed unhelpful by the participant. Mirroring the first part, participants could disclose up to three instances of unhelpful social support received after the traumatic experience they initially disclosed in the first part. Although given the opportunity, no participant disclosed more than one instance of helpful social support or of unhelpful social support. The survey concluded with two questions that gave participants the opportunity to share what would have been additionally helpful, encouraging or supportive in the aftermath of their traumatic experience.

Analysis

In its analysis, this project borrowed constructs from Charmaz's (2015) Constructivist Grounded Theory methodology, specifically line-by-line coding, focused coding, and memo writing. As explained by Charmaz, adopting the tools of grounded theory such as these can foster attention to data collection, awareness of positionality, an understanding between the theory/model and research, reflexivity in decisions and analyses, and skills in conceptual analysis. Given the nature of examining trauma, and the support throughout times of grieving, the intensive nature of these constructs was beneficial in identifying the underlying meaning and of buffering and social support found in the responses, to transform into data that contributes to the phenomenon of social support and to the academy.

Survey responses proved to be rich in content and meaning, and due to the rich content, applying line-by-line coding was an appropriate first step in analysis. Line-by-line coding is best understood as the naming of each line within the written data (Charmaz, 2014). Line-by-line coding has the potential to assist researchers in uncovering further details, themes and patterns, and is exceptionally helpful within rich data. For example, this excerpt (Example A) from the data was rich in detail, and the line-by-line coding allowed for a more in-depth analysis in regards to how support given allowed for the trauma survivor to realize new depth about her experience:

It was about three years after the incident and I had started seeing someone romantically. It was maybe our fourth date and we were at my apartment. I told him about the trauma and other traumas from my past to help explain why I need to move slow with sex. He was kind, sweet, and reaffirming that this incident was rape. I don't know why but it just helps to have other people reassure me its sexual assault.. probably because I gaslight myself and have been gaslighted by others in the past. (Participant 14).

In this excerpt, the line-by-line coding was extremely beneficial in unpacking the themes of support, and with the data, this step uncovered deeper meaning and different themes that allowed the analysis to reflect a well-rounded account of each participant's experience with trauma and social support. In the excerpt above, there are six complete lines; the first line had codes: past and new romance; the second line had the code: newly dating; the third line had the codes: disclosure, trauma, past; the fourth line had codes:

reassuring, dependable and reaffirming; the fifth line had codes: reassure, help, validating; the sixth line had codes: trigger and perspective. The names for each line within this example included themes of disclosing information in romantic relationships, receiving reassurance of trauma, and realizing the depth of trauma experienced. In the line-by-line coding, the categories applied in RQ 1 (emotional, instrumental, information, appraisal) were employed as sensitizing concepts. As explained by Charmaz (2003), sensitizing concepts are “those background ideas that inform the overall research problem” and ones that “may deepen perception, and provide starting points for building analysis” (p. 259). Charmaz further explains that sensitizing concepts are only used as points of departure from which to study the data.

After completing line-by-line coding, Charmaz’s (2015) construct of focused coding was employed to further delve into the data. Focused coding is generally the second step within the coding process, as explained by the grounded theory methodology; focused coding requires a researcher to work through the initial/line-by-line coding, and categorize those codes, to find the most significant, and the most frequent patterns, to see what codes emerge that analytically make the most sense (Charmaz, 2014).

With the previous example, line-by-line coding resulted in themes of disclosing information in romantic relationships, receiving reassurance of trauma, and realizing the depth of trauma experienced. With focused coding, the line-by-line findings and themes were then elevated to themes of “Reassurance” and “Acceptance”. The code “receiving reassurance of trauma” create the theme of reassurance, and this response contributed the

the data received on reassurance in social support being effective. Similarly, the code “realizing the depth of trauma experienced” aligned with acceptance, and this response contributed to the frequency of acceptance being effective in regards to social support.

As a final step, Charmaz’s construct of memo writing was employed for analysis. Memo-writing is the process in which the researcher analyzes the data and codes developed in the previous two coding processes, writing memos that spark questions, ideas, meaning and direction. (Charmaz, 2014). Memo-writing provides engagement, and an opportunity to examine data at a deeper level. Additionally, the organizational method of memo-writing is beneficial in keeping ideas, thoughts and questions in line with the data, while exploring the different meanings and lived experiences that will be shared with me by participants. Referencing to Example A once again, memo-writing allowed for the data, and the codes that emerged in focused coding, to be explored more. For Example A, certain questions arose through memo-writing such as “How could support in romantic relationships differ from other types of relationships?” and “How empowering is that experience of realization of trauma through support enacted?”. The responses received in the survey were very concise and all responses fell into a singular category. Borrowing these constructs of Charmaz’s (2015) Constructivist Grounded Theory assisted in finding emerging themes within survey responses, and using those themes to explore and analyze the depths of social support.

There was an organizational process for each step of coding. The responses were organized in a spreadsheet to make the first step, line-by-line coding, more efficient. In

total, there were 423 lines that were coded, as some responses required several lines. As each line was coded, there were generally 1-2 codes for each line, depending on the depth of the line. These codes came from the initial themes and patterns that stood out within the responses, establishing the foundation of the codes that would be developed in the remaining coding processes. After the line-by-line coding was complete, the coding transitioned to focused coding, the second step in the process. Using the same spreadsheet, with the line-by-line coding already complete, the second step went through each line of coding and found common themes and patterns to form the more developed codes. The final step was memo-writing, which took codes from the first two steps and provided an opportunity to explore the codes and data, as well as pose questions. This process was completed in conjunction with the original spreadsheet, and a pen and paper. The pen and paper served as a place just to write the questions, ideas and thoughts that came to mind while working through the data and codes. Questions posed included ones related to how certain relational dynamics affected the way support was perceived, how previous support enactment affected the experience shared in responses, and how communication styles played a role in how support was given and perceived.

Chapter Three: Findings

Results

The foundation for the research questions was rooted in the categories of social support: emotional, tangible, information and appraisal (Goldsmith, 2004). Emotional support can include expressions of worth, caring, concern and empathy. An example of this could be someone providing verbal support in telling a trauma survivor that they are loved and cared for, writing to someone and letting them know they aren't alone, or sharing a personal experience to convey relatability to what someone may be going through. Tangible support can include the offering of goods and services. For example, this can be bringing over dinner to a friend after they had a difficult day, sending flowers to someone grieving, or dropping off groceries to someone who just welcomed a newborn baby. Informational support can include giving advice and suggestions, for example, this could be someone providing advice to a trauma survivor on practices of self-compassion that could assist in their coping and grieving. Lastly, appraisal support can include the giving of information that is useful for self-evaluation and new perspective (Goldsmith, 2004). An example of this could be a close friend reminding a trauma survivor of their strength and courage.

Another important aspect of the data was the form in which social support occurred in. This varied for every response, and typically does when it comes to receiving

social support. The forms for how social support was received are: In-person, via phone, via social media, tangible messages, and via email. In-person can be understood as any supportive message being verbally expressed to the trauma survivor in the aftermath of the experience and via phone support can be understood as any support communicated through a phone call, in a voicemail, or in a text message. Support received through social media includes all social media platforms, tangible messages of support include physical letters or notes where the support was provided through written communication, and lastly, via email includes all support that was communicated through email.

Research Question 1

Social support messages can be beneficial to survivors in their experience of coping with the trauma following an experience. Research question one asked, what was the category (emotional, tangible, information, appraisal) and form of the messages that provided a buffer and were most supportive in the aftermath of the traumatic experience? Of the 69 participants, 31.8% ($n = 22$) received emotional support that assisted in the aftermath of the traumatic experience, 17.3% ($n = 12$) received tangible support, 18.8% ($n = 13$) received informational support, and 31.8% ($n = 22$) received appraisal support.

Emotional Support

Participants who received emotional support explained the words and expressions of love, empathy and trust that were shared with them. The exemplars in this section show emotional support, which can be understood as expressions of worth, caring, concern and empathy. As shown in these exemplars, emotional support can come in a

variety of ways and from a variety of people. For example, one participant experienced physical assault while out with friends one night, leaving them feeling a variety of emotions, including shock and physical pain. The support they received was explained as the following:

My best friend was with and told me right away it wasn't my fault and that she loved me. Just the pure acceptance was key. My other friends said the same and offered to go anywhere else after it happened. The rest of the night people checked in to make sure I was good. It was appreciated.” (Participant 63).

Another example of emotional support was received by an individual who had to experience the trauma of his grandfather being murdered in his home, and the long investigation that ensued to identify the killer. The support he received was explained as the following:

His neighbor spoke to me after and told me how much my grandfather loved me, and how proud he was of the person I became. He said that my grandfather would come over and brag about me and his other grandchildren. (Participant 32).

Those who received emotional support spoke to how helpful it was, because although it did not change the circumstances or reverse the trauma, the words and expressions of love and empathy were effective. Additionally, per the data, emotional support came from friends, family and loved ones; support givers were individuals who knew the trauma survivor on a personal level, as compared to other individuals who could provide support, such as community members, church members, and co-workers.

Tangible Support

Tangible support can include the offering of goods and services. As laid out in the exemplars, this took a variety of forms, from doing chores and providing meals, to providing financial support. Tangible support can be supportive, especially within contexts of trauma, because such support can be beneficial to someone who is adapting to a new normal. Data showed that 17.3% of participants received tangible support, which again can be understood as the offering of goods and services. These participants reflected on how just how appreciative they were for the tangible support, because they hadn't realized just how helpful it was at the time. For example, a male participant shared his traumatic experience which included his daughter being rushed to the emergency room after collapsing due to a blood flow issue caused by a large tumor. Her diagnosis of Hodgkin's Lymphoma came from this incident and the participant reflected on the following days and weeks that were traumatic, citing that he still experiences flashbacks that deeply affect him. He details his support in the following:

In addition to the support from medical teams, and others who were cancer survivors, friends and neighbors pitched in and helped by providing meals, doing outside chores, and just showing up at the hospital. (Participant 48).

The father experienced trauma due to his daughter's incident and diagnosis, and tangible support provided him and his family with effective support while he tended to his daughter, while also managing and processing his own emotions and trauma.

In another response, a participant experienced sexual assault and harassment and detailed

her tangible support in the following:

I had a very supportive group of friends who provided safe spaces to sleep during the harassment and stalking afterward, as well as transportation around town so I wouldn't have to be alone. Some friends spent the night with me on the night I finally had the courage to call the police. And one friend even bought me a comfortable blanket so I could feel warm and safe. I ended up marrying that friend. (Participant 22).

In this response, there are a few different forms of tangible support that was given by the participant's friends. Throughout the aftermath of the trauma, the participant was able to rely on her friends to help her feel safe, including being with her overnight, out around town, and finding ways to provide her with comfort. There were additional forms of tangible support received by participants; in one response a male participant explained that he lost his brother in a "freak accident", and the tangible support was "a close friend brought me a necklace with a picture of my brother and I." (Participant 28). In another response, the participant details her husband's diagnosis of a brain tumor and her becoming a "displaced homemaker who needed to go back to school and work while becoming a caregiver", and explained that the tangible support she received was "our religious leader offered financial support". (Participant 40). In these responses, tangible support can be further understood in a variety of ways. These data show that tangible support can be effective within contexts of trauma, because it allows the trauma survivor the time and space to process, connect with, and manage their emotions and the effects of

those emotions, while still being provided tangible items necessary for their well-being, and mental and physical health.

Informational Support

Informational support can include advice giving and suggestions, for example, this could be someone providing advice to a trauma survivor on practices of self-compassion that could assist in their coping and grieving. Within contexts of trauma, for some, receiving informational support can be beneficial because it assists in the process of naming an experience and coming to terms with the reality of it. According to the data, 18.8% of participants received informational support, which is generally advice giving and suggestions. Based on data, the participants who received informational support explained how the information shared affected them and their well being in the aftermath of the traumatic experience. For example, one participant chronicled the events which took place within her family, that included several family members, including herself, being diagnosed with different forms of cancer, as well as her father being diagnosed with Alzheimers. These diagnoses occurred before the pandemic, and as the participant herself was diagnosed with stage 2B breast cancer, the pandemic began. She details her support in the following:

My surgeon, [name redacted], gave me hope that the cancer could be conquered.

Her door was and still is always open, she has been open to any treatment I might seek, and she is honest and open and caring in the advice she shares and the medical suggestions she gives. I trust her completely. (Participant 57).

In another response, the participant shares that while in college as a track athlete, he suffered a traumatic injury that changed his direction in life. His uncle provided him with informational support which he details here:

3 years after my accident and quitting college, while doing random jobs and feeling sorry for myself my uncle pulled me to the side at a family reunion. He knew I wasn't going anywhere and was going toward a bad direction. He said to

me, "Life is too short to waste it away. You need to get away from all your friends and family and change your path in life." So two months later I moved away with no plan or job. It changed my life forever. It was the best thing I ever did in my life. (Participant 20).

In both of these responses, the advice and suggestions given to the trauma survivor felt beneficial, as it provided the survivor with assistance in coping and naming their trauma and experience. The data also showed that informational support enacted also communicated support beyond the traumatic experience. One participant detailed his trauma, which included going through a break-up with a long term boyfriend, a family member passing away, and a friend passing away, amongst other trauma. Here he explained the support:

My father, who has struggled with my sexuality, told me he knows break ups are hard and that he's sorry that happened to me. He gave me advice on how to recover, like dating again or finding a hobby. (Participant 29).

Based on this response, the participant not only felt supported with the trauma he experienced in such a short amount of time, but also felt support from his father on his sexuality, which is something that had been challenging prior to this enactment. The advice he received from his father on how to recover from a break up, dating again, and his suggestion to find a hobby aligns with informational support, as his father provided him with information that felt supportive and helpful.

Appraisal Support

Appraisal support can include the giving of information that is useful for self-evaluation and new perspective (Goldsmith, 2004). As stated prior, certain support can help some trauma survivors in their process of adapting to a new normal and coming to terms with new reality. Appraisal support can also assist in this process. 31.8% of participants received appraisal support. The appraisal support participants received came in a variety of forms. One participant explained how she suddenly lost her father to cardiac arrest, and the support she received came as the following:

I participate in a grief group and in particular, having other individuals share that they have also experienced pain or anger or shame around the loss of a parent is particularly helpful and has given me different perspective. For example, when talking about my father's suicidal ideation and my guilt of not doing more, I was met with empathy from others who had experienced similar feelings and circumstances with loved ones. (Participant 46).

In another response, the participant shares the trauma experienced around the death of her

mother, and explains how her support revolved around gaining new perspective:

Four months after my mother's death, my daughter was able to help me reframe and remember accurately what had happened while my mother was dying. She helped me to understand that the decisions I made did not mean that I had hastened my mother's death but that those decisions allowed her to die the way she wanted to die... surrounded by her family, comfortable and safe. (Participant 55).

In the responses received on appraisal support, the new perspectives and self-evaluation provided trauma survivors with assistance in their coping and grieving processes. In the first excerpt, reappraisal is evident as the participant notes that her guilt has been met with empathy and has changed her feelings of the situation. In the second excerpt, reappraisal is evident in a similar way, specifically when the participant notes, "She helped me to understand that the decisions I made did not mean that I had hastened my mother's death but that those decisions allowed her to die the way she wanted to die..."

Research Question 2

Research question two asked about the form of the messages that were most supportive in the aftermath of the traumatic experience. The supportive messages were enacted in a variety of forms, including in person, via phone, via social media, tangible messages, and via email. The majority of participants received their social support in person (69.5%, $n = 48$), with support via phone being the second most at 20% ($n = 14$). The remainder included support enacted via social media (8.6%, $n = 6$), and tangible

support received (1.4%, $n = 1$), and support enacted via email (7%, $n = 5$). In-person support can be best understood as support given from an individual within the physical presence of the trauma survivor. Support via phone includes anything communicated through phone call, FaceTime/Video Chatting, text messages, or voicemails. Support via social media includes any messages of support shared through social media platforms, such as Twitter, Facebook, Instagram, Snapchat, etc. Tangible support can be best understood as physical items or services that communicated support, such as sending flowers to someone who lost a loved one, a physical letter being sent to a trauma survivor, or bringing dinner over to someone working through trauma. Lastly, support enacted via email can be reduced to supportive messages that were sent and received through email.

Research Question 3

Research question three asked why the supportive messages were effective. The coding categories that emerged in this research question are: Reassurance, Acceptance, Showing Love, and Acknowledgment.

Reassurance

Reassurance can be best understood as support that provided the trauma survivor with hope and reassurance moving forward, mirroring the idea that things will get better and that life will be okay. Of the 69 participants, 33% ($n = 23$) found the messages to be supportive because they were reassuring, 11% ($n = 8$) felt the messages were supportive because of acceptance, 24% ($n = 17$) expressed that the support showed love, and 30% (n

= 21) felt the messages of support provided acknowledgment. For those who felt reassured by the support they received, they expressed reassuring messages and feelings in how they perceived life after their trauma. In one response, an individual explained how in high school, he caught his mother cheating on his father, and in an effort to talk to someone about it, turned to his aunt who then called the participant's father and mother. The participant explained that the trauma came full circle after he, when he was in his thirties, committed adultery and was forced to face the trauma he previously experienced in order to fix the trauma he had put into motion within his own marriage. He explained his reassurance as: "Made me feel like I could forgive and be forgiven, and that was reassuring." (Participant 5).

For this participant, by inflicting a similar sense of trauma within his own relationship, he was able to realize the significance of the trauma he himself experienced as a high schooler, and was able to get the support he needed to heal and forgive from that trauma, as well as work on his own marriage, and heal and be forgiven, within that context.

In another response, a male participant explained that his cousin, with whom he was extremely close with, suddenly passed away, and she was the first close family member he lost. He explained why his support was reassuring: "Because it came from my mom, and it was a good way to look at life going forward." (Participant 4).

For this participant, after losing a close family member, receiving support from another close family member was reassuring and gave him certain perception of the trauma; it provided him with the effective support that he needed to cope with his sudden loss. In

another response, the participant detailed how she was sexually abused by a friend's older brother over the course of several months, and only realized the trauma that she had endured when she had to re-encode it in college. Her process of re-encoding this trauma included redefining it and seeing it from a different perspective that made her realize the depth of the trauma, and named her experience. The support she received came from her boyfriend at the time, who helped her with the process of re-encoding the experience, listened and sat with her for hours throughout this experience. She explained the reassurance as the following:

It made me feel like I could really work out whatever I needed to work out and that I wasn't alone. (Participant 6).

For this participant, the support she received allowed her to gain perspective on the trauma she experienced, while also reassuring her.

Acceptance

Acceptance is support that provided the trauma survivor with the strength to accept the trauma they endured, rather than ignore it or become in denial about it; a response common with trauma. For those who felt acceptance from the support they received, they expressed feeling as if they could work on moving forward because the support they received allowed them to come to terms with the trauma experienced. One participant detailed his experience of sitting with a kid as he passed away, after being hit by a car driven by a drunk driver. He explained the horrific scene, in addition to the support he personally received after the event, including support that came from his

father. His father reassured him how important it was for the child to have him there at that moment, and he specifically noted that: “It added some peace, and I could move on.” (Participant 9).

By receiving this type of support in the manner that he did, this participant felt that the reassurance he felt allowed him to feel peace and move forward. Another participant detailed the reassurance she received from her mother in regards to leaving a bad marriage situation, one that included abuse and moving far away from her family. The participant described how, at her breaking point, she felt at a loss in terms of what to do, and called her mother: “Through her support, my mother helped me accept what had happened and encouraged me to come home, which was beneficial” (Participant 20). This participant additionally explained that the fact that her mother enacted support towards her was reassuring, and was exactly what she needed to leave her traumatic situation and to move home, and move forward with her life. In another response, the participant shared his traumatic experience regarding when a soldier he knew was killed in Afghanistan during a suicide bombing.

Everyone showed up to honor him. Everyone was feeling the same pain, and I could accept my pain and it made it easier to talk about it. (Participant 39).

The participant continued and explained how in addition to everyone showing up to honor him, he received support from friends and loved ones, as well as heard testimonies of his life from others, and that was reassuring because it was how the soldier wanted to be remembered, and it was also a reassuring moment for the participant, who noted this is

what he signed up to do.

Showing Love

Showing love includes support that made the trauma survivor feel loved, or reminded them that they are loved. For those who received support that showed love, the trauma survivors expressed feelings close to feeling empowered by the love and a sense of fulfillment. One participant detailed how her father suddenly passed after being involved in a drunk driving accident. This occurred while on a family trip, and it was hours before anyone knew where he was. The participant explained how the most supportive message she received were ones about how much her father loved her.

This was a supportive message because my dad had died so his support and love was not something I continued to feel. It was an empty space. Being reminded of that love helped fill the empty hole left by his absence. (Participant 7).

This participant further explained that receiving this support and being reminded of her father's love, and feeling love in general from the support, assisted in the aftermath of this traumatic experience. Another participant experienced the trauma of being diagnosed with cancer about two months before her 8th birthday, and recalls her teacher enacted support that showed love.

My teacher visited me in this hospital and I felt so loved. She was one of my only visitors throughout the experience (although many times that was due to my compromised immune system) but it was nice and no one likes to go to hospitals. (Participant 15)

Participant 15 explained how this support showed love because the teacher took time to visit her in the hospital as she was enduring treatment, and this action made her feel supported and feel loved.

Acknowledgement

Lastly, acknowledgment refers to support where the support-enactor acknowledged the trauma experienced by the survivor, allowing the survivor to feel secure and supported by the fact that someone else has named their trauma and has acknowledge the effects of it. This also includes support that is enacted based on relatable experiences, forming a sense of solidarity. For those who felt acknowledgment in the support they received, they shared that this support was helpful due to feeling as if someone was on their side, and the overall relief and strength they felt from the affirmation of their feelings and trauma. One participant explained that when she was 15 years old, she was sexually assaulted by a neighbor, and did not tell anyone for a year. The support she received was explained as the following: “Their acknowledgment of what I had been through helped decrease self-blame.” (Participant 11).

Even after telling someone a year later, she received support that validated the feelings of trauma she experienced within the prior 12 months since the trauma took place. Another participant detailed how the community around her showed support that relayed acknowledgment after her boyfriend, who was also her neighbor two doors down, ended up committing suicide a few months after they entered their relationship: “I could see the good in our community and knew that I wasn’t alone in struggling.” (Participant

12). By being within a community that provided one another with support, she felt that her feelings of grief and trauma were validated and understood. In another response, the participant detailed the trauma she had experienced in her and her husband's ongoing battle with infertility, a journey that included several pregnancy losses. The support she received came from a co-worker, who had also struggled with infertility, and sent a card and care package with words of acknowledgment and encouragement.

Her message was encouraging, she had struggled with infertility so I felt a sense of solidarity/understanding for what I was going through. (Participant 17).

By receiving support from someone who knew first-hand what the experience entailed, the participant felt a sense of acknowledgement and validation with her feelings of grief and trauma.

Research Question 4

Research question four asked, what was the category (emotional, tangible, information, appraisal) of the messages that did not provide a buffer, and were not supportive in the aftermath of trauma? Of the 69 responses, the majority of non-supportive messages came through informational support (62%, $n = 43$), with non-supportive messages in appraisal support equating to 28% ($n = 20$). There were a handful of responses that included emotional support as well (8%, $n = 6$). There were no reports of tangible support being non-supportive. There were a variety of responses received regarding non-supportive informational support.

Non-Supportive Informational Support

As previously stated, informational support can include advice giving and suggestions that could assist in the coping and grieving process. Non-supportive informational support generally does not include the elements of informational support that are deemed supportive. One participant explained the trauma of losing his dog suddenly, and an ineffective support message he received was “Just get another dog.” (Participant 3). While the support-giver was trying to suggest and give information on how to move past the initial trauma and grief, the support-receiver/participant found this message to be horribly timed and inappropriate.

Everything happens for a reason. This is not helpful for a child. Likely not helpful for an adult either. (Participant 9).

Telling me to just get over it. This was really not helpful nor was it the right thing to say. Very insensitive and hurtful. I have found many, non-military people understand the brotherhood/sisterhood of military life and combat. (Participant 8).

As we see in these few responses, informational support was enacted, most likely in an attempt to provide advice or suggestions to the trauma survivor, however, it was support deemed ineffective and unsupportive. As we see in these two excerpts, although attempted informational support, the first one is trite and the second excerpt conveys a lack of empathy. The attempted informational support was trying to provide suggestions and information that could potentially help the trauma survivor feel better, but as recorded by the participants, it was unsupportive. Sometimes informational support can be helpful and reassuring in one way, but simply not practical, which then does not make

it as effective as it could be. Additionally, responses found that in some situations, the support was deemed effective or ineffective based on who was giving it. In this response, the participant explains the fertility challenges she has endured, and the response she received from her program chair, that she felt was not an effective supportive message:

I told my program chair what was happening as I waited for confirmation because I had to cancel a class to go to an appointment and was expecting the possibility of needing surgery (due to my ectopic pregnancy) and future absences from my job. He told me to trust God, which is spiritually a great response, but doesn't have the most practical application. (Participant 7).

Informational support was frequently reported as being ineffective and unsupportive. This was partly due to the timing of the support, as well as who was giving the support. While informational support may be found effective in other contexts, within the context of trauma, timing is very important.

Non-Supportive Appraisal Support

Participants reported non-supportive messages in appraisal support. Appraisal support can be best understood as support that includes the giving of information that is useful for self-evaluation and new perspective (Goldsmith, 2004). Non-supportive appraisal support may include messages that attempt appraisal support, but fall short. One response detailed the sexual abuse she endured as a minor that she refrained from telling anyone about until years after the abuse. The non-supportive message she received included:

A friend told me that what had happened to me probably wasn't as bad as I thought or feared it was because if it had been, my parents would have realized and would have stepped in to stop the abuse. She was trying to help me feel better but it just made me feel invalidated and like I couldn't explore my emotions and feelings. (Participant 16).

Although the abuse had ended for this participant, she was still managing and dealing with the trauma. This message received was an attempt to provide the trauma survivor with different perspective that could potentially allow for self-evaluation, however, it was found to be unsupportive. Another response featured a participant sitting with a young child as he passed away due to being hit by a car. The trauma he endured was significant, and he recounts the unsupportive messages he heard:

There were a lot of people who turned to the 'man you just never know when your time will come' line. I found this as insincere and as a blanket statement to the actual event and loss of life that had occurred. It seemed as an insult to all involved to try to put such a generic take onto it with digging further. It felt invalidating and insensitive. (Participant 6).

There is not a time limit on dealing with and managing trauma, and oftentimes, unsupportive messages can be received years after the initial trauma. In an attempt to provide the trauma survivor with different perspective that could potentially assist him in appraising his new reality, the message was perceived as invalidating and deemed unsupportive.

Non-Supportive Emotional Support

Participants showed that in some cases, there were reports of emotional support being found non-supportive. Emotional support can be best understood as messages that include words of love and trust that assist the survivor in coping with their trauma. Non-supportive emotional support can often include an attempt to be emotionally supportive, but may fall short because it is not found to be genuine or it comes off as too generic. One participant explained the trauma she endured of being sexually assaulted and then following her assault, some decisions that her parent made that contributed to the trauma. She explained:

Someone said, “That’s horrible. I’m so sorry and I am here for you.” I mean there really isn’t anything else anyone can say but this felt the furthest from helpful to me. (Participant 36).

In this particular situation, the participant found it difficult to receive any type of support, and the support she did receive, was not effective due to the nature of the trauma. Although simple, the message conveyed emotional support by providing reassurance, especially in the “I am here for you”. In another response, a participant detailed the support he received after experiencing seizures:

During the time after my seizures, my parents became extremely protective and worried about me, which is normal. Unfortunately, it got to the point of constant text messages, phone calls and medication check ups that I became irritated and it felt overwhelming. It got to the point where I felt like it wasn’t my life anymore,

which made it hard for me as a college student to feel like I could live my life normally. These types of situation made me fold into myself, causing a bad bout of depression that took me a long time to get out of. (Participant 47).

For this participant, he received emotional support, but it was too overwhelming for him at that particular point of processing and coping with his trauma. The act of checking in on him, and being protective of him, conveyed elements that align with emotional support in a sense of providing and showing love and care. In this case, the emotional support had negative effects instead of beneficial ones.

Research Question 5

Research question five asked what the form of the messages were that were not supportive. The majority of participants received the unsupportive social support in person (58.0%, $n = 40$), with unsupportive messages via phone being the second most at 21.7% ($n = 15$). The remainder included unsupportive messages enacted via social media (20.2%, $n = 14$). Unsupportive messages received in-person were ones given from an individual within the physical presence of the trauma survivor. Unsupportive messages received via phone were ones received in a phone-call, on Facetime/Video Chatting, text messages or voicemails. Lastly, unsupportive messages received via social media were any messages shared through social media platforms, such as Twitter, Facebook, Instagram, Snapchat, etc.

Research Question 6

Research question six asked: What made these messages not supportive? The coding categories that emerged for this research question included: Lack of Reassurance, Lack of Acceptance, Lack of Love, and Lack of Acknowledgment.

Lack of Reassurance

Of the 69 responses, 14% ($n = 10$) reported a Lack of Reassurance, 11% ($n = 8$) reported a Lack of Acceptance, 31% ($n = 23$) reported a Lack of Love, and 42% ($n = 29$) reported a Lack of Acknowledgment. For those who reported a Lack of Reassurance, this was typically explicitly explained in their response. The coding category of Reassurance served as support that provided the trauma survivor with hope and reassurance moving forward, mirroring the idea that things will get better and that life will be okay. For this research question, Lack of Reassurance would be support that missed the mark of providing hope and reassurance moving forward, and the idea that things will be okay. For example, one participant experienced the trauma of suddenly losing a cousin with whom he was very close. His cousin passed suddenly, at seven months pregnant, from a brain aneurysm, and this marked the first time he had lost a family member with whom he was close. The trauma has been made worse by the fact that this participant has not been able to meet her son (who survived and was born two months early), and also has not been able to visit her grave. When explaining the support that was attempted, but not supportive, he responded saying that some people said “It’s going be ok, it’s God’s plan.” (Participant 52). He further explained that he found this not only to be generic, but not reassuring or very meaningful.

In another response, the participant detailed how she lost her father unexpectedly, who had been dealing with an illness, but was improving. When sharing unsupportive messages, she explained:

Someone told me that my father was ready to go and that he would be at peace in heaven in his 'new body'. They said that he had been trying to stay with us for us, but that he personally was ready to die. (Participant 50).

The participant then explained why this was not supportive:

It was just untrue and I did not find it reassuring or supportive. They didn't know my dad at all if that's what they thought. He was making future plans — lots of them. Some of them small, like going fishing, and some of them big, like going to Disney World. He wasn't ready to die, but he had no choice in the matter.

In this particular response, the spirituality embedded within the attempted support provided a lack of reassurance for the participant, compared to possibly other situations where that spirituality can provide reassurance. In this response, there is also a lack of reassurance felt due to the participant not believing that the support giver(s) genuinely knew her father, or at least knew him well enough to make these claims.

Similarly to the first example, another participant shared how generic support they were given, was not reassuring and felt unsupportive after their trauma. This participant detailed her trauma, which included her mother having inappropriate sexual relations with the participant's boyfriend when she was a teenager. Her story also included the

sexual assault she experienced from this boyfriend prior to his relations with her mother. When explaining support, both supportive and unsupportive, the participant mentioned that there was not much to be said that would have been supportive, however, she found the generic messages particularly unsupportive. She received messages such as “That’s horrible,” or “I’m so sorry” (Participant 48) that failed to provide reassurance or support.

Lack of Acceptance

In research question two, the coding category of Acceptance was support provided the trauma survivor with the strength to accept the trauma they endured, rather than ignore it or become in denial about it. One participant (Participant 9) detailed how she lost her father in a drunk driving accident while they were on a family cabin trip. One of the reasons some messages she received were unsupportive, were due to her young age, and the messages lacking direction in helping her accept the trauma. The messages she received were along the lines of, “everything happens for a reason,” and as she explained, this led her, as a child, to feel more confused and she felt like she had a lack of answers, which in turn, did not help her accept the trauma she was enduring.

In another response, a participant explained that the trauma he experienced was in relation to poor choices he made, ones that led to him almost losing his family, and ones that led to his realization of his struggle with alcoholism. In the unsupportive messages he received, the participant explained that there are instances of messages conveying worthlessness and self pity, ones that made it difficult to accept that what was experienced, was in fact, traumatic to him, such as: “At least it isn’t like having cancer

and at least you aren't dead" (Participant 22). Similarly, another response detailed the experience of her mother being diagnosed with stage 4 cancer, and passing away from the cancer, all within a span of six months. Within the unsupportive messages she received, some included words such as "This is going to be hard for a long time," and "I lost a parent when I was young and life goes on" (Participant 59) making it difficult for the participant to look past the worthlessness these messages conveyed, and made it difficult to accept the trauma as is, per her personal situation.

Lack of Love

In research question two, the coding category, Showing Love, was defined as this support that made the trauma survivor feel loved, or reminded them that they are loved. The coding category of Lack of Love, can be best understood as support that was attempted, but fell short in receiving because the trauma survivor did not feel love from the support, but rather, may have felt an encouragement to brush off what they were experiencing and feeling. For those who reported a lack of love, these unsupportive messages generally came from family members or close friends, where that receiving of love would have been normal within those relationships, however fell short within these contexts of trauma. For example, one participant detailed the tough journey she endured with a heroin addiction. In the effort to get better, she needed support from her family, including a place to stay. She explained that while her mom was supportive, their friends were not:

My mom's friends regularly told her not to help me and that got back to me. They told her to leave me out in the cold. I did not feel the love or support from them... if I stayed on the streets, I would have ended up dead. (Participant 41).

In this particular case, the participant at least had the support of her mother, but felt unloved and felt a lack of support from their friends. In another response, a participant (Participant 18) was grateful for the support, both financial and emotional, that her and her family received from a religious leader after her husband was diagnosed with a brain tumor, and The lack of support she received came from a relative, who later told the religious leader that the support he provided was not truly needed because the trauma survivor was not struggling as much as he thought. The participant explained how this hurt because it did come from a relative, and also it was simply not true, and she and her family were wrongly accused. Although everything worked out in the end, relationships were still strained and she felt there was a lack of love and a lack of support.

Lack of Acknowledgement

The coding category of Acknowledgement referred to the support where the one giving support acknowledged the trauma experienced by the survivor, validating their feelings, and allowing the survivor to feel secure and supported by the fact that someone else had named their trauma and acknowledged the effects of it. The coding category of Lack of Acknowledgement, can be best understood as support enacted where there was no acknowledgment of the trauma, no safe space for the survivor to feel vulnerable, and in some cases, there may have been a lack of validation towards the survivor.

In the responses that experienced a lack of acknowledgement, participants communicated that they felt as if their feelings were invalidated, and as if they did not have a right to feel what they were feeling. In one response, a participant explains that her traumatic experience involved being sexually abused by a friend's older brother over the course of a few years. This was an elongated traumatic experience, since at the time, she did not process it as trauma, until the realization of it came to her later in life. When sharing the ineffective messages she received, she explained:

A friend told me that what had happened to me probably wasn't as bad as I thought or feared it was because if it had been, my parents would have realized and would have stepped in to stop the abuse. She was trying to help me feel better but it just made me feel invalidated and like I couldn't explore my emotions and feelings" (Participant 44).

In this response, the person communicating the message to the trauma survivor failed to acknowledge the genuine feelings of the survivor, making the message communicated not effective social support. Due to not acknowledging her genuine feelings, the participant felt as if what she was feeling was not validated or accurate, given what she endured.

Another participant shared that after being sexually assaulted by her neighbor at the age of 15, she did not tell anyone for a year. The ineffective messages she received were coded as lack of acknowledgement because they completely disregarded and invalidated the trauma experience. The participant received the ineffective messages from her parent/caregiver, who said, "It's been a year, she's fine, we need to figure out why she

didn't tell me", and "Who else knows about this?" (Participant 49); messages that fixated on the wrong factors of the situation, including, as explained by the participant, that the messages "demonstrated concern for my family's reputation rather than my wellbeing, and didn't even acknowledge the trauma I had endured in a supportive way". In this particular case, an argument could be made that the parent/caregivers were more concerned with the fact that they did not learn of the trauma until a year later, versus being concerned for the trauma survivor, and what she endured.

In another response, the participant disclosed how in a short duration of time, she lost her grandmother and learned of her mother's diagnosis of cancer. She explains the ineffective support as the following:

After I came back from the trip with my roommates family and went back to work, my friend made a snarky comment about having my classes covered. She knew my grandma died but not that my mom had cancer. When I started crying she made another snarky comment about me being overly sensitive, totally disregarding my feelings. I feel I had no other option but to share my mom had cancer to justify my emotions, action of crying, and reason of taking a trip. When I told the whole office my mom was just diagnosed with cancer, I ran out of the room after seeing that friend's face have no empathy. She never apologized to me and avoided me thereafter. (Participant 13).

This example contributes to the concept that while it may seem transparent and direct as to why someone is in need of social support, there may be additional reasons, whether

those are known to the person giving support or not, that adds to the need of social support. For this participant, not only was she needing support and empathy for the passing of her grandmother, but also in addition to her mother being diagnosed with cancer, something that prior to this interaction, not many individuals knew, especially those she worked with. Additional need for social support is not always well read or well received.

With this category, invalidation and the disregarding of feelings was an explanation often given from the participants, and those ineffective messages often came from people who were not being mindful of the depth of trauma experienced by the survivor. In one response, an individual experienced sexual assault and explained the ineffective support as the following:

It felt like it was an attempt at being supportive but it was lackluster. We just kind of laughed about it. I had framed it as if it was my fault and it was just some nonchalant one night stand, but on the inside, I was feeling a lot of shame and anxiety about it. I wanted them to tell me that the guy did something wrong, that he had assaulted me, but I don't think my friends understood what constitutes sexual assault. It was easier to frame it as some drunken fling. (Participant 14).

In this response, we see how a lack of knowledge and understanding can lead to ineffective support, and can invalidate the trauma survivor's feelings, however, it could be argued that in only rare cases, would someone truly understand the depth of trauma experienced in any given context, but being mindful of that lack of knowledge and

considering just how traumatic an experience was for someone, could be a more effective approach in enacting social support.

Chapter Four: Discussion

Discussion

This project sought to examine how social support was enacted, received and, overall, how it provided a buffer (or did not) for individuals after they experienced a traumatic event. The research questions aimed to explore the buffering effect, coined from the buffering model, which suggests that under stressful conditions, social support “buffers” individuals from the harm to which they are susceptible during and after stressful situations (Farmer & Sundberg, 2010). Although a significant amount of research has been done on the buffering model, there is not yet enough research on the buffering effect in situations of trauma, especially those in conjunction with social support. Research question one aimed to understand how different types of support were effective, or not, for trauma survivors, relying on the categories of types of support. These categories, as explained by Goldsmith (2004), included emotional, tangible, informational and appraisal. Research question two sought to examine how certain messages provided a buffer to survivors as they adapted to their life after trauma, focusing on how and why the support they received was effective. Being mindful that social support may not always be effective, this project explored why some social support has a negative effect compared to a positive one. Research question three sought to

explore how different types of social support were ineffective as survivors coped and adapted to life after their traumatic experience, and research question four focused specifically on why the ineffective messages of support lacked the benefits that positive social support showed.

Supportive Messages

Research question one resulted in responses to support emotional support (31.8%) and appraisal support (31.8%) being the most frequently mentioned from the participants. Emotional support received by participants included words and expressions of love, empathy and trust (Goldsmith, 2004). This support came from friends, family and loved ones, that is, individuals who knew the trauma survivor on a personal level, as compared to other individuals who could provide support, such as community members, church members, and co-workers. Appraisal support was also received frequently according to the responses collected for this study. Appraisal support includes the giving of information that is useful for self-evaluation and new perspective (Goldsmith, 2004). Responses showed that the new perspectives and self-evaluation provided trauma survivors with a feeling of security and reassurance that assisted in their coping and grieving processes.

Based on previous research, the type of social support that is most beneficial depends on the context and the individual needing the support. Previous research, throughout the entire course of research done on social support, has examined a variety of situations and contexts, and different categories of effective support have emerged as

most helpful. For example, Schaefer, Coyne and Lazarus (1981) researched social support and the conceptualization of its effects on health outcomes, and found informational support to have the most positive effect. Similarly, Malecki et al. (2003) examined the types of support students perceive from sources of support, such as parents, teachers, classmates and close friends. The study found that informational support tied with emotional support for the two most prevalent in regards to education, childhood and upbringing. Paulsen and Berg (2016) examined the social support and interdependency in transition to adulthood from child welfare services. Their study found that emotional support was important, but responses proved that practical support, also referred to as tangible support, was the most important. Practical support was defined as “economic guidance, financial support, housing and other ‘practicalities’ in everyday life” (p.128).

Responses aligned with what has been reported previously, showing that emotional and appraisal support were well received. With previous research and the responses received in this study, emotional and appraisal support seemed to be closely tied to health and well-being contexts, and Dekel et al. (2005) suggest that the trauma often tied with health-related contexts heighten the need for emotional and appraisal support. Both emotional and appraisal support was found beneficial in relational contexts as well, though not as frequently reported (Wei-Fang et al., 2016). That being said, research done specifically on social support enacted after traumatic experiences is limited, and needs to continue to progress, so additional research may provide further insight on this, as well as suggest other conclusions. In the responses, tangible support (17.3%) and informational

support (18.8%) emerged less frequently. This does not, and should not, suggest that tangible and informational support are deemed ineffective, but within contexts of trauma, emotional and appraisal support are better suited, per previous research (Cling, 2004). Previous research has suggested that emotional and appraisal support are better suited within contexts of trauma due to the psychological affect trauma can have on a person's well-being and mental health (Norris et al., 2002). It could be theorized that emotional and appraisal support provide more of what is needed to aid well-being and mental health after traumatic events.

The majority of participants received their social support in person (69.5%), which can be best understood as support given from an individual within the physical presence of the trauma survivor. In-person support was compared to other forms of communication, such as via phone, via social media, tangible messages, and via email. In previous research on social support, generally in-person support is the most common and most effective in regards to positive morale, regardless of context. Khallad and Jabr (2015) examined the mental well-being of college students and emphasized that social support contributes to their well-being, while focusing on in-person support. Additionally, Wei-Fang et al. (2016) researched how support acts as a moderator in a marriage between sacrifice and well-being, once again focusing on the concept of in-person support. These separate contexts, college students and their studies, as well as marriage and relationships, show that in-person support is generally the best. This finding is consistent in the body of social support research, especially within health-related contexts and

relational contexts. Doran (2018) examined the experiences of older individuals with cancer, and how the role of social support impacted their measurement, again with an emphasis and focus on in-person support. The participants' responses showed that social support could impact the measurement of quality of life and influence health-related decisions regarding treatment. Additionally, Smith et al. (2012) examined mothers caregiving for their adolescent and/or adult children with Autism Spectrum Disorders, and found the in-person support received by their social network had positive effects. In-person support can be beneficial, especially in health-related contexts, as physical proximity can have positive effects (Time, 2014). Often times, especially with emotional support, it is enacted by someone the person receiving the support is close with, like a loved one or a relative. The physical proximity of this person can assist in the emotional support's positive benefits and effects. Participant responses suggested that by being physically present, the support-enactor has the ability to show affection, which may further assist in the support being effective, such as hugging, reassuring touch and making eye contact. Some responses touched on the supportive messages received being in conjunction with hugging, reassuring touch and eye contact.

Research question two showed that of all the social support messages received by the participants, the reason for effectiveness mentioned most frequently (33%) was because they were reassuring. Reassurance can be understood as support that provided the trauma survivor with hope and reassurance moving forward, mirroring the idea that things will get better and that life will be okay. These responses strengthen the argument

that reassuring messages are a form of effective social support. Previous research has shown reassuring support as a common finding within the enactment of social support. Hale et al. (2020) examined posts on social media about cancer, specifically through the platform Imgur.com. These posts received comments and responses, and found that reassuring support emerged more than empathic support in the responses. The study did find, however, that posters who were anonymous or not clearly identifiable, were less likely to receive reassuring support, theorizing that this could be attributed a lack of relational dynamics. Similarly, Schroevers et al. (2003) researched the role of social support and self-esteem in the presence of depressive symptoms amongst cancer patients. Their study found that when reassuring support was lacking, diagnosis related to depressive symptoms was far greater. According to previous research, reassuring and emotional support seem to provide benefits in the majority of situations and experiences. Moreover, as Kirschbaum et al. (1995) found, when enacted by a loved one, this can impact cortisol levels, and can lessen stress and improve moods. This study focused on sex-specific effects of social support, finding that in both those who identified as male and female, reassuring support and emotional support were very beneficial. When this support came from a loved one, women reported more positive outcomes, but overall, women rated support from both strangers and partners more favorably than men did. This study continued to find developments and responses that supported reassuring social support as effective and well received by individuals, which within this context would be trauma survivors.

Reassurance can assist in aiding with the coping process for trauma survivors, essentially because it fosters most coping methods. Reassurance provides the resource some survivors need to be encouraged and motivated to properly cope. Additionally, reassurance can be beneficial to the relationship the support comes from, resulting in positive relational satisfaction, particularly because the support aligned with the relational expectations (Prinstein et al., 2005). The responses reflected in this project noted that the reassurance usually came from close and loved ones, and the connections their relationships forged allowed the reassurance to have deeper meaning.

Participant's responses also reflected that 30% of the participants felt that the effective supportive messages they received provided acknowledgment. Acknowledgment refers to support where the support-enactor acknowledged the trauma experienced by the survivor, allowing the survivor to feel secure and supported by the fact that their trauma had been named. Acknowledgment can also provide a safe space for vulnerability, as well as include support that is enacted based on relatable experiences, forming a sense of solidarity. Previous research has briefly touched on the connection of acknowledgement and support. Wiggins et al. (2016) examined the acknowledgement shown in online support forums discussing suicide, especially the societal norms about suicide. This research found that within these online support forums, the acknowledgment of suicide ideation and contemplation was found supportive. The information participant's shared reflected that acknowledgment was considered effective by participants due to not having received it from others. So if a trauma survivor received

support from someone, support that was not effective and downplayed their feelings and trauma, but then after received support from someone where they felt their feelings and experience was acknowledged, they deemed it effective support.

Participant responses also reflected that 24% of participants found their supportive messages to be effective due to them expressing love. Previous research has also briefly touched on showing love and social support. Lynn and Aparicio (2011) studied the trauma in social workers, relying on the role of trauma history and social support to explain how social workers processed trauma. The study found that showing love played a role, in addition to other factors such as the history of trauma and years of experience, in finding the social support they did receive effective. Showing love includes support that made the survivors feel loved and reminded them that they are loved. This support generally didn't focus on the trauma itself, nor the coping and grief being felt by the survivor, but it instead focused solely on the love surrounding the survivor and the love felt for the survivor. The responses received that focused on effective support due to the showing of love were rooted in traumatic experiences where the survivor's own self-worth and self-image felt diminished, and they felt as if their worth had lessened or completely vanished after the trauma. The support they received that showed love served as a reminder, and even a mantra in some cases, that they were loved and this assisted in their coping process.

Non-Supportive Messages

Research question three focused on non-supportive messages, and responses showed that the majority (62%) of non-supportive messages were categorized as informational support. Informational support generally includes advice giving and suggestions, and often, trauma survivors are not receptive to informational support, and due to how it may be communicated, it can easily be conveyed as ineffective and non-supportive. As previous research suggests, the context is important when it comes to informational support. In situations that are rooted in trauma, informational support may be less welcomed due to the significant need for emotional support, especially paired with the timing of the support. However, in other contexts, such as health-related ones, informational support may be better received. Madjar (2010) examined the role of emotional and informational support in employee creativity, finding that among work-related individuals, informational support was key in the tie to employee creativity, whereas in the same study, emotional support was key from non-work-related individuals. When it comes to personal relationships and relational dynamics, there is value and assumption placed on those relationships providing emotional support when needed. It can be theorized that when emotional support is not received, any other type of support may feel inadequate to the one receiving it.

Relational dynamics can sometimes be more challenging to establish in online communities, as shown in Wang et al. (2012), who examined the relationship between emotional and informational support in the commitment to online health support groups. Within these online health support groups, responses showed that the more emotional

support members were exposed to, the less likely they were to leave the online support group. Through the emotional support enacted and received, relational dynamics can begin to form. The study additionally found that the less emotional support received generally meant more informational support was enacted, and support recipients then had a higher risk of dropping out of the online support group. In their study on medical care and supporting families in the ICU, Bailey et al. (2010) found that informational support enacted to families in the ICU was effective and families reported better satisfaction with the care they received. Informational support may be better received in health-related contexts where the information is necessary for the general state-of-mind of the loved ones who are closely attached to the health situation of an individual, as well as the individuals themselves. Receiving informational support, specifically information regarding a health situation, can be reassuring, direct and transparent in these particular situations. For instance, Sarajävi et al. (2006), that examined the support provided by nursing staff to families during their child's illness. Emotional and informational support were both found effective, with informational especially aiding in the physical and psychological reactions. While informational support was found effective, the context is important, and while it may be effective, emotional support is more satisfying and can result in higher positive relational satisfaction. In regards to trauma experiences, emotional support can be preferred due to the survivor processing and managing the emotions and feelings surrounding the trauma they have endured. Additionally, emotional support may feel more satisfying and result in higher positive relational satisfaction

because the individual receiving the support has relational expectations as to what their partner or close one will provide to them when needed (Goldsmith, 2004).

Research question four focused on why these messages were not supportive and found that a lack of acknowledgment (42%) was the most reported response. A lack of love (31%) was the second most-frequently mentioned reason for ineffectiveness, followed by a lack of reassurance (14%) and a lack of acceptance (11%). A lack of acknowledgment can be best understood as support enacted where there was no acknowledgment of the trauma, no safe space for the survivor to feel vulnerable, and in some cases, there may have been a lack of validation towards the survivor.

According to the responses in this study, a lack of acknowledgment essentially rejected the feelings and experiences the trauma survivor was going through. By not validating the feelings the survivor experienced, there is a lack of acknowledgment that the survivor has the right to feel what they feel, given the trauma they endured. The focus of this category is the lack of validation, leaving the survivor feeling discomfort with their vulnerability. This differs from the category Lack of Acceptance, which is rooted in lack of support that validates the trauma that occurred, versus Lack of Acknowledgement failing to validate the feelings about the trauma that occurred. Responses received in the survey included experiences where survivors were told they didn't need to feel a certain way because they survived and were physically okay, such as someone telling the trauma survivor they should not feel as upset as they do because they survived the trauma.

Lack of Love was the second most frequently reported response as to why the support messages were ineffective. A lack of love can be understood as support that was attempted but fell short in receiving because the trauma survivor did not feel the love necessary from these support, but rather may have felt an encouragement to brush off what they had experienced and what they were feeling. Responses to the survey included situations where survivors felt low self-worth and felt as if they weren't worthy of love, and received a lack of support that reminded them of their self-worth and how much they were loved. Slevin et al. (1996) examined what cancer patients really want when it comes to support. This study found that emotional support played a huge role, and categorized reassurance and words of love under emotional support. According to the data, cancer patients actually preferred doctor and nurse-led support groups that included emotional support, such as acknowledgement, because the credibility from doctors and nurses tied with this type of support was most effective for these patients. Acknowledgment included within social support enacted is important, not only for coping, but for development, well-being and satisfaction. Hamre and Planta (2005) examined the emotional support in first-grade classrooms and the connection to students and school failure. Their study found that emotional support, including the acknowledgement to feelings and development, was beneficial to the young students in their overall education. Within social support research, there is a significant amount of research on emotional support, however, there is a lack of knowledge and information on the acknowledgment portion of emotional support, drawing the conclusion that additionally research within a variety of contexts needs to be studied.

Conclusion

Responses for this study showed that emotional and appraisal support were the most effective after traumatic experiences due to their reassuring nature. Reassurance can be understood as support that provided the trauma survivor with hope and reassurance moving forward, mirroring the idea that things will get better and that life will be okay. Additionally, responses found that informational support was the least effective after traumatic experiences due to the lack of acknowledgment. A lack of acknowledgment can be best understood as support where the trauma, and the feelings the trauma survivor is experiencing, are not acknowledged. This can often times make it hard for the trauma survivor to feel vulnerable and feel as if they have a safe space.

Social Support Enactors

As briefly discussed, who enacted the support for the trauma survivors in this study played a role in how the social support was received, specifically the type of support. Based on the responses, as well as previous research done on social support, the person enacting the support to the trauma survivor impacted how it was received. Individuals who received social support from someone they had a close relationship with, such as a parent, partner or loved one, found emotional support to be very helpful, specifically because it was reassuring. When explaining why this support was effective, many participants chose to include that one of the reasons was because of who was enacting the support. In the responses, many participants concluded that the emotional support they received from their parent, their partner, or even close friend, was effective due in part to

that person knowing them better than other people, and knowing what to say in that moment. When participants received informational support from individuals they had close relationships with, it was not well received and reported as being ineffective. Previous research tells us this could be due to the idea that those giving informational support, are capable of giving emotional support per the relational dynamics and therefore disrupting the relational expectation (Goldsmith, 2004).

While every type of social support has its benefits dependent on context, trauma often means emotional support will be highly effective. It is important to note that the type of trauma and type of individual who endured the trauma, plays a significant role in the way support is received. Though responses for this study showed frequency of emotional support, research has found other types of social support effective, even noting that every situation and level of trauma will differ for an individual, and therefore, this will have an impact on the effectiveness of different types of social support (Weinberg et al., 2016). In regards to close relationships, emotional support is an expectation and therefore, people assume it will be provided when needed (Lin et al., 2017). Emotional support was meaningful to the trauma survivors because it fulfilled their expectations of their close relationships at a time when they were particularly vulnerable.

The Importance of Reassurance

In this study, as well as previous research done on social support, the idea of support that is reassuring comes up often, in a variety of contexts. Previous research has shown us that within healthcare and medical contexts, classroom and professional

contexts, as well as relational contexts, reassurance is effective and generally well received, regardless of what the individual receiving the support has endured (Slevin et al., 1996; Hamre & Pianta, 2005; Goldsmith, 2004). While reassurance in general is well received, the source of the message can play a role, as previously mentioned, and the timing is important as well (Fliedner et al., 2019).

In general, reassurance can have positive effects on human relationships. Previous research has shown that reassurance is associated with positive relational quality (Prinstein et al., 2005). Research also shows that reassurance after trauma can be beneficial in the coping process. While there are generally many ways individuals go about coping, reassurance has been found to foster a majority of coping methods (Jay, 1996). Reassurance has the capability to give a trauma survivor the support they need to grieve and cope, however that may look for them as an individual.

Limitations

One limitation of this study would be the demographics of participants. Of the 69 participants the majority identified as White (86.9%), meaning the remainder of participants identified as people of color (13.1%). By recruiting more people of color and people from marginalized groups, the different perspectives reflected in the responses may provide deeper insight on how social support is received by people of all backgrounds, identities, and cultures. Within the realm of social support, psychological trauma is typically the focus, compared to biological trauma, and psychological trauma can be understood as an unexpected, sudden experience that causes a disturbance in core

psychological needs, or a possible familiar event that occurred consistently enough to violate a person's normal living (McCann & Pearlman, 1990; Cling, 2004). With this definition in mind, how trauma impacts an individual will ultimately be dependent on that individual and the elements that can affect trauma and how they process it. In the variety of contexts and types of trauma that have been examined, social support has proved to be beneficial, regardless of how the individual processes that trauma (Dekel et al., 2005). How an individual processes trauma and defines trauma can rely on factors such as background, identities and culture, so by expanding the sample, responses reflecting this could have been recorded and the responses could have received more in-depth perspectives of social support.

Another limitation would be the restriction that comes with online surveys. Given the nature of online surveys, the researcher is unable to probe and ask follow-up questions, therefore, there is always a chance that additional information and details are being left out. Conducting a study and collecting responses through in-person interviews, or even focus groups, would allow the opportunity to ask follow-up questions and gain more feedback on the different support categories and additional details on the effective versus ineffective messages.

A third limitation of this study was the inability to explore the depths of the different social support categories. There were such limitations due to the online survey approach, however, if the project was replicated or done again, ensuring that the survey provided questions that would explore the depths of the different social support

categories would be necessary. This could be done by creating a section of the survey that asks the participant to provide an example of each type of social support, and explain how it was effective or ineffective.

Lastly, the recruitment done through social media presented its own limitation. The survey link was shared via social media, where users could then click on it, view the consent form, and continue with the survey if they decided to. However, given the ease that comes with clicking the link and being led to the survey, several people accessed the link, accepted the consent form, and then exited the survey, never actually completing it. This created a challenge when it came time for data analysis, because the system showed that there were a larger amount of responses than there actually were. In some cases, individuals completed the consent form, but never returned to complete the actual survey. Since the consent form was electronically signed, this was originally recorded as a participant, when in fact, no other responses were given. Employing an alternative method, whether that is through survey design or through recruitment, would allow future research and data collection to be more reliable.

Application

While previous research has explored social support and trauma, continuing this research can be beneficial to these areas, as well as additional disciplines. The existing research has done an excellent job at providing the foundational knowledge and framework needed for continuing the work on, and related to, social support and trauma. By continuing this research, the additional insights, knowledge and information can

benefit those who experience similar situations, as well as industries and disciplines that work towards the improvement of research and resources aimed at those who experience trauma. With social support research focused on trauma, such as this study, there are a few takeaways that could benefit other industries, especially practitioners and researchers. For practitioners, social support and trauma research allows them to expand knowledge from a communicative standpoint, not only for how to interact with patients, but also the loved ones of patients. Previous research has shown, for instance that when nurses know how to interact with loved ones of patients, specifically with reassuring support, the overall perception of care improves greatly (Bailey et al., 2010). Additionally, from a practitioner standpoint, knowing how to enact social support, especially what type of social support, could be beneficial recommendations to share with loved ones and those caring for patients.

Based on responses, as well as previous research, practitioners can approach support situations, and share information with patients and families, knowing that emotional support can be effective, especially coming from a close loved one. In sharing this information with families of patients, practitioners can suggest tending to emotions and providing reassurance, while also acknowledging what the patient has been through. Additionally, knowing that acknowledgement may be particularly noticeable when it is lacking is effective information to have and share. From the practitioner standpoint, they are in a unique position where they can provide resources and tools to effectively provide support. Based on responses, emphasizing that providing emotional support first, while

acknowledging what the individual has been through and allowing them to feel vulnerable, is important. Then following up with informational support, if applicable, would be appropriate. For researchers, expanding on social support research to examine specific contexts within other disciplines, such as medicine, healthcare and psychology, could be beneficial to further develop the ideas and notions within those practices, bettering the care trauma survivors receive.

Conclusion

Understanding the buffering effect of social support can be extremely beneficial considering that traumatic experiences can be a common occurrence within our society. Reflecting on the last two years alone strengthens this argument, as society has experienced a global pandemic and several situations of social injustice. Broadening knowledge and insight within the phenomenon of social support, and continuing to do so, can not only assist in further developing research that can benefit multiple disciplines and industries, but it also assists in contributing to the fields and topics of mental health and well being. This study contributed to research done on the phenomenon of social support, finding that social support was indeed beneficial in the aftermath of trauma, specifically emotional support. This study also found that in regards to ineffective social support, informational support was most often mentioned as unsupportive. Additionally, this study found that in regards to social support, support that provides reassurance and acknowledgment were most effective.

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Appendix A: Consent Form

You are invited to participate in a research study of The Examination of Social Support Received After Traumatic Experiences.

The purpose of this study is to examine the social support that was perceived by those who endured a traumatic experience from their interpersonal relationships. You were selected as a possible participant in this study because you meet the criteria necessary for participation in this study.

If you decide to participate, please understand your **participation is voluntary** and you have the **right to withdraw and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate.**

If you decide to participate, complete the following survey. Your completion of this survey indicates your consent to participate in this research study. The survey is designed to record your responses in regards to your personal experience with social support following the traumatic experience you endured. It will take about 15-45 minutes. You will be asked to answer questions about the support you received, and did not, after the traumatic experience occurred. No benefits accrue to you for answering the survey, but your responses will be used to better understand the phenomenon of social support in contexts of grief and trauma, as well as raise awareness on the aftermath experienced by survivors of trauma, contributing to the general conversation on mental health and well-being. Any discomfort or inconvenience to you are emotional distress and/or discomfort but they are not expected to be any greater than anything you encounter in everyday life. Data will be collected using the Internet; no guarantees can be made regarding the interception of data sent via the Internet by any third party. Confidentiality will be maintained to the degree permitted by the technology used.

Due to the nature of this survey, emotional distress and discomfort may be experienced. Below are resources available to you, and encouraged, if you feel you need additional support.

DU Health and Counseling Services

Phone: (303) 871-2205

Colorado Crisis Services

1-844-493-8255

Crisis Text Line

Text "HOME" to 741-741

Dial 211

Dial 211 to access a directory of counseling services

Mental Health America

1-800-273-TALK

MentalHealth.gov

Provides information on mental health programs, resources, articles, as well as hotlines and live chat

Please feel free to ask questions regarding this study.

You may contact me (Emily Abellon) if you have additional questions at emily.abellon@du.edu or Mary Claire Loftus at maryclaire.loftus@du.edu.

If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the University of Denver (DU) Institutional Review Board to speak to someone independent of the research team at (303) 871-2121, or email at IRBAdmin@du.edu.

De-identified data from this study may be shared with the research community at large to advance science and health. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Thank you for your time.
Sincerely,

Emily Abellon, M.A.
Doctoral Candidate
University of Denver
Department of Communication Studies

Mary Claire Loftus, Ph.D.
Associate Professor
University of Denver
Department of Communication Studies

By clicking the link below, I confirm that I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can discontinue participation at any time. My consent also indicates that I am at least 18 years of age. [Please feel free to print a copy of this consent form.]

I agree to participate (link to survey)

I decline (link to close webpage)

Appendix B: Questionnaire

Demographic:

1. How old are you?
2. What is your gender? (Write-in)
3. What is your race/ethnicity? (1. Black/African American, 2. Hispanic/Latino, 3. American Indian or Alaskan Native, 4. White/Non-Hispanic, 5. Asian or Pacific Islander, 6. Multiple Ethnicity — choose all that apply)
4. What is your education level? 1. Some high school, 2. High school graduate, diploma/GED, 3. Some college, no degree, 4. Trade/technical/vocational training, 5. Associate's degree, 6. Bachelor's degree, 7. Master's degree, 8. Graduate/Professional degree. (i.e. M.D., J.D., D.V.M., etc.) 9. Doctorate degree
5. What is your total household income? (1. Less than \$10,000, 2. \$10,000 to \$19,000, 3. \$20,000 to \$29,000, 4. \$30,000 to \$39,000, 5. \$40,000 to \$49,000, 6. \$50,000 to \$59,000, 7. \$60,000 to \$69,000, 8. \$70,000 to \$79,000, 9. \$80,000 to \$89,000, 10. \$90,000 to \$99,000, 11. \$100,000 to \$109,000, 12. \$110,000 to \$119,000, 13. \$120,000 to \$129,000, 14. \$130,000 to \$139,000, 15. \$140,000 to \$149,000)

Survey Questions:

1. Trauma can be defined as an unexpected, sudden experience that causes a disturbance in core psychological needs, or a possible familiar event that occurred consistently enough to violate a person's normal living.

2. What was the date of the traumatic experience?
3. Please tell me about the traumatic experience. Being as descriptive as possible would be greatly appreciated, however, please share whatever you are comfortable sharing. (Write-in)
4. Social support can be understood as the perception, actuality and feeling that one is cared for, has assistance available from others, and has a supportive social network. For example, a family member may give advice when you have a work issue, or perhaps a friend will drop off dinner because she knows you are grieving the loss of a loved one.
5. I am interested in hearing the most supportive messages you received in the time after the traumatic experience. You will be able to tell me up to three, but please start with the most supportive message. In this box, please describe the details of the most supportive message you received. Please be as descriptive as possible.
6. What were the reasons this felt like such a supportive message?
7. How supportive was this message (1-10)
8. How did you receive this message? In person/phone/text/written/other (write-in)
9. From whom did you receive this message? (Relationship categories: Parent/Caregiver, Spouse/Partner, Relative, Friend, Peer, Community Member, Teacher, Other: write in)
10. How long after the traumatic experience did you receive this message? ____ Days
____ Months ____ Years.

11. Would you like to tell me about another supportive message or go on to the next section?
12. Sometimes people think they are offering social support, but their message isn't effective support. For example, a friend may give advice in a time that is unhelpful for you, or a family member may not realize they are being overbearing with just how much support they are trying to give you.
13. I am interested in hearing about the ineffective supportive messages you received in the time after the traumatic experience. You will be able to tell me up to three, but please start with the most ineffective supportive message. In this box, please describe the details of the most ineffective supportive message you received. Please be as descriptive as possible.
14. What were the reasons this felt like an ineffective supportive message?
15. How ineffective was this message (1-10)
16. How did you receive this message? In person/phone/text/written
17. From whom did you receive this message? (Relationship categories: Parent/Caregiver, Spouse/Partner, Relative, Friend, Peer, Community Member, Teacher, Other: write in)
18. How long after the traumatic experience did you receive this message? ____ Days
____ Months ____ Years.
19. Would you like to tell me about another ineffective supportive message or go on to the next section?

20. Aside from support you received, what would have been helpful to you in the aftermath of the traumatic experience?