2019

Veteran Anger Dysregulation: A Phenomenological Analysis of Help-Seeking Through Social Media

Deanna Bishop-Deaton
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Deanna Bishop-Deaton

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Sharon Xuereb, Committee Chairperson, Psychology Faculty
Dr. Susan Marcus, Committee Member, Psychology Faculty
Dr. Eric Hickey, University Reviewer, Psychology Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2019

Abstract

Veteran Anger Dysregulation:

A Phenomenological Analysis of Help-Seeking Through Social Media

by

Deanna Bishop-Deaton

MA, Liberty University, 2013

BS, Liberty University, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

May 2019

Abstract

In combat, anger becomes a new baseline and is promoted by peers as an acceptable means of militaristic motivation and coping with the atrocities of war. Unable to reconcile anger upon returning home, some veterans are forced to seek help via nontraditional paths. This interpretative phenomenological study explored the lived experience of male combat veterans who struggled with anger dysregulation issues and sought help from veteran peers on social media. Research questions were developed using the modal model of emotion as a guide for emotional dysregulation. Interviewed participants were invited to share lived experience of anger dysregulation, what help-seeking meant, and how they experienced using social media for management of anger dysregulation. Ten male combat veterans were recruited through snowballing and social media, they were interviewed via Skype. The results of the analyses revealed 7 major themes: emotional distress, shifting identity, reprisal, resistance to formal treatment, emotional reconciliation, social media use, and combat elitism. Participants shared beliefs that current support systems for anger dysregulation were neither fairly implemented nor effective for anger. Further revealed was that social media afforded veterans the opportunity to take advantage of anonymity, engage on their terms, rapidly target peers with similar combat and subsequent anger dysregulation experience, and learn how to rethink and reappraise to reconcile anger. This study contributes to an enhanced scholarly understanding of veterans' nonconventional help-seeking approaches for anger dysregulation. Recommendations are provided to practitioners to support, promote, and be a voice for the voiceless to effect social change by advocating for and defending those who have defended the nation.

Veteran Anger Dysregulation:

A Phenomenological Analysis of Help-Seeking Through Social Media

by

Deanna Bishop-Deaton

MA, Liberty University, 2013

BS, Liberty University, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

May 2019

Dedication

To my husband, the proven warrior both on and off the battlefield, I am proud of you. Your ability to maintain your humility and military bearing despite the daily mind battle is courageous and humbling. For you, I began this academic endeavor, and for your brothers and sisters in arms, I persisted until completion. You are my hero.

This study is also dedicated to the soldiers of Charlie Company 2nd Battalion 37th Armor Regiment and Dealer Company 2nd Battalion 69th Armor Regiment. From the display of valiance in the combat theater to the noble efforts at home to tame postwar demons, may you someday find peace.

Some servicemembers give the ultimate sacrifice on the battlefield or fall victim to the plague that is postcombat mental war. To the following soldiers, this study is dedicated in honor of your sacrifice: Staff Sergeant Michael Mitchell, Staff Sergeant Michael Moody, Sergeant John Hartman, Specialist Nicholaus Zimmer, First Lieutenant Kenneth Ballard, Specialist Michael Nixon, and Private First Class Brandon Boykin.

Acknowledgments

I would like to acknowledge the individuals who played pivotal roles in ensuring my successful academic endeavor, and in providing guidance and support. To Dr. Sharon Xuereb, my selfless and patient faculty chair, I am thankful for your time, depth of engagement, and words of encouragement and constant motivation during the dissertation process. To Dr. Susan Marcus, I cannot find the words to express my gratitude for your role as methodological expert. But for your willingness to join the committee, this journey would have never started. Your expertise and thoughtfulness, along with the insightful direction provided, were invaluable.

I would also like to offer my sincere gratitude to Dr. Kristen Beyer and Dr. Eric Hickey for the professional mentorship and time invested in ensuring my success.

To my father for exemplifying perseverance through the toughest of life's trials and for instilling in me the diligence and ethics needed to be successful in life, I am humbled by your very existence. To my mother for providing the foundation of what a "mom" should be and for all you have become since August 23, 1973, I can only wish to emulate your shadow. To you both, I am honored to be your daughter. To my beautiful children, Lorelei and John Michael Nicholaus, thank you for your unending support, patience, and understanding. You have been my rock. To my sweet retired racehorse, Sir Cahill, thank you for carrying me through these past 4 years.

Above all, I credit my Savior for the gift of academic wherewithal and the empowerment to act upon it. To Him goes the glory.

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Introduction

Returning from the war arena, male veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) exhibited higher levels of anger and aggression than service members of wars prior (Cornish, Thys, Vogel, & Wade, 2014; Morland, Love, Mackintosh, Greene, & Rosen, 2012). In a combat environment, not only do service members incite anger as a mechanism of war, but escalation to aggression and violence is perpetuated by peers and obvious environmental need. Upon return from combat, the once-prescribed and accepted manner of invoking negative emotion is no longer suitable in a noncombat, civilized society. The lack of ability to regulate emotions, specifically anger, leads to an escalation of dysregulation to aggression—a problem current-era veterans are markedly exhibiting (Lenhardt, Howard, Taft, Kaloupek, & Keane, 2012).

Despite numerous resources available to manage dysregulation, veterans are forgoing outreach for reasons including, but not limited to, stigma, distrust of caretakers, and personal inability to recognize emotional dysregulation (Mackintosh et al., 2014). Among veterans attempting to self-regulate and help-seek, there has been an increase in the use of nonconventional resources in online venues (Elbogen et al., 2014) such as social media outlets. Whether social media affects emotionally dysregulated anger in combat veterans remains unclear. As such, the purpose of this interpretive phenomenological inquiry was to explore the lived experience of male combat veterans suffering from dysregulated anger with a specific focus on self-regulating, help-seeking

tactics through the use of social media. Until the Obama Administration, women were banned from serving in a combat Military Occupational Specialty (MOS). As such, the foci of this study were male participants. The study's findings may bring awareness to previously unconsidered avenues proven successful in mitigating dysregulated anger in nonveteran populations, and may thus aid in preventing escalation to aggression and violent offending behaviors. In Chapter 1, the problem of the origin and progressive nature of veterans' anger dysregulation (AD) is presented, along with a summary of the treatment literature and discussion of the published research on the use of social media as a means of help-seeking and self-regulation. The research questions, design, and framework of the study are discussed, along with limitations and possibilities for social change.

Background of the Problem

In combat, veterans are encouraged to employ anger as a means of motivation and coping in a "kill or be killed" environment. This anger, once readily promoted in a war arena, is neither suitable nor acceptable in a peaceful society. Emotional dysregulation, specifically anger, is a cyclic process. Gross and Jazaieri (2014) define it as entailing situational exposure, attention to said exposure, and then appraisal of significance and/or relativity of the exposure, all of which work concomitantly to dictate emotional regulation. When the regulation pattern is disrupted, which typically occurs at the appraisal stage (Karademas, Tsalikou, & Tallarou, 2011), the resulting negative valuation perpetuates dysregulation, thus the escalation of anger to aggression.

Unable to regulate the familiar baseline of daily anger, combat veterans attempting to help-seek in traditional venues find doing so challenging for a plethora of reasons. Specifically, studies by Zinzow, Britt, McFadden, Burnette, and Gillispie (2012) and Cornish, Thys, Vogel, and Wade (2014) revealed decline in formal treatment-seeking or stopping treatment secondary to reported perceptions of stigmatization, lack of trust in the treating clinician, mistrust of treatment measures, and/or negative career impact. Further, Zinzow et al. found that despite government efforts to address and reduce the latter, military-related mental health agencies had been slow to incorporate advances in technology that might tamp the help-seeking decline.

Seeking and using mental health peer support in the online arena are a proven effective method of regulation (Jain, McLean, & Rosen, 2012), with the specific use of social media revealing marked efficacy in enhancing mental health and wellbeing in nonveteran populations (Griffiths et al., 2012; Naslund, Grande, Aschbrenner, & Elwyn, 2014; Oh, Ozkaya, & LaRose, 2014). In further research, Fukkink (2011) revealed the usefulness of the online environment as a successful help-seeking medium for individuals pursuing immediate mental health assistance and/or support. Fukkink also discovered that peer mentoring via support-group-type chat services in the online environment successfully deescalated psychosocial challenges experienced by the serviced recipient. While some technological advances, such as telehealth and virtual reality, have been successfully trialed by the Department of Defense and the Veterans Administration (Zinzow et al., 2012), telehealth and virtual-reality-based mental health are the only two

approaches that have been successfully piloted and studied, thus leaving questions as to the usefulness and efficacy of other nonconventional methods.

Veterans may seek help in nontraditional, online outlets, through peers, or in other arenas where anonymity prevails over the potential for isolative stigmatization (Kulesza, Pedersen, Corrigan, & Marshall, 2015; Zinzow et al., 2012), but again, the efficacy of such informal and unregulated approaches remains unclear. A study by Mackintosh et al. (2014) revealed a correlation between informal treatment of veterans' AD and successful strategies employed to deescalate and prevent violent offending behaviors. Another study yielded productive insight on nontraditional self-regulating behaviors that veterans used to mitigate the elevation of anger to aggression (Morland et al., 2016). Of interesting note, particular focus of the Morland et al. (2016) study was on the failure of veterans to mitigate symptoms beyond the attention phase. Through a researcher-created smartphone application, Morland et al. identified that help-seeking veterans were, however, able to self-regulate post attention phase using cognitive-based techniques imbedded in the program. Available literature does not clearly define the role and/or efficacy of help-seeking through the use of social media by veterans challenged with dysregulated anger. Thus, more research has been needed to further explore how veterans who use this medium describe their experience.

Problem Statement

Veterans of OIF and OEF return home with levels of anger and aggression at rates exponentially higher than those of nondeployed peers (Cornish et al., 2014; Morland et al., 2012). Combat veterans of prior wars report experiencing postwar anger and

aggression challenges, with some instances of escalation to offending behaviors that include violence (Lenhardt et al., 2012). When compared to prior-era military peers, however, current-era combat veterans are evidencing more profound levels of anger-to-aggression dysregulation post high-tempo, hostile operations (Gallaway, Fink, Millikan, & Bell, 2012), as well as propensities toward violence when self-regulation fails (Mackintosh, Morland, Frueh, Greene, & Rosen, 2014). Despite unlimited access to anger and aggression management resources, less than half of veterans seek treatment (Kulesza et al., 2015). Of the veterans who seek treatment, program retention rates are below expected thresholds because of access barriers, lack of focus on regulation tactics beyond the arousal phase, and veteran disdain for use of institutional services (Mackintosh et al., 2014).

Without treatment, however, veterans were more likely to report an escalation of anger to aggression and associated acts of violence (Elbogen et al., 2014). To acclimate to life without formal treatment, Elbogen et al. (2014) explained that some veterans went on to help-seek via nonconventional methods, such as reaching out to veteran peers or engaging veteran-targeted smartphone applications (Morland et al., 2016). They did this in an attempt to self-regulate anger and mitigate aggression and potential escalation of violence. Studies of veterans' help-seeking behaviors revealed that veterans engaging other veterans for help-seeking measures was effective in mitigating negative sequelae such as anger and aggression (Jain et al., 2012).

While current research is limited with respect to detailing the experience of help-seeking veterans using social media, emerging studies have revealed efficacy in using

peer support and mental health regulation via the online venue with other populations (Griffiths et al., 2012; Naslund et al., 2014; Oh et al., 2014). Specifically, studies have shown positive outcomes for veterans using online fora to reduce symptomatic effects of posttraumatic stress disorder (PTSD) and associated alcoholism, as well as minimization of depression and anxiety in nonveteran populations (Brief et al., 2013). Existent studies primarily focused on virtual mental health applications such as video telemedicine, one-stop resource webpages, and cyber therapy. Dowling and Rickwood (2013) described prior studies as limited and exclusive of other online help modes such as self-initiated nonregulated attempts at informal outreach. The use of social media for help-seeking and/or self-regulation may be considered a type of unregulated, informal approach (Jain et al., 2012).

Use of social media as a means of promoting mental health is empowering to sufferers of severe mental illness across civilian populations (Naslund et al., 2014), but to date, there has been little research examining how this kind of peer support is experienced by returning war veterans with anger and anger escalation issues. The research by Naslund et al. (2014) suggested that the use of social media for help-seeking is consistent with findings regarding other peer support strategies in severe mental illness. They also pointed out that lack of anonymity and unknown trustworthiness of content posed unique and relevant concerns. Therefore, they and other researchers (Elbogen et al., 2014; Zinzow et al., 2012) have recommended that more research be done to improve quality of life and wellbeing in persons suffering from mental illness. Given the growing,

acute need for accessible, socially meaningful services for combat veterans, this study had the potential to address both scholarly questions and professional application.

Purpose of the Study

The purpose of the interpretive phenomenological inquiry was to understand the lived experience of self-regulation, help-seeking, and social media use in combat veterans with problems in self-regulating anger accelerating aggression. By exploring the phenomena of self-regulation, help-seeking, and social media use, it was hoped that the findings from this study would provide clinical insight into the sequelae and nonconventional treatment of dysregulated anger leading to aggression and violent offending behaviors. Further, the study was also intended to promote awareness of nonconventional avenues that veterans employed to obtain or sustain quality of life. Specifically, this study provided insight into previously underconsidered nonconventional avenues that veterans use to prevent and/or reconcile anger issues that perpetuated escalation of unwanted, offending behaviors. Furthermore, by employing an IPA approach, veterans provided descriptively rich detail about lived experience entailing the use of regulation attempts through social media outreach, which also prompted further investigation. Perhaps most importantly, the understudied nature of the current topic provided combat veterans with a platform to positively contribute to the population of psychologically wounded warriors.

Research Questions

RQ1: What is the lived experience of anger dysregulation in combat veterans?

RQ2: What does help-seeking mean to combat veterans?

RQ3: How do combat veterans experience using social media for management of anger dysregulation?

Conceptual Framework

Gross and Thompson's (2008) modal model of emotion (MME) presents the evolution of emotion generation as involving four steps: (a) situational exposure to an emotionally relevant event, (b) attention given to the exposure, (c) appraisal of the exposure, and (d) emotional reactivity dictating response style. Fully completed, the process of MME prompts regulation of emotion, although still dependent upon interpretive value and intrinsic malleability of the person (Gross & Jazaieri, 2014). Formally known as intrinsic value, the emotion arising from exposure to an experience is subjectively established and wholly dependent on individual perceptual appraisal therein (Karademas et al., 2011). With strict respect to negative emotional appraisals, Karademas et al. (2011) posited that this type of intrinsic value perpetuates dysregulation secondary to maladaptive interpretation of an event; thus, the emotional reactivity stage of the MME process results in suppression or continuation of undesirable emotions. An intrinsic event occurs when a negative affect resurfaces in a subsequent MME cycle, and Gross (Gross & Thompson, 2008) explained that not only does the dysregulated emotion remain a volatile catalyst for future response styles, but it may also escalate emotions from one negative level to another.

In battle, anger, aggression, and violence are prescribed and encouraged as acceptable behavioral responses. Thus, veterans had a behavioral and emotional repertoire to follow in combat settings. Removed from war arenas, veterans' previously

accepted anger and aggression behaviors fit neither noncombat environments nor societal norms and expectations. This results in challenges with emotional regulation. As further detailed in Chapter 2, MME best explains behavioral response as dictated by the emotional value that individuals place on an event during a "person-situation transaction" (Gross & Thompson, 2008, p. 499). It was applied in this study to provide a foundation of understanding for veterans' anger and aggression, as well as corresponding help-seeking behaviors resulting in reconciliation of dysregulated emotions.

Nature of the Study

The study employed the qualitative approach of interpretive phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2009). IPA afforded the opportunity to gain insight into how individuals formulated meaning from a life event and circumstances therein, which was done through first-person retelling. The goal of understanding the lived experience from first-person retelling was to obtain a raw, subjective explanation as interpreted by the owner of the experience's meaning (Smith & Osborn, 2015). Because the primary goal of the study was to understand veterans' subjective reality through lived experience and associated meaning therein (Smith et al., 2009) with help-seeking for anger regulation, IPA was considered the most suitable approach affording the opportunity for sensical insight regarding the topic and possible phenomenon for the population of interest. Furthermore, IPA is a methodological approach enabling a double hermeneutic experience affording the researcher the opportunity to make sense of how individuals created meaning from a life event (Smith & Osborn, 2015).

Data were collected via semistructured interviews using open-ended questions that allowed for the free flow of participant thought. Using the IPA approach (Smith et al., 2009; Smith & Osborn, 2015), some questions were predetermined, with subsequent inquiries primed on respondent statements. Using an interview protocol as a guide, participants' initial responses were prompted by predetermined questions. Responses that required clarity or greater depth in understanding prompted further questions. As a result, some follow-up questions were not predetermined, but rather asked in an impromptu style to promote latitude for deeper discussion. As each interview was analyzed, emergent themes were organized in a superordinate manner in effort to either guide the next interview and/or find convergence amongst the data in their entirety (Smith & Osborn, 2015).

Definitions

Anger dysregulation (AD): Emotional hostility with a marked potential to escalate to aggression or other violent and/or potentially offensive behaviors (Novaco, 2011).

Combat veteran: A service member with documented offensive or defensive hostile engagement with enemies of the United States (Department of Defense, 2017).

Deployment: Movement of a military unit or contingency of unit members to an area of combat-related mission operations (Department of Defense, 2017).

Help-seeking: The act of initiating formal or informal treatment and/or guidance for mental health issues (Mojtabai, Evans-Lacko, Schomerus, & Thornicroft, 2016).

Redeployed: Countermovement of a military unit or contingency of unit members from or outside of an area of combat-related mission operations (Department of Defense, 2017).

Military Occupational Specialty (MOS): A designation identifying servicemember assigned career field (Department of the Army, 2007).

Social media: Any online platform where individuals may share content, communicate, and/or seek or offer guidance to others. Examples include, but are not limited to, YouTube, Facebook, Instagram, and Twitter.

Assumptions

This study was based on the assumption that veterans would be transparent in what they said, and that they would accurately detail their lived experiences. It was further assumed that participants would descriptively and truthfully convey experience to the best of their personal capability. Truthful response styles promoted not only topic awareness, but also strengthened the study, thus heightening credibility of resultant data. Finally, it was assumed that allowing participants to select the mode of interview (e.g., phone or Skype) gave them control over their comfort and confidence.

Engaging the combat veteran population involved the assumption that participants' postwar psychological baseline might have been misguided or affected by unresolved war trauma. As such, it was imperative that, in my role as the researcher, I maintained a supportive, nonbiased manner that promoted an interview scenario where participants were free to engage in a willing and comfortable manner.

Scope and Delimitations

The intent of this study was to explore the use of social media as a means of mitigating dysregulated emotion. Specifically, the focus of the study was male OIF and OEF combat veterans struggling with anger and aggression challenges and not undergoing any type of formal treatment. As women only recently became combat MOS eligible and have gender-specific mental health differences, including a mixed gender participant base would not have been conducive to closing the gap in knowledge. The study, although limited in generalizability, is transferable to veteran-related mental health diagnoses and/or domains. This study did not address veterans using conventional, regulated, or otherwise formal treatment modalities. Research and data also did not include social media usage for issues other than anger and/or aggression.

Limitations

The study's all-male participant base precluded diversity and thus did not fully represent the entire combat veteran population, limiting its transferability. Transferability was enhanced, however, by leaving intact participants' original verbiage so that their experience might be appreciable to other populations within military boundaries (Lincoln & Guba, 1985). Secondary to the snowball sampling strategy, there was potential for self-selection bias, particularly given observed recruit enthusiasm to participate and share lived experiences. In line with the nature of qualitative studies, there was no definitive sample size depicting an ideal model for saturation (Lincoln & Guba, 1985). While there was some subjectivity in determining when saturation was reached, continuing with several subsequent interviews after reaching presumed saturation confirmed that

saturation had been secured. Another limitation concerned the use of a singular researcher for interpretive analysis, which, according to Smith et al. (2009), can minimize interpretation to one worldview and minimize dependability. Issues with dependability were addressed through an external audit.

Significance

As this was an underexplored area of research, this study was unique because it was an attempt to explore the use of a modern technology—social media—to support the care of a growing population of persons suffering from mental health challenges—combat veterans. Thus, it built on previous research on the value of peer support for those suffering from mental illness and addressed the acute social challenge of providing care to combat veterans. Because there is potential for unreconciled anger and aggression to escalate to violent offending behaviors, the results of this study could assist in bettering clinical insight and associated treatment recommendations that allow veterans access to a better quality of life. In addition, the study contributes to current, although limited, data available to practitioners regarding nonconventional approaches. Specifically, mental health practitioners may gain a better appreciation for veterans opting out of regulated, formal treatment modalities. As the current study is somewhat innovative in comparison to customary research entailing veterans, it is plausible that researchers may be prompted to expand the study, thus contributing further investigation/exploration and data to an understudied topic. Finally, with respect to the social change element, this study has the potential to raise awareness of veterans' mental health issues by prompting future studies and/or guiding treatment options.

Summary

Veterans of current-era wars exhibit levels of AD at rates higher than peers of wars prior. Promoted in war theaters, anger was employed as a tool for combat motivation and used as a coping mechanism. Noted in this chapter were the marked increases in veterans returning home with an inability to regulate negative emotions with experience of anger-to-aggression escalation (Lenhardt et al., 2012). Despite available options, some veterans have foregone the use of a regulated, formal system, instead pursuing alternative, nontraditional options. Also noted in this chapter were studies emphasizing the efficacy of implementing nontraditional help-seeking attempts by nonveteran peers using social media. Literature on veterans attempting to self-regulate anger through social media help-seeking is limited. This gap in the literature prompted the current study. The study's IPA-based approach provided an overview of the population and plan for data analysis. A descriptive overview of self-regulation, help-seeking, and social media phenomena was offered for brief insight into how the methodology correctly aligned with the study's purpose.

A comprehensive review of the literature and gaps therein is offered in Chapter 2. In addition, the conceptual framework and its implications for the current study and population, as well as potential future studies, are presented in more depth in the next chapter.

Chapter 2: Literature Review

Introduction

Anger dysregulation is understood by practitioners as a characteristic increasingly inherent to OIF and OEF veterans. Unlike peers from prior wars, current-era veterans have reported marked challenges with regulating negative emotions that potentiate escalation to violence (Elbogen et al., 2014; Mackintosh et al., 2014). Despite access to regulated resources promoting self-regulation tactics, some veterans continue to stagnate or decline (Kulesza et al., 2015; Mackintosh et al., 2014). Consistent with current studies, the latter research suggested that declining anger regulation and other mental health issues were secondary to access barriers, distrust of providers, and/or a failure to recognize signs and symptoms of emotional dysregulation (Kulesza et al., 2015; Mackintosh et al., 2014).

Further review of the literature revealed limited data regarding focus on alternative treatment. Specifically, veterans declining formal treatment may have reached out to peers on social media or other group-chat-type websites in an attempt to regulate anger. Scholars have agreed that for veterans, help-seeking in a peer-related physical versus online environment is effective in mitigating emotion-regulation challenges (Jain et al., 2012). Seeking solace in and guidance from like-minded peers is empowering for veterans (Naslund et al., 2014), but some veterans prefer to help-seek in an anonymous or more discrete manner, such as in the online arena. Nonmilitary populations have reported marked improvement in emotion regulation when help-seeking in online venues (Griffiths et al., 2012; Naslund et al., Oh et al., 2014). As there were gaps in current data,

exactly how or if the latter might be productive in the combat veteran population remains unknown.

In the current chapter, I provide insight into the literature review search strategies and the conceptual framework, and I offer an overview of reviewed studies with limitations and delimitations, as well as current trends in clinical application.

Literature Search Strategy

An exhaustive search of the literature was conducted in an attempt to obtain peer-reviewed journal articles and other refereed sources. The databases included, but were not limited to, Walden University indices such as SAGE Journals, PsycINFO, and PsycARTICLES. Articles' reference lists were also reviewed and further used when relevant. In addition, searches specific to the military population were conducted using regulated websites such as the Federal Digital System, Department of Defense, and U.S. Department of Veterans Affairs databases. Terms utilized to conduct the literature review search included keywords and phrases such as *combat veteran and anger*, *anger dysregulation*, *combat veteran anger dysregulation*, *veteran anger and aggression*, *untreated anger and veterans*, *anger dysregulation in service members*, *veteran mental health and self-regulation*, *social media and mental health*, *social media use for anger management*, *social media and veteran peer support*, *alternative therapy for combat veterans*, *combat veterans and social media support*, *social media use and therapeutic*, and *veterans declining formal treatment and why*. As a final tactic, social media sites were searched for scholarly leads using hashtags specific to date parameters from 2012 to the present and include #veteranmentalhealth, #veteransmentalhealth,

#veteranangermanagement, #veteranemotion, #angerdysregulation, and #socialmediause for #mentalhealth.

Conceptual Framework of the Study

Because no theoretical foundation best explained anger dysregulation and associated help-seeking behaviors, a conceptual framework guided the study. Specifically, Gross and Thompson's (2008) MME depicted a subjectively staged process by which individuals interpret and concomitantly guide emotion regulation. The foundation of MME emphasizes that individuals activate emotion regulation based on personal value, interpretation, and goal outcome (Sheppes, Suri, & Gross, 2015). These three prongs dictate emotion regulation for future events, particularly those with specific meaning and/or value (Gross & Thompson, 2008). In light of combat veterans' exposure to war trauma and the potential cognitive impact it has on regulation, MME was considered the best concept to explain veterans' experience.

The process of MME occurs in several phases—situation, attention, appraisal, and response—described in detail as follows.

Situation Phase

Gross and Thompson (2008) posited that individuals must make a conscious choice to engage in exposure to stimuli that command emotion generation, thus inciting the regulatory process. It is important, however, to understand that while emotion generation and regulation are two individual processes, scholars do not agree on whether they are based strictly on interpretive subjectivity, otherwise known as personal

interpretation, or if they function as a mental state of being, or both (Gross & Feldman-Barret, 2011).

While the United States does not currently conscript citizens, individuals volunteering for service are limited in their ability to avoid exposure to traumatic events. Upon return from war, veterans regain the freedom of choice. However, some veterans remain impacted by the course of war and exhibit conscious preferences to interact primarily with combat-experienced, like-minded peers, thus depicting the attention phase of the MME process.

Attention Phase

Peer influence, formally identified as the *person-situation transaction* (PST; Gross & Thompson, 2008), may dictate how veterans interact and react in scenarios that command some form of emotional response and regulation. During the subjective PST process, an individual must willfully continue exposure and maintain attention, whether negative or positive, thus self-prescribing emotional regulation (Sheppes et al., 2015). Self-prescribing is a cognitive process by which the owner of the emotion determines how and in which manner the event should be processed. For individuals to maintain attention during PST, the event must be psychologically relevant and evoke an emotionally regulative end goal (Sheppes et al., 2015), such as happiness or possibly even anger. The process of PST during MME is useful in offering insight into and a rationale for veterans' preferences to engage in PST with other veterans, particularly as there are emotional and historically situational similarities.

Appraisal and Behavioral Response

Additionally, during the process, appraisal prompts cognitive recognition of emotions, which are explored and attached to meaning and/or relevant experiences. During this phase, individuals value outcomes and determine in which manner, negatively or positively, the emotional response will present (Bosse, Pontier, & Treur, 2010), and therein end the phase with corresponding behavior(s). Dysregulation of emotions, such as anger and aggression, occurs when veterans make a cognitively maladaptive connection during the appraisal phase. Consider veterans who reported feelings of guilt and rage related to the wartime death of a peer and experienced these emotions when in contact with a member of battle staff or chain of command. Veterans connected emotions to physical events and people, and typically did so during trauma. When emotions were maladaptively appraised, the result was dysregulated emotion. Combat veterans were prone to maladaptive thought processes secondary to traumatic war exposure impacting cognitive capabilities, and thus were not unlikely to experience misfires during any of the MME phases (Miles et al., 2016a) as the mental process for doing so was already tainted.

MME has been used in numerous research studies with civilian and military populations alike and has shown promise when applied to veterans reporting a plethora of psychological challenges. Research has shown moderate improvements when employing MME as a basis for correcting maladaptive thinking in veterans suffering from PTSD and anger management difficulties (Boden et al., 2013; Miles et al., 2016b). As such, the

conceptual framework of MME was applied in the current study as it provided a foundation to understand the process of emotional dysregulation.

Review of Research and Methodological Literature

An exhaustive search of literature on anger dysregulation, help-seeking, and social media use for mental health regulation was conducted. Revealed were limited studies not only on the points of interest, but also with the veteran population. Specifically, available studies focused on veterans' anger dysregulation and anger dysregulation and help-seeking, but none included the added variable of social media. While studies existed revealing an association between help-seeking and social media use, those targeted civilian populations. To expand the methodological and research review, also reviewed were studies involving civilian participants revealing a causative connection between emotion dysregulation and help-seeking behaviors with social media.

Anger Dysregulation

Routinely identified as a problematic postwar characteristic, anger dysregulation is a primary element of emotional imbalance in veterans (Donahue, Santanello, Marsiglio, & Van Male, 2017). Specifically, 27% (Elbogen et al., 2014, p. 6) of OIF and OEF veterans reported difficulties regulating anger, to the point of engaging in acts of aggression and/or violent offending behaviors. Anger dysregulation was not limited to physicality, but also evidenced in nonphysical lashing-out behaviors such as verbal aggression, thought impulsivity, and maladaptive thought processes.

Stemming from an inability to return to precombat baseline, anger dysregulation was also perpetuated by an unforgiving civilian environment where people are

unaccustomed to understanding veterans' psychological coping tactics applied in times of war (Lenhardt et al., 2012). Forced into a protective mode, veterans may be unable to cope with the rigors of balancing societal behavioral expectations and regulating behaviors off the battlefield and may thus experience disruptive breakdown in the MME process (Gross & Thompson, 2008).

In a study of OIF and OEF veterans, participants experiencing disruption of the MME process reported engaging in aggressive behaviors at least once daily (Miles, Thompson, Stanley, & Kent, 2016a). Male veterans were more likely than female veterans to report impulse-based acts of aggression with MME disruption, and most often reported comorbid psychological diagnoses for which symptomatology was significantly more pronounced (Miles et al., 2016a). While veterans engaged in the study had comorbid diagnoses of PTSD, researchers established a link between MME failure and escalation of anger to aggression. As a reminder, the population of interest entailed male combat veterans. The assignment of women to combat roles is a development only as recent as the Obama Administration; thus, current data including women veterans' experience with anger dysregulation and help-seeking are scant. In addition, no studies have addressed women veterans' use of social media as a means of help-seeking for anger dysregulation issues.

Anger dysregulation in combat veterans is not limited to populations with documented or known comorbidities. Veterans without reported psychological diagnoses are also susceptible to anger regulation challenges but may experience symptomatology that mirrors MME disruption (Klemanski, Mennin, Borelli, Morrissey, & Aikins, 2012).

For clarity, veterans have reported experiencing MME challenges without having any precipitating or aggravating comorbidity. While the studies noted above relied upon small samples in which males were overrepresented, both positively correlate the ramifications between a disruptive MME process and combat veterans experiencing associated anger dysregulation challenges (Klemanski et al., 2012; Miles et al., 2016a).

In a study of OIF and OEF veterans by Elbogen et al. (2014), more than one-third of participants reported vulnerability to escalation of violence secondary to poor protective mechanisms and failure to recognize the onset of anger dysregulation. Additionally, veterans conveying an ability to recognize symptomatic challenges with anger dysregulation shared a subjective belief that seeking treatment prompted stigmatization. Combat veterans identifying with the latter subset were discovered as more likely to decline formal treatment modalities, and thus experienced escalation of symptomatology and unwanted behaviors.

With consideration to the phenomenological standpoint, veterans' experience with anger dysregulation dictated quality of life, as well as the path of help-seeking. Studies focused on the lived experience of veterans (Miles et al., 2016; Worthen & Ahern, 2014) have revealed thematic commonalities suggesting that veterans' anger dysregulation was perpetuated primarily by the loss of rigidity in life structure, psychological and moral injury associated with the sequelae of war, and comorbid conditions that contaminated sound decision-making. Specifically, veterans reported experiencing being psychologically defensive and engaging anger as a means of coping (Worthen & Ahern,

2014), while others reported an additional factor—a lack of insight and education on how to regulate provoked emotions (Miles et al., 2016).

Veterans identifying specific comorbidities such as PTSD were discovered to experience marked challenges with anger dysregulation yet were least likely to seek formal treatment (Worthen & Ahern, 2014). Other revelations identified included veterans reporting the likelihood of reaching out to former or current servicemember peers in effort to self-regulate challenges with anger and aggression.

The studies noted in this section offered varying degrees of insight into anger dysregulation, with both subjective experiences and objective correlations. The research discussed here provides clinicians with background, causation/correlation, and even lived experience of anger dysregulation. However, current data are limited primarily to civilian subsets, leaving a gap in knowledge regarding military populations; thus, it was imperative to expand the topic to include areas deficient in exploration, specifically anger dysregulation and help-seeking through the use of social media.

Mental Health Stigmatization in Military Culture

Military culture prescribes mental and emotional toughness above societal norms, particularly among young males. Given the overrepresented nature of masculinity in the armed forces, it is not uncommon for veterans to underreport symptomatology in effort to maintain an expected gender persona (Jakupcak, Blais, Grossbard, Garcia, & Okiishi, 2014). Research has suggested that OEF and OIF veterans with combat exposure are less likely to engage in help-seeking behaviors if doing so results in an assault on the perception of masculinity (Jakupcak et al., 2014). Conversely, veterans engaged in

treatment and self-reporting a strong masculine emotional sense of self are less inclined to pursue therapeutic options with the potential to expose psychological fragility (Garcia, Finley, Lorber, & Jakupcak, 2011; Hom, Stanley, Schneider, & Joiner, 2017; Jakupcak et al., 2014).

The armed forces perpetuate a cultural mindset in which weakness is anathema; thus, emotional dysregulation (e.g., PTSD) and help-seeking may be seen as blighting military bearing and order (Kulesza et al., 2015). In both veterans and active servicemembers, the mindset of military masculinity and stigmatization remains largely constant; therefore, help-seeking practices do not vary across duty-status spectra (Hom et al., 2017; Kulesza et al., 2015).

The overall effect of help-seeking stigmatization in veteran populations is evidenced in numerous ways. As discussed above, stigmatized veterans who decline treatment may experience worsening symptomatology and potentially fatal outcomes. Despite recognizing emotional and psychological disharmony in themselves, stigmatized veterans may silently struggle with decreasing resilience to emotional imbalance rather than seek treatment. As to why this is the case, research (Brown & Bruce, 2016) has shown that veterans reported fear of reprisal from command and/or potentially violating Department of Defense (DOD) policies regarding military bearing and duty readiness. Specifically, DOD policies on mental health are stringent and intended to exclude individuals who do not and/or cannot satisfy what the institution perceives as an ideal representative of military bearing and readiness.

Given that entering the armed forces was markedly selective, veterans with emotional challenges, such as anger dysregulation issues, were reluctant to report symptoms after enlistment (Brown & Bruce, 2016). Furthermore, the DOD perpetuated a dismissive approach to psychological challenges experienced by soldiers in war environments, by suggesting maligned behaviors be considered secondary to combat exposure and stress therein (Brown & Bruce, 2016). Of the symptomatic veterans who did seek help, despite facing stigma, numerous reported experiencing passive-aggressive redress or delayed diagnoses in attempts to return soldiers to the battlefield (Brown & Bruce, 2016). Dismissive attitudes from command and treatment providers perpetuated the stigma that reporting symptomatology was not acceptable, thus veterans established that further help-seeking was a futile effort (Brown & Bruce, 2016). This potentiated decline in psychological wellbeing and help-seeking behaviors.

Psychological and Moral Factors

Mojtabai, Evans-Lacko, Schomerus, and Thornicroft (2016) defined help-seeking as the primary means of resolution individuals employ to reconcile mental health challenges. In civilian populations, successful help-seeking outcomes were dependent upon willingness, trust in the practitioner, and attitudes regarding the process therein. Attitudes about personal experience with help-seeking had the greatest impact on whether individuals were more likely or less likely to engage in the process (Mojtabai, Evans-Lacko, Schomerus, & Thornicroft, 2016). In military culture, studies showed veterans reported similar MME experiences to civilians, although there was an added factor of concern for stigmatization amongst peers (Kulesza et al., 2015).

To best understand the dynamics of veterans' help-seeking behaviors, it was important to appreciate the standards of practice to which the population was subjected. When deployed to and redeployed from a combat zone, veterans were mandated to undergo psychological assessment to evaluate fitness for duty and establish and compare prewar and postcombat baselines. With respect to post war timing, veterans identifying with and/or reporting variations between the two baselines were either mandated to seek care for continued mission readiness or counseled on mental health options. For veterans not directed by commanding officers to obtain treatment, there were limited options apart from suffering in silence and/or seeking alterative and possibly fatal options (Wolfe-Clark & Bryan, 2016).

Of the veterans seeking help, particularly active duty members, many veterans reported using nonconventional means to circumvent a biased military system to protect anonymity, and to minimize a perception of weakness. In a study by Morgan, Hourani, Lane, and Tueller (2010), members (n=889) engaging in alternative forms of help-seeking reported doing so for career protection, reduction of stigma, and to ensure subordinates and peers did not lose confidence in professional capabilities. The preferred mode of help-seeking entailed use of a nonconventional route, such as pastoral services, for the specific purpose of taking advantage of the buffer offered between servicemembers and the trifecta of challenges noted above. In addition, resultant data revealed combat veterans were more inclined to pursue alternative mental health options when dealing with anger and hostility (Morgan, Hourani, Lane, & Tueller, 2016). It was imperative to understand, however, that faith-based and non-faith-based veterans alike

seek help through spiritual and alternative means, although doing so was primarily dependent upon the level of perceived moral injury.

Overriding the majority of reasons cited for alternative help-seeking measures in the veterans' population was the element of moral injury. Defined by The U.S. Department of Veterans Administration (2016) as the insult of war on veterans' personal principles, moral injury is a primary factor in when, how, or in which manner veterans sought help (Maguen & Litz, 2016). Maguen and Litz (2016) identified moral injury as a signature wound of war, which occurred by engaging in acts that violated the human conscience. Combat requires defensive spontaneity and instantaneous dehumanization of a target – both of which ensure fatal accuracy in a kill-or-be-killed tactical environment. Moral injury occurred in scenarios where the risk of neutralizing a threat forced veterans to accept collateral damage, such as fatal outcomes for noncombatants or unintended targets like elderly, women, and children. When the outcome of a battlefield experience offended personal values and beliefs, some servicemembers were unable to reconcile the necessity of the deed from the unfortunate outcome, thus become morally injured.

In a study by Currier, Holland, and Malott (2015), surveyed veterans reported feeling more likely to seek help if the morally injurious experiences were appraised as repairable. During determination of whether such moral assaults were repairable, veterans considered factors such as the meaning of the experience behind the injury, if the injury went against the grain of wartime norms, and/or if OIF and OEF peers encountered similar discrepancies of ethical conscience (Currier, Holland, & Malott, 2015). In instances of exposure to moral egregiousness, such as torture or other crimes

against humanity, it is human nature to deem the assault irreparable and thusly further disengage from the experience (Bandura, 1999). When veterans morally disengaged, however, the inability to reconcile moral assault potentiated maladaptively denigrative behaviors and/or fatal outcomes (Maguen & Litz, 2016). Of importance, fatal outcomes for veterans were reported at 22 suicides per day (U.S. Department of Veterans Affairs, 2016).

In a separate explorative study of caregivers working with OIF and OEF populations, Drescher et al. (2011) discovered mental health providers working with combat veterans reported challenges with moral injury as a primary reason for veterans' help-seeking. In both studies (Currier, Holland, & Malott, 2015; Drescher et al., 2011), participants reported long-term treatment for repair of moral injury as majorly efficacious when veterans were paired with likeminded and like-experienced peers.

Peer Support and Help-Seeking in Veterans

Amongst all available options for help-seeking veterans, peer support within the same population was a preferred choice. Veterans reported the desire to seek help from combat veterans as there was an expectation combat veteran peers were likeminded and shared similar lived experience with military exposures (Naslund et al., 2014).

Veterans intentionally help-seeking likeminded and like-experienced peers was a form of combat elitism. Ashley and Brown (2015) defined combat elitism as a military culturally-based mindset that perpetuates the notion veterans with combat experience were the status quo as compared to veterans without combat exposure. Combat elitism, although a source of acrimony amongst veterans, impacted help-seeking in much the

same regard. A study revealed combat elitists were more inclined to seek out combat veteran peers for mental health guidance as noncombat veterans were considered inferior, lacking in subjective experience and empathy, and more judgmental (Ashley & Brown, 2015). Because of the latter, it was not uncommon to find combat veterans declining participation in group approaches or outlets that involved noncombat veterans.

Help-seeking amongst like-minded peers was not a practice limited to veterans remaining on active duty status, but rather continued to be a preferential factor during and after the transition from military to civilian. For clarity, veterans preferred to help-seek amongst other veterans. Research suggested that perhaps help-seeking amongst peers was more preferred as society was deemed unforgiving and less understanding of combat veterans' specific psychological needs (Smith & True, 2014). The transition process was difficult and forced veterans to question and adjust to a new identity and purpose. An exploration of the lived experience of transitioning OIF and OEF veterans revealed peer-seeking within veterans' populations was a primary means of solidifying post-military identity (Smith & True, 2014). Research (Ashley & Brown, 2015; Smith & True, 2014) also suggested combat veterans' help-seeking amongst other combat veterans was influential in that interacting with like-experienced and like-minded peers delimited stigma and promoted acceptance of mental health challenges.

In a controlled study of combat veterans reporting MME challenges leading to interpersonal violence, Taft, Macdonald, Monson, Walling, Resick, and Murphy (2013) positively correlated decreasing violent offending behaviors with consistent exposure to veteran peers with mirroring experiences. While the study was limited secondary to a

small sample size (N=15) and comorbid psychological diagnoses were not constant across the population, participants evidenced fewer perpetrations of violence after a six-month exposure to peers in a group therapy-type setting (Taft, Macdonald, Monson, Walling, Resick, & Murphy, 2013). In more than half of the sample, participants credited the decrease in violent offending behaviors to group peers' acceptance and willingness to share experiences and offer guidance (Taft et al., 2013).

Veterans supporting each another was a practice deeply ingrained in military culture. It was an ambassadorship based on the premise that the population was a unique family system of which no peer would be left behind. Supporting each other under those beliefs brought efficacious results in varying aspects of life, but particularly so with mental health challenges (Ahern, Worthen, Masters, Lippman, Ozer, & Moos, 2015).

While the help-seeking limitations and tendencies discussed here may be readily resolved in a physical venue, such as through peers and facilities, the new era of technology and social media settings may become an appealing option for veterans (Morland et al., 2016). Specifically, online platforms, such as Facebook, Twitter and YouTube may be a viable help-seeking option for selective veterans attempting to self-regulate emotional difficulties.

Social Media

Of the available resources veterans had to facilitate help-seeking behaviors, technology and virtual environments were an option. Online platforms were efficacious for civilians seeking assistance with varying mental health challenges, and specifically so when guided by peers from the same or similar population (Fukkink, 2011). The level of

therapeutic efficacy was slightly better when influenced by licensed care providers, although online platforms continually proved to be beneficial for help-seeking related to psycho-emotional challenges regardless of professional status (Dowling & Rickwood, 2013; Griffiths et al., 2012). Considered a form of mental health intervention, social media platforms allowed users to easily obtain resources and guidance for varying psychological challenges as it was adaptable to almost any level of user education and experience. For instance, reluctant users may opt to resolve mental health conflicts through reading user-posted content while more extroverted users may opt to participate in communicative exchanges. While regulating correct, educational content was a primary challenge, review of the literature revealed users had a general base of knowledge on the pressing issue, thus were more likely to dismiss suspect postings or material, particularly when in group settings with knowledgeable peers (Dowling & Rickwood, 2013; Griffiths et al., 2012). In a controlled study, participants in an online mental health chat board were observed as less reluctant to ask questions or seek clarifications when the environment was moderated by like-experienced, knowledgeable peers (Griffiths et al., 2012).

The current trend was within the realm of cyber hotlines where individuals suffering with mental health challenges and/or crises could connect to and chat with a counselor. The immediacy with which users received intervention could prevent or even reduce escalation of a mental health crisis, particularly when the guiding mentor was from the same population. After analysis of adolescents' online help-seeking efforts, Fukkink (2011) discovered psychological crises were reduced when immediate access to

resources coexisted with like-minded and like-experienced peers from the same population. Although the study was limited by a small sample size and the report lacked demographics apart from age, the majority of participants reported positive reversal in maladaptive thinking styles leading to better choices (Fukkink, 2011).

Online platforms were proven efficacious in helping sufferers overcome specific mental health challenges. To date, studies (Griffiths, 2012; Naslund et al., 2014; Oh et al, 2014) involving both civilians and veterans revealed marked improvements with specific respect to mood and psychotic disorders. Specifically, participants in a study (Griffiths et al., 2012) with self-identified depression reported decreased symptomatology after exposure to long-term involvement in a discussion forum. While participants' relief of symptoms did not occur without the addition of cognitive training, the efficacy of internet-based services was sustained at the six and twelve-month mark with post testing reviewed (Griffiths et al., 2012). Griffiths et al. (2012) reported the collaboration with peers was a primary element contributing to the success of symptom reduction.

Converse to the regulated manner of the Griffiths et al. (2012) study, there was empirical evidence that social media users confirmed decline in symptoms in a natural social media setting. A natural setting was considered as that which was neither regulated by a researcher nor imposed upon with conditions and/or controls. A natural environment was evidenced in social media sites like YouTube, a popular video platform. Users were able to conduct targeted video searches and freely shared thoughts with other users. Naslund et al. (2014) conducted an analysis of YouTube users' comments (N=3,044) on 19 preselected public videos in an attempt to gain insight into perceptions

of support. While all comments were reviewed, the researchers specifically filtered for those of users' self-reporting psychotic spectrum disorders. Naslund et al. (2014) discovered that users self-identifying as sufferers of severe mental illness, such as schizophrenia and schizoaffective disorder, were more likely to evidence mutual reciprocity and a supportive online community presence than nonidentifying users. Self-identifying users were also more likely to self-report a reduction in symptoms from peer support alone. The most important aspects gleaned from the study were the emergence of themes revealing users' willingness to share experiences based on inspiration obtained from the video poster, learning from other users' shared experiences, and forging community bonds for ongoing support (Naslund et al., 2014). Because of the anonymity of YouTube users, there was no way to ascertain whether the population represented civilians, veterans, or a mixture of both.

While many factors contributed to the success of online platforms, literature suggested that the sense of community was commonly reported as the driving factor perpetuating sufferers' confidence and desire to share experiences and provide support to others (Oh et al., 2014). Furthermore, literature revealed quantity of social networking/social media use did not equate to positive psychological outcome, but rather it was the quality of social media interaction that determined aftereffect in civilian populations. The latter was not different within military populations, but successful outcomes were typically owed to a preestablished brotherhood. In a study of online forum users self-identifying with PTSD conducted by Stana, Flynn, and Almeida (2017), more than half of participant veterans credited experience success to the sense of

belonging and help-seeking within a group of like-experienced peers. Although the study focused on veterans' population, it was generalizable to a controlled forum and centered primarily on PTSD sufferers.

Social media use was not only effective for mental health challenges, but also for general psychological wellbeing. In a study of diagnosed schizophrenic users, researchers discovered the positive effect of social media use as secondary to the sense of belonging and acceptance (Välimäki, Athanasopoulou, Lahti, & Adams, 2016). Specifically, users exposed to other social media users were more likely than those not using social media to report immediate access, ease of use, and connectedness as a motivator to counter the isolation often experienced by mental health sufferers (Highton-Williamson, Priebe, & Giacco, 2015; Välimäki et al., 2016). In addition to the latter, the ability to remain anonymous, yet still have a community of peer support, proved as a responsible element in the secondary benefit of medication compliance and immediate outreach during crises (Highton-Williamson, et al., 2015; Välimäki et al., 2016).

Social Media as a Viable Treatment Option

Although social media was still somewhat in its infancy, it was fast becoming a primary source for spread of information. Social media outlets served as a modern-day billboard, of sorts, where content posters raised awareness for agendas ranging from social injustices to politics to mental illness. Social media afforded the opportunity for reluctant or otherwise reclusive users to remain anonymous and opt in or out of participation. As social media functioned as a user-led environment, it enabled the ability to search for specific mental health content, educational resources, and even peers – all of

which created an environment ripe for therapeutic efficacy (Alvarez-Jimenez, Alcazar-Corcoles, Gonzalez-Blanch, Bendall, McGorry, & Gleeson, 2014). For instance, individuals suffering from psychosis reported decreasing symptomatology when utilizing online social networking outlets as a means of staving or reconciling breaks in mental health (Alvarez-Jimenez et al., 2014).

An exhaustive search of the literature provided limited data on the use of social media as a therapeutic consideration. Of the few existing studies (Alvarez-Jimenez et al., 2014; Grieve, Indian, Witteveen, Tolan, & Marrington, 2013; Lin, Tov, & Qiu, 2014; Naslund et al., 2016), each revealed participant reports of positive effectual outcomes on mental health challenges. Specifically, in a study (Grieve et al., 2014) users reported decreased mood and anxiety disorder symptomatology secondary to the perceived connectedness in an online community of like-experienced individuals. In support of the latter, a second study (Lin et al., 2014) demonstrated users' willingness to divulge emotional and psychological challenges positively influences attitudes in a manner that heightens social acceptance. While the results of either study did not include a formal, regulated therapeutic regimen or focus on veterans' populations, both targeted self-initiated help-seekers intentionally searching for guidance on various emotional and psychological needs.

Because of the ease and anonymous nature of social media, users were more attracted to its use as a means of support, resource, or as previously noted – a place to find commonalities within specific populations. While the downside of social media remained the inability for mental healthcare providers to regulate content for accuracy,

literature suggested the common link remained users' desire for peer support (Naslund et al., 2014). Veterans were no different than civilian counterparts in the desire to seek out like-minded and like-experienced peers. The only difference with veterans' populations, particularly the subgroup exposed to combat, was that veterans thrived in environments that promoted structure, peer direction, and a certain rigidity in guidance and transference of information. Because of the latter trifecta, veterans were also more likely than civilian counterparts to stave or correct a flow of misinformation and since veterans typically follow a rank-wise, top-down approach to guidance, there was an increased potential to receive sound peer support (Naslund et al, 2014).

Prior research has indicated that combat veterans were primarily male and associated with each other based on masculinity and combat elitism, thus providing peer-to-peer guidance was as much a part of veterans' perceived gender role as it was a primary influential factor in help-seeking (Jakupcak et al., 2014; Garcia, Finley, Lorber, & Jakupcak, 2011; Hom, Stanley, Schneider, & Joiner, 2017). For clarity, research suggests male veterans perceived guiding other veterans, especially through mental health crises, was an inherent duty, thus the help-seeker was more inclined to reach out for assistance amongst like-minded peers.

Social media was not an entity that would peak and descend back to nonexistence. Social media commands a level of respect as a user-led treatment potential (Naslund et al., 2014), and was a preferred method of outreach for veterans (Elbogen et al., 2014). Veterans seeking other veterans with combat experience was an easily attainable goal to reach within social media outlets. Veterans with online peer support from other veterans

reported higher rates of mental health issue reconciliation and life satisfaction partly because of ease of access when help-seeking as compared to individuals using nonveteran peers (Stana et al., 2017). Although studies of veterans were limited, research amongst civilian populations evidenced positive outcomes with social media use, thus warranted further research into targeted populations such as that of combat veterans.

Research Methods

As of the current writing, research involving veterans' populations and anger dysregulation and help-seeking was limited. What did exist was devoid of the added element of social media. Studies including technological focus (Brief et al., 2013; Morland et al., 2016; Naslund et al., 2014; Stana et al., 2017) included mental health challenges within veterans' population, but were not representative of help-seeking and/or general social media inclusion. The literature proved similar with studies (Boden et al., 2013; Donohue et al., 2017; Gross & Feldman-Barrett, 2011; Gross & Jazaieri, 2014; Karademas et al., 2011; Klemanski et al., 2012; Morland et al., 2012) focusing on veterans' anger dysregulation in that the help-seeking and social media elements were not variables. The goal of the study was to explore personal experiences with anger dysregulation and help-seeking behaviors through the use of social media, but available literature was deficient in current data. This study was designed to gain insight into veterans' experience via interviews and scrutinize them with an interpretive phenomenological analysis approach (IPA).

Studies using the IPA approach with regard to social media and help-seeking behaviors amongst combat veterans with anger dysregulation did not exist. After an

exhaustive literature review and expansive timeline search, even beyond the acceptable 5 to 7-year timeframe, there was no research preceding or mirroring the current topic. As discussed in this chapter, quantitative studies were plentiful with civilian samples, but again, limited with regard to social media and nonexistent with respect to anger dysregulation and social media.

As understanding the lived experience of veterans' was the focus of the study, an IPA approach was deemed appropriate as it afforded the opportunity to explore a young topic and collect first-person retelling of raw, subjective perceptions and interpretations of life events (Smith et al., 2009; Smith & Osborn, 2015). IPA has been used with veterans' populations with efficacy in producing thematic observations relative to anger dysregulation (Miles et al, 2016; Stana et al., 2017; Worthen & Ahern, 2014), but not with the additional element of social media. Studies that did consider online presence or technology-based peer support did not focus on anger dysregulation or help-seeking. Although the IPA studies (Miles et al, 2016; Stana et al., 2017; Worthen & Ahern, 2014) noted produced thematic observations relative to the usefulness of peer support in and out of an online environmental, as well as help-seeking behaviors with respect to anger dysregulation, none targeted combat veterans.

All studies discussed in this section shared the commonality of positive outcomes between online peer support and decreased symptomatology (Brief et al., 2013; Boden et al., 2013; Donohue et al., 2017; Gross et al., 2011; Gross et al., 2014; Karademas et al., 2011; Klemanski et al., 2012; Highton-Williamson et al., 2015; Miles et al, 2016; Morland et al., 2012; Morland et al., 2016; Naslund et al., 2014; Stana et al., 2017;

Worthen & Ahern, 2014; Välimäki et al., 2016), thus were considered relevant for literature support. While the majority reference civilian populations, the lack of general focus on military populations raised awareness for the need of future studies involving the use of social media as a help-seeking outlet for veterans suffering with anger dysregulation challenges.

Summary and Conclusions

Noted in this chapter were the relationships between help-seeking behaviors and the use of social media amongst individuals with varying degrees of mental health typologies. Available research from literature review revealed plentiful data on regarding the use of social media and online peer support, although existing data were limited with respect to veterans' populations. What did exist was promising and evidences the usefulness of social media was a viable alternative for help-seeking with a plethora of mental health issues, but its usefulness in veterans' populations was, for the most part, unknown. Existing information on combat veterans revealed correlations between anger dysregulation and the desire to help-seek within the same population, but these studies focused on online venues within controlled environments. Current data also lacked insight into lived experience of combat veterans' help-seeking behaviors for dysregulated anger in an unregulated environment like social media. In closing, the current study attempted to close the gap in knowledge by gaining first-person accounts of lived experiences. Chapter 3 details methodology to include the research design and rationale, data collection, analysis, and population sampling.

Chapter 3: Methodology

The purpose of this study was to explore the lived experience of combat veterans' help-seeking in social media venues for assistance with anger dysregulation challenges. The methodological approach is discussed in this chapter. The phenomenological research design and rationale are addressed first, followed by my role as the researcher, the methodology, issues of trustworthiness, ethical procedures, data collection and analysis, evidence for trustworthiness, and all ethical potentialities.

Research Design and Rationale

This study centered on three specific research questions:

RQ1: What is the lived experience of anger dysregulation in combat veterans?

RQ2: What does help-seeking mean to combat veterans?

RQ3: How do combat veterans experience using social media for management of anger dysregulation?

Central Phenomena of the Study

The primary phenomena of this research study were anger dysregulation, help-seeking, and social media use. In this study, the terms *anger regulation* and *anger dysregulation* were used interchangeably. Modeled after Gross and Thompson's (2008) MME, the resulting behavioral response was the act of help-seeking through the use of nonformal and/or nonregulated means via social media. For the purpose of this study, *help-seeking behavior* was considered as the act and/or desire to neutralize anger dysregulation, whether in a preemptive or reconciliatory manner (Kulesza et al., 2015; Mackintosh et al., 2014). For this study, *social media use* was defined as any

engagement in an online forum where veterans network among other veterans for the purposes of help-seeking for anger regulation.

Research Tradition

This qualitative study used the interpretative phenomenological analysis approach to understand the meaning that participants affixed to life events (Smith et al., 2009; Smith et al., 2015). IPA research traditions were implemented through the use of participants' first-person retellings of lived experience and the subjective interpretations and meanings therein (Smith et al., 2009). In the latter regard, IPA promoted a two-fold effect, a process formally known as a *double hermeneutic experience*, whereby a researcher makes sense of storytellers' sense-making (Smith & Osborn, 2015). As the researcher and participant simultaneously broaden understanding, the researcher is prompted by spontaneity to probe for deeper meaning, understanding, and possible thematic emergence across the sample (Smith & Osborn, 2015). IPA is deemed appropriate when researchers seek to make sense of participants' experiences, but it is specifically useful when the sample size is small; when subjective, verbal descriptors provide the most opportunity for meaningful insight; when the researcher prefers that participants maintain an active role; and when the interpreted experiences are potentially transferable (Smith et al., 2015). In that a primary goal of this study was to best understand *combat* veterans' experience with help-seeking behaviors for anger dysregulation while using social media, the end result was not generalizability, but rather transferability. As such, the knowledge obtained from this study made it likely

transferrable with other emotional dysregulation typologies across other veteran populations.

The secondary rationale for the selection of IPA was the opportunity it afforded me to raise awareness of an understudied topic. IPA allowed me an appropriate methodological approach to explore and collectively share veterans' raw, subjective experiences. In some instances, data were reviewed numerous times, and when themes emerged, data were reviewed again until saturation was reached in effort to exhaust any overlooked and/or previously unknown phenomena. No other approach entertained such an exhaustive yet inclusive/exclusive process. Conversely, a case study involves a researcher collecting data through observation, but only through an ideological lens (Smith et al., 2009). Ethnography was also neither suitable nor appropriate. Although combat veterans might be considered a subculture or even a culture in their own right, an ethnographic approach is best for research with goals of describing beliefs, values, attitudes, and behavior patterns (Smith et al., 2009), which were not the goals of this study. Similarly, a grounded theory approach was ruled out secondary to the generative theoretical nature of its use. Quantitative and/or mixed method approaches were discarded as viable because those methods center on determining causality, which, again, was not a goal of this study.

For all of the reasons noted above, IPA was the most appropriate approach to best understand combat veterans' lived experience with help-seeking on social media for guidance with anger dysregulation.

Role of the Researcher

For IPA researchers, a primary role is to function as the instrument of a study (Smith et al., 2009). For this study, I collected data through the process of conducting semistructured interviews via Skype. Although the study was driven by personal interest in the topic, I had no professional or exclusive relationship with participants; thus, there was no potential for violation of boundaries. Furthermore, participants were not under any employment or position of subordination with me; therefore, there were no concerns with or potentialities for power imbalances. As I had no personal, professional, or social relationships with any study participants, there were no conflicts of interest. Participation in the study was strictly voluntary, and there were no incentives for involvement. While violence might be considered a wartime necessity by the political powers that be, I had strong personal values regarding the use of violence for other means. For instance, hearing participants share moments of heroism in combat while simultaneously divulging painful moments of spousal abuse might have induced unwanted feelings or biases toward participants. For transparency, it is necessary to acknowledge that I had firm personal opinions against the use of violence to reconcile personal issues, regardless of psychological or emotional imbalance. As Smith et al. (2009) advised, researchers must address biases in an objective manner, thus it was imperative to do so in a manner that was most conducive to the entirety of the data collection and analysis process. To ensure that biases were acknowledged in the latter manner, I maintained a list of emotion labels within the margins of participants' interview logs. Whenever participants' responses invoked emotion, whether negative or positive, I made an asterisk denoting the

appropriate emotive label, as follows: *emotion (e.g., *angry). In addition to taking such notes in the log margins, I kept track of my emotions and other interview experiences in a journal. The journal was reviewed and re-reviewed at staggered times to ensure that objectivity was maintained. Any biases that remained unresolved through these measures were directed and reconciled through my chair and/or dissertation committee. Through resolution of biases, I conducted interviews with ethical integrity, professionalism, and compassion for participants without hindrance to the analytical process.

Methodology

Participant Selection Logic

The target group for this study consisted of veterans, specifically males with documented participation in combat. As the study required detailed information from individuals with similar experiences, a purposively homogenous sample was proposed (Smith et al., 2009). The criteria used for participant selection specified that participants needed to be male veterans with combat exposure. Further, participants were not undergoing any formal treatment for anger dysregulation and had no intention to perpetuate violence against self or others. The latter two criteria were determined through self-selection (in response to the invitation to participate) and self-reported during initial and interview contact with the participants. Participants were asked to report any offending behaviors or arrests that occurred at any point during the course of the study. Given the integrity instilled in current and former military members, there was no expectation that participants would deviate from truthfulness.

The sample size for this study was idealized at 12 participants, but the final count was fewer as saturation was reached. For an IPA study, there is no right or wrong sample size; the goal is the development of meaningful patterns of saturation (Patton, 2002). Saturation is reached when, and only when, any and all potential variations of a phenomenon have been exposed and enveloped into an emerging theme (Patton, 2002). Until that time, prequantifying a sample size is considered a hypothetical endeavor, although not an uncommon practice in institutional-based research (Smith & Osborn, 2015). Data collection was refined in the early stages, was purposefully sufficient, and involved precise interview processes to enhance the saturation process (Patton, 2002). Of importance for IPA studies, sample quantity did not always equate to sample quality, as the goal was the development of meaningful thematic patterns (Smith & Osborn, 2015).

Combat veterans with emotional dysregulation issues were not a unique group, but adding in the elements of help-seeking among peers on social media somewhat hindered my recruiting abilities, because it meant that the pool of potential participants was smaller. As such, the snowballing sampling tactic was logically appealing as it allowed some latitude for me to target such a unique population type. Using a prescripted approach (Appendix C) to reach social media group leaders via email, I provided agreeable key informants with step-by-step instructions on how to share an attached social media invitation (Appendix D) with social media followers/potential recruits. Key informants, functioning in nonparticipant, neutral roles, shared the study invitation with peer veterans via social media posting(s). From such postings, recruits had the option to voluntarily contact me to opt in to the study. Recruits referred other veterans, who then,

by word of mouth, referred other potential recruits, also veterans, to me for screening. When interested, potential recruits were given an informational handout (see Appendix A). Once contacted, the initial respondents were sent a consent form and then proceeded onward with the interview process. Candidates not selected either did not meet criteria, responded outside of the timeframe, or inquired after the sample was already at the desired size. Candidates not selected were emailed and thanked for their time and service to the nation. Selected candidates were emailed and asked to sign and return the consent form to me prior to proceeding with arrangement of the date and time of the Skype interview.

Instrumentation

Data collection occurred through semistructured interviews using open-ended questions via Skype. Interviews were recorded via Skype's audio recording software as previously consented to during the screening process. The use of semistructured interviews with open-ended questions is an appropriate and traditional method of data collection for IPA studies (Smith et al., 2009; Smith et al., 2015).

Interview questions were researcher produced but based on current literature evidencing trends toward help-seeking behaviors and the use of social media (Jain et al., 2012; Naslund et al., 2014; Oh et al., 2014; Stana et al., 2017). A semistructured interview process with open-ended questions affords the opportunity for a researcher to have some semblance of formality in the process yet allows participants leeway to share experiences without restriction (Smith & Osborn, 2015). Open-ended questions

promoted a level of ease for respondents and also fostered time for reflection on lived experiences, thus allowing me to expand for deeper meaning.

Based on the central research question regarding lived experience of anger dysregulation, help-seeking, and use of social media in combat veterans, the following prompts were presented to participants:

1. Since returning from combat, would you be willing to share with me a recent experience where you lost control of your anger?
    a. Please tell me what happened before, during, and after this experience of anger.
        i. What did that experience mean to you? How did you see yourself?
    b. What does losing control mean to you?
2. Tell me about an experience or strategy that works with regaining control when angry.
3. Tell me about an experience or strategy that does not work with regaining control when angry.
    a. In your experience, when someone witnesses you have an angry outburst and finds out you are a combat veteran, what happens?
    b. Describe what that means to you. How does that impact you?
4. What does help-seeking mean to you?
    a. Tell me about a recent help-seeking experience (if you had one).
    b. What have your military friends or peers expressed about seeking help?

   c. What have your nonmilitary friends or peers expressed about seeking help?
   d. Thinking back, what contributed to your decision to seek help or not seek help?
5. What is your experience with social media for the purpose of help-seeking?
   a. Describe a recent experience of using social media for seeking peers, specifically other veterans, for guidance with anger, aggression, or issues pertaining to violence.
   b. In looking back at that experience, what contributed to the decision to turn to social media for help?
   c. What does it mean to you to seek help from other combat veterans in an online format?

Procedures for Recruitment and Participation

Recruitment was planned to occur through the use of snowball sampling, as it allowed me to use key informants to target a unique subculture within the target group of interest (Patton, 2002). Specifically, I approached leaders of military-themed social media groups using a prescripted dialogue (Appendix C). Once in agreement to post/share the study invitation, the leader became a key informant, thus promoting a nonbiased and voluntary recruitment process. Secondarily, an invitation (Appendix D) was also posted on open social media sites, which visitors and members alike viewed and voluntarily shared. Both recruiting tactics allowed veterans the noncoercive choice to freely participate in the sharing process for the study. Recruiting in this manner enabled

veterans to share details of the study with other veterans, thus enabling a chain-sampling effect. Data collection occurred through semistructured interviews via Skype over the course of an hour. Each interviewee had the freedom to choose a safe, secure, and comfortable location from which to participate in the Skype interview. Participants were encouraged to select an interview location free of privacy intrusions.

Interviews were prefaced with reminders on the voluntary nature of participation. Participants were reeducated on the necessity of audio recording the interview session for data collection purposes, and a reminder was given on how and where data would be safely and securely stored. All participants verbalized understanding, with a recheck conducted for written consent prior to proceeding. In the unexpected event that a participant exhibited discomfort during the interview process, a plan was in place to immediately cease data collection and refer the individual to one of the mental health resources on standby (see Appendix B). The session closed with a debriefing procedure (Appendix B) in which I reminded participants about data use, confidentiality, risks and benefits of participation, and available resources for any triggered responses arising from participation. Participants were advised that any follow-up questions would arrive via email. Participants were allowed unlimited time to ask questions.

Each participant was emailed a copy of the interview summary for his interview and asked to review it for accuracy and provide any clarification as deemed appropriate. This step in the process, called *member checking*, was an attempt to enhance the study's credibility by allowing participants to review the data for discrepancies, provide

additional information, and ensure accuracy of interpretive meaning through the lens of the storyteller (Willig & Stainton-Rogers, 2017).

Data Analysis Plan

Smith et al. (2009) provided several steps for the process of data collection. To begin with, as data were collected via semistructured interviews and then transcribed, each interview was listened to more than once and the transcription read and reread with and without audio. This process, known as immersion (Smith et al., 2009; Smith et al., 2015), allowed me to capture the essence of the participant's story – even down to the ahs and ums, which conveyed subjective importance for the storyteller (Smith & Osborn, 2015). Immersion ensured I maintained continuity by keeping analytical focus on participants (Smith et al., 2009; Smith et al., 2015).

Smith et al. (2009) described the second step as the most administrative, but likely the most rewarding as this was where the researcher obtained details and exploratory descriptors. During this phase, I made notes in the margins in places where participants provided meaning for lived experience and/or placed great emphasis on "semantic content" (Smith et al., 2009, p. 83). From the latter, the third step ensued, which was the development of apparent emerging themes. In line with Smith et al.'s (2009) suggestion, the development of emergent themes began to occur at this phase. The transcripts and notes transformed into datasets that produced appearances of commonalities, patterns, and repetitious syncing that warranted further exploration.

The fourth step allowed me to expand on the prior stage and search for connections across suspected emerging themes within the transcripts. Here, patterns

were identified and drawn together through a variety of means. Specifically, the process of abstraction was used whereby "like with like" (Smith et al., 2009, p. 96) were placed together in a cluster to find an overarching theme. Conversely, I used the process of subsumption whereby an overarching theme was used with subthemes added therein (Smith et al., 2009). Due to the combat veteran status of the sample, contextualization was used to observe for temporal thematic elements/subthemes. Temporal thematic elements occurred when participants reported meanings to life experiences that were associated with a time (e.g., war) (Smith et al., 2009). Numeration, a process whereby themes occurred in frequency, was also be useful (Smith et al., 2009), as well as function – themes that arose based on negative or positive meanings (Smith et al., 2009).

In keeping with Smith et al.'s (2009) directive, I moved to the fifth step once steps one through four were repeated and thoroughly completed for the first transcript. The fifth step entailed repeating steps one through four for all transcripts. Step six entailed identifying recurrences across the transcripts and themes, per participant experience, were interrelated (Smith et al., 2009; Smith et al., 2015). Due to the magnitude of the graphics involved in observing emerging themes, the process was facilitated by the use of handwritten notes and poster board. No formal coding or regulated software was used for the purpose of this study.

Issues of Trustworthiness

Qualitative studies tend not to focus on causation and as such, Smith et al. (2015) posited the approach did not command as much respect amongst scholars as its quantitative kin. However, the lack of mainstream edge did not make qualitative studies

less credible. Qualitative studies offered subjective value and the ability for researchers to understand *how* individuals made sense of lived experiences. In all research, no matter the design type, trustworthiness was necessary to ensure the worth of the research (Lincoln & Guba, 1985). Worth was assigned to a study when factors such as credibility, transferability, dependability, and confirmability were supported in a manner that were demonstrably scientifically verifiable. Qualitative studies were not devoid of these requirements.

Credibility

Credibility was a primary component for limiting potential issues with trustworthiness. This element was evident when research findings were presumed accurately represented and validated through several processes such as prolonged engagement, triangulation, member-checking, and peer debriefing.

Prolonged engagement. Prolonged engagement was the process whereby I spent enough time with the population well enough to understand cultural intricacies and implications (Lincoln & Guba, 1985). I spent time getting to know the population by speaking to veterans' advocates about the population. I also had open-door permission to meet with a local counselor who specialized in veterans' anger management. Finally, I spent time with each participant and engaged in warmup conversation in effort to build rapport and present as a sympathetic, yet professionally unbiased, researcher.

Member checking. Member checking was a process of establishing internal validity and credibility. This process entailed verifying accuracy of data by participants' review of my version of the interview summary. This allowed the opportunity to correct

errors, offer clarity, and challenge misperception in interpretation (Lincoln & Guba, 1985; Willig & Stainton-Rogers, 2017). All participants were provided a summary of their respective interview responses and were asked to review and ensure that what was presented accurately reflected their version of shared experiences. Participants were asked to respond via email with any statements of agreement, clarity, disagreement, and so forth.

Transferability

Transferability was evident when the research procedures and results were sufficiently and dependably described so that the readers could discern applicability to their own contexts, scenarios, and populations. Transferability afforded readers the liberty to make associations between the research and personal experiences (Lincoln & Guba, 1985). Readers were provided with thick, rich, descriptive accounts of phenomenon in a manner that supported the flow of theme development. In IPA studies, thickness pertained to context, such as time and location, while richness detailed the thickness (Lincoln & Guba, 1985). Thickness and richness were maintained in this study by leaving intact participants' original, reflective verbiage in effort to maintain the descriptive integrity of experiences and for transferability purposes (Lincoln & Guba, 1985, Smith et al., 2009; Smith et al., 2015).

Dependability

Lincoln and Guba (1985) suggested that dependability and credibility were interchangeable. For clarity, the steps to ensuring dependability of a qualitative study similarly matched those of credibility. Dependability was assessed by the researcher's

continuity and stability of data over the course of the study and how well any changes were integrated (Lincoln & Guba, 1985).

External audit. Of the numerous ways to establish dependability, an external audit was an acceptable practice of involving an outside, neutral party reviewing the researcher's process and production (Smith et al, 2009). For this study, two peer doctoral students familiar with qualitative inquiry conducted an external audit of the transcripts against the audio files to ensure both accuracy in transcription and detection of any possible missed observations.

Confirmability

Confirmability represented the degree to which the study's findings were best represented by the participants as opposed to researcher sway (e.g., bias, leanings, motivation, etc.). In essence, confirmability meant that the data represented what it said it represented – it was accurate (Lincoln & Guba, 1985). Confirmability was established through an audit trail. An audit trail was implemented by making available raw data such as audio recordings, field notes, transcripts, and external audit records for committee review at all times.

Ethical Procedures

In keeping with Walden University institutional policies, obtaining IRB approval was required prior to proceeding with data collection. As interviews were conducted via Skype, permission was required only from participants. The invitation to participate in the study was shared by key informants to recruits, and then by those recruits to other

potential candidates. I had no relationship, professional or otherwise, with any of the recruits and/or participants.

After initial screening, qualified recruits were sent a consent form via email and assigned a codename for all future communication to avoid compromise of confidentiality. The consent form was returned via email prior to the start of the interview at which time the limits of confidentiality and participants' rights to privacy were discussed. The duty to break confidentiality, such as for threats of harm to self or others, was reiterated to participants with each verbalizing understanding and volunteering to proceed with the interview process. Alabama law (Ala. Code 2009, § 26-14-1) dictated where there was reasonable suspicion for harm to self or others, particularly in instances where minors were involved, mandated reporters had a duty to contact authorities including, but not limited to local law enforcement and child protective services. Participants verbalized understanding, and consent forms were reviewed for signatures prior to proceeding.

Dealing with populations with sensitive psychological issues, such as emotional dysregulation, warranted careful ethical considerations. Specifically, sharing lived experience potentiated triggering acute episodic anger recollection of traumatic combat exposures. As such, I had at the ready veteran specific phone and internet resources and military-trained phone counselors who were willing to speak with participants on an emergent basis for post interview intake in the event the interview process proved too taxing. For participants on active duty status, referrals were available to the Military

Crisis Line for Active Duty. For participants not on active duty status, referrals were available to the main Veterans Administration behavioral health hotline.

Each interview was individually recorded and itemized by participants' respective codename. The identity of the audio interviewee was known only to me. Audio files were stored on a password protected external hard drive, which was stored in a locked filing cabinet in a locked room. The only information that connected participants' names to identities existed on consent forms, which were stored on a password-protected, cloud-based internet system. All email communications were password-protected via Walden University's secure cyber storage system. All materials, forms, data, and elements pertaining to this study will be kept for the customary five years' time and then incinerated by local law enforcement.

Participants were neither promised nor offered any incentives for participation in this study. Of special note, in careful consideration of the population, participants were not encouraged to share beyond what was psychologically and/or emotionally tolerable. Participant wellbeing was a priority and as such interview questions were designed to avoid reliving traumatic events of combat. Had distress become evident in participants, a plan was in place to terminate the interview and refer to mental health resources already on standby. All other conflicts of interest and ethical potentialities were considered, but none appeared problematic for this study.

Summary

This chapter revealed the study's methodological approach for exploring the lived experience of combat veterans help-seeking in social media outlets for guidance with

anger dysregulation. The study was described at length in this chapter. In detail, I described the tradition and rationale of the research, followed by my role as the instrument, and then provided a descriptive section on the methodological approach. The design explanation presented a study guided by participants' lived help-seeking experience with anger dysregulation via online social media venues. The study entailed a population of combat veterans recruited via snowballing sampling strategy. This strategy was most conducive as it allowed me to not only target such a unique population, but it afforded the opportunity to quickly rule out nonqualified candidates. Using semistructured interviews via Skype, data collected was analyzed via an IPA approach as that method was most suitable for making meaning of participants' experiences. Included in the methodology section were discussions on trustworthiness and ethicalities.

Chapter 4: Results

The purpose of this study was to explore lived experience of combat veterans struggling with anger challenges and using social media as a help-seeking mode. Using Gross and Thompson's (2008) MME as the conceptual framework, an interpretive phenomenological approach was employed to gain insight into the lived experience of eight combat veterans using social media as a means of help-seeking for challenges with anger dysregulation. Employing an IPA method allowed me to understand experiences through participants' eyes, thus effectually deepening the opportunity to perceive the applied meaning therein. The research was designed to answer the following main questions: What is the lived experience of anger dysregulation in combat veterans? What does help-seeking mean to veterans? How do veterans experience using social media for management of anger dysregulation? In this chapter, I present details about the setting, demographics, data collection, and data analysis, as well as a discussion of the study's results.

Setting

With IRB approval and participants' voluntary informed consent in place, interviews were scheduled and subsequently conducted via a secured Skype connection. I was in a quiet room shut off from interruptions, people, and other potential barriers to privacy. I wore headphones to ensure participants' privacy. Prior to beginning the interview, each participant was queried on comfort, security, and personal assurance of location privacy. All participants verbalized having no extraneous factors hindering the process and expressed feeling safe and secure in their chosen surroundings. Secondary to

the latter and participants' self-selection of unknown interview locations, I had no influence over participants' environment. Participants were treated with dignity and respect, and each was offered time to respond to queries without coercion or haste. Upon query, participants verbalized satisfaction with the interview process, and none expressed experiencing negative emotions or outcomes during the interview or debriefing process.

Demographics

Participants were eight males who self-identified as combat veterans with self-reported challenges with anger dysregulation and a history of using social media for guidance and help from military peers. All participants were current or former members of the U.S. Army but were of undetermined rank and time in service. All eight participants had a history of direct engagement with hostile forces. Participants self-reported as being over 18 years of age. All reported having served no less than two combat tours and as many as eight. All participants self-declared a military status ranging from active duty to honorably discharged or retired.

Data Collection

Data were collected from eight male combat veterans via semistructured, secure Skype interviews. After again reviewing informed consent secured prior to scheduling the interview and permission to audio record the session, all participants reaffirmed understanding and willingness to voluntarily proceed. In an effort to promote anonymity, participants were assigned code names utilizing the phonetic alphabet standardized by the U.S. military (e.g., C equals *Charlie*). The audio portion of the interviews were recorded via Skype. While interview sessions were assigned to 1-hour time slots, participants

were given latitude to respond to questions at a personal pace; thus, some interviews went 10 to 15 minutes over the allotted 1-hour period. There were no disruptions to include breaks in time or requests to stop. Throughout the interview, each participant was queried on comfort and willingness to proceed. Participants were reminded of the right to decline interaction if the interview elicited discomfort, and the choice to do so was respected without question. No participants declined any portion of the interview, however.

Interviews were conducted according to the previously IRB-approved protocol, with deeper explorative queries prompted by participants' responses. No unusual circumstances or variations occurred; thus, there was no deviation from the plan outlined in Chapter 3.

Data Analysis

In keeping with interpretive phenomenological inquiry, all interviews were analyzed in a step-by-step manner as outlined by the approach suggested by Smith et al. (2009) and Smith and Osborn (2015).

The first step of the process entailed listening to each audio-recorded interview in an effort to immerse myself in the data. Interviews were repeatedly reviewed to ensure full appreciation of responses, response styles, gaps in verbal exchange, and any utterances or even silence that lent to deeper understanding of participants' meaning and/or experiences. The next step, the transcription process, allowed another opportunity for listening and deeper immersion. Following the latter, I listened to the recordings again and made notes of response styles and observed for opportunities for the need to

further probe or request clarifications from respondents. No further inquiry was required from participants. In addition, I inserted comments into the document margins and highlighted respondents' verbiage and/or portions of responses and response styles found pertinent during preliminary analytic review.

Descriptive margin notes and highlighted responses from the initial review were transferred to color-coded poster boards representing first, data from each individual transcript, which was then re-reviewed in a two-by-two fashion, and finally reviewed again across the transcription lot. Comparative analyses were conducted to appreciate the face value (Smith et al., 2009) of participants' verbiage and response styles. The processes of contextualization/decontextualization were simultaneously conducted to ascertain where underlying meaning was encapsulated in semantics (Smith et al., 2009).

Continuing the manual analytic process, I identified emerging themes and listed them in chronological order. From that point, in a superordinate manner, I used the process of grouping by abstraction to identify patterns among broad themes. Themes were also observed for numeration or recurrence across the sample, function or interpretive connotation, and participants' meaning of an experience based on a temporal life event (Smith et al., 2009). Patterns were identified by the above process, with emerging subthemes placed in multicolored categories in a downward map-like fashion connected beneath the main theme by Post-It Note arrows. Codes assigned to the categories were initially developed from hand-drawn clusters representing participants' often-recurring words or word phrases. The final step in the process entailed repetition of all noted above, with each transcript once again reviewed and then all transcripts

reviewed again to reidentify and/or confirm connectedness among the transcription sample.

The presumed number of participants needed to reach saturation was 12, but saturation was reached by the sixth interview, at which point the responses became repetitious. Two more interviews were conducted to ensure saturation was exhausted. All participants' reported experiences elsewise appeared to converge on essential, consistent themes. The solitary discrepancy in data collection was a singular participant who reported no experience with formal help-seeking prior to the use of social media.

In total, manual analyses produced seven themes and 25 subthemes (see Table 1 for RQ1, Table 2 for RQ2, and Table 3 for RQ3). A detailed discussion of these tables is found in the Results section.

Table 1

RQ1 Themes and Subthemes: What Is the Lived Experience of Anger Dysregulation in Combat Veterans?

Themes	Emotional distress	Shifting identity	Reprisal
Subthemes	Experiencing negative emotions (shame, guilt, doubt, worthlessness, hostility)	"… Jekyll and Hyde …"	Career breakdown
	Fearing escalation of anger to violence	"Feeling like a fraud …"	Oppression
	Feeling dehumanized	Fear of exposure	Distrust

Table 2

RQ2 Themes and Subthemes: What Does Help-Seeking Mean to Combat Veterans?

Theme	Resistance to formal treatment
Subthemes	Losing sense of safety
	Feeling betrayed and forced to conquer challenges before ready
	Distrust toward military command, civilians, and noncombat peers
	Feeling violated
	Unwillingness to be transparent with noncombat peers

Table 3

RQ3 Themes and Subthemes: How Do Combat Veterans Experience Using Social Media for Management of Anger Dysregulation?

Themes	Emotional reconciliation	Social media use	Combat elitism
Subthemes	Reassessing life events	Reflecting on military bearing	Targeting peers with like experience
	Recognizing and controlling anger	Selective socialization	Holding combat brethren in higher regard
	Declining anger and unwanted behaviors	Anonymity	Trusting "… only those who fought in combat …"
		"Feeling safe again …"	Brotherhood

Evidence of Trustworthiness

Following the suggestions of Lincoln and Guba (1985) and Shenton (2004), trustworthiness was fostered and established by using historical qualitative research markers for validity through the demonstration of credibility, dependability, transferability, and confirmability. Specifically, I employed prolonged engagement, random sampling, triangulation, member checking, and external auditing.

Credibility

Credibility was established by producing transcripts for participants to review. The process of member checking allows participants to ensure that transcribed data accurately reflect conveyed experiences and the interpreted version of the phenomenon from the perspective of participants' worldview (Shenton, 2004).

Prolonged engagement. Investing time in the population of interest allowed me to best understand participants' worldview, garner trust and forge bonds, and address and level biases that might disrupt thematic analysis (Lincoln & Guba, 1985; Shenton, 2004). I spent some time engaging with different veteran populations by networking at local community organizations and interacting at veterans' events. Additionally, I had a 17-year history of culture immersion secondary to my personal status as a military spouse. I engaged each participant prior to the interview session in effort to establish rapport, understand the participant's perspective, and build trust.

Triangulation. Triangulation occurred when various methods, such as multiple sources and entities, were employed to enhance credibility (Lincoln & Guba, 1985). For this study, a homogenous sample voluntarily provided a *DD214* or self-reported combat

status and engagement with hostile forces. Secondarily, data were collected in separate sessions through independent storytelling of lived experience by eight participants with no known affiliation to each other.

Member checking. Credibility was also established through member checking. Each participant was provided with a summary of the transcribed interview for review. Each participant validated the representative accuracy of the transcript, with no requests for corrections; thus, trustworthiness was secured.

Transferability

Transferability was present in this study as evidenced by thick, rich description applied to the context of participants' experiences. Thick and rich descriptors afford readers the opportunity to make corresponding connections and accordingly appreciate their contexts, scenarios, and populations therein (Lincoln & Guba, 1985). Themes and subthemes were presented verbatim in an effort to reflect originality in participants' interpretive meaning of lived experiences. Verbatim statements also promoted readers' liberty to apply judgement toward applicability across other populations (Lincoln & Guba, 1985).

Dependability

As outlined in Chapter 3, I established dependability through the use of external auditing and member checking. Deidentified transcripts and audio recordings, as well as researcher margin notes, were placed under review by two independent doctoral student peers to ensure that the transcriptions were without deficits and accurately reflected participants' responses. In addition, the same interview protocol was followed with each

participant, as were the questions asked. As noted above, each participant was also provided a summary for review of accuracy. Both steps were employed to assure readers that continuity of the data remained consistent throughout the process.

Confirmability

In line with the plan revealed in Chapter 3, an audit trail was maintained and made available for inquiry throughout all stages of the research process. The trail included recordings, transcript summaries, researcher notes, email communications, a list of codes, coding templates, and all manual, nonelectronic works such as Post-It Notes and poster boards used during analysis.

Results

Themes and subthemes that emerged during the study were grouped according to the relevant research question. Supporting quotes and verbatim utterances were retained to maintain originality of participants' meaning assigned to lived experiences. Participants were deidentified by the assignment of code names, which were retained throughout results reporting in an effort to further preserve anonymity. There were 15 probing questions designed around three primary research questions. From responses to those questions, seven themes and 25 subthemes emerged.

From the first research question regarding the lived experience of anger dysregulation in combat veterans, the following three themes and nine subthemes emerged and are supported as follows.

RQ1 Theme 1: Emotional Distress

As shown in Table 1, participants described experiencing constant negative emotions resulting from living with anger challenges. Across the sample, respondents reported varying degrees of impact of emotional distress on quality of life. All participants shared and expressed the belief that emotional distress was as participant Bravo Delta described, "A new norm for coping with life." Echo Oscar mirrored the latter stating, "It's like, you know, a new baseline for me." Deeper probing during interviews revealed the following subthemes.

Subtheme: Experiencing negative emotions. When queried on specific negative emotions, all participants reported experiencing shame, guilt, doubt, and worthlessness in accompaniment with anger of varying degrees. Specifically, Yankee India described experiencing shame and guilt secondary to "My rage over little things that scare people and push them away," while Tango November conveyed,

> It's constant guilt I deal with and shame and it's because I'm embarrassed over the way I overreact and freak out. I wasn't angry before I deployed. I am angry now. It's my daily life. I wake up angry. I sleep angry. I eat angry. I put on my shoes angry. I drive angry. I breathe angry. Anger owns me. It's all I know.

Yankee India stated, "Living this life in a constant pissed off state makes you doubt who you are as a person, then when you remember all you went through and the brothers you lost, you get to feeling guilty and ashamed." Zulu Lima expressed the same, but like all participants experiencing worthlessness, further detailed, "All these things, shame, doubt, anger, feeling guilty, it … well, it makes me feel worthless … like I got no

worth in this world." The aspect of worthlessness was of most importance to all participants, as each conveyed struggling with and questioning personal value. For instance, Yankee India reflected, "What use am I if I'm not angry all the time? The Army retired me because I was always hostile, but wasn't it my job to be hostile?" All participants shared similar experiences and frustrations with negative emotions, with each identifying the impact in a manner similar to what Bravo Delta described as "A new baseline, a new horrible normal for me," while Kilo Mike confided, "I'm a slave to the beast of a combat mindset with a twisted, dark mind and soul. I keep it alive by feeding it the anger it craves. I'm just a host."

Subtheme: Fearing escalation of anger to violence. Deeper probing of what prompted negative emotions revealed the commonality of fear amongst participants. All shared what Alpha Zulu described, "I live in constant fear that I will someday explode. That I will lose control, and the constant threat of it is consuming." Alpha Zulu further stated:

> I can't trust myself, so I don't go in public much. Since I've been out, I don't have goals or missions to complete, so I get tensed up and frustrated. I can snap on a dime. I see people do stupid stuff or say something smart to me, and it makes no sense why, but I get so mad so easy. I live in constant fear that I'm going to snap…that my anger will one day get the best of me.

Of most importance to participants was the lack of patience for noncombat peers or civilian counterparts. For example, Yankee India expressed resentfulness and ire

toward "being forced to deal with people who have no idea what it's like to kill someone and smell blood," further stating:

> That's why I'm angry. That's why I hate civilians. I hate them because I feel like they're just taunting me with their assembly line questions and help tactics that they think are best for me. They aren't best for me. How do they know what's best for me? Did they go to combat? Did they kill someone? Did they see children die? All it does is make me get madder and madder. Go to war and you get a new attitude. I went to war one man and came home another, so it's normal for me to live in a constant fear of losing my temper and control.

All participants echoed Yankee India's feelings. Of note, during this portion of the interview, all participants were aurally observed elevating voice pitch with emphasized intonation.

Subtheme: Feeling dehumanized. Participants shared similar experiences of feeling dehumanized secondary to emotional distress. Zulu Lima clarified, "All these emotions keep me in turmoil and when I get blown off about them, I do not feel like anyone cares. Like, I'm not a person with feelings." Yankee India revealed, "It's like, yeah I know I can be an emotional train wreck and be angry a lot, but no one has any compassion for the reasons why." Participants reported feeling stigmatized and suggested social judgement and a lack of military command support reinforced experiences of feeling deprived of compassion and understanding. Yankee India described the latter experience as follows:

> Well, it's dehumanizing and degrading. I mean, I fought and bled. My buddies laid down their lives. We deploy one cycle after another, after another, and we come home to people who fear us. We can't help that we aren't who we were. We can't help that you don't understand. We can't go back to who and what we were. Even our command, the very people we fought under, shun us. Like I said, dehumanizing.

RQ1 Theme 2: Shifting Identity

Referring to Table 1, the second column, all participants reported experiencing the need to shift identifies in effort to keep pace with the need of the moment. Specifically, participants shared feeling like what Zulu Lima described as, "Living a Jekyll and Hyde lifestyle." Respondents further revealed shared experiences of feeling fraudulent and fearing potential exposure when having challenges with anger.

Subtheme: Jekyll and Hyde. All participants reported experiences of altering identities as described by Kilo Mike, "It's like I have two personalities, um…two faces, you know, that I have to put on to keep up appearances." "I'm angry inside, but I have to wear a happy face." Participants detailed the challenges of internalizing anger while having to keep up an outward appearance. Zulu Lima stated, "I had to hide my anger from my command and then go home and be me." Participants described dealing with the daily challenge of increasing anger when situations, such as work or socialization, forced suppression. When probed to describe the impact of the latter, Alpha Zulu stated, "Yeah, I got to swallow the rage and vomit it up when no one is looking, but then after holding it in all that time it gets double volatile."

Subtheme: Feeling like a fraud. Probing further into participants' Jekyll and Hyde experiences, each also described the impact of presenting as one persona while hiding. All participants believed shifting personas was of great moral concern as it "Makes me feel like a fraud," stated Kilo Mike.

Servicemembers subscribe to a strict ethical code ingrained during basic training, which is relied upon through all aspects of life as a moral compass guide. Participants found living between two personas as hypocritical and fraudulent. Best described by Baker Charlie, "Just because I got out [discharged from the service] doesn't mean I lost my military bearing, so I struggle with turning one emotion on just to hide another." Sharing deeper meaning of the perceived ramifications of feeling like a fraud, Echo Oscar shared, "I can't lead my guys on a mission, if I can't be honest about who I am. Why should they trust me? It's wrong. Every time I lay my head down at night, I think about the lie I live."

Subtheme: Exposure. The issue with fear of exposure emerged as a third subtheme. Participants conveyed shifting identities and feeling like a fraud as challenging, but also noted the fear of being exposed therein as a major point of contention. Hiding his "true, angry self," Kilo Mike stated, "Hiding anger while presenting as calm, cool, and collected is burdensome." Exasperated by the fear of exposure, Baker Charlie described,

> Every single day I had to worry about if someone would figure out that I wasn't the happy, nice guy they thought I was. I stressed about if my troops would see through me or if my command would find out. I even made up excuses to get out

> of medical appointments, because I was scared that they were gonna' [sic] figure me out and tell my command and end my career. And that's another reason why I hid my anger.

RQ1 Theme 3: Fear of Reprisal

Looking at the third column of Table 1, participants reflected on the ramifications of living with anger dysregulation. Specifically, all participants conveyed beliefs that revealing personal struggles with anger resulted in reprisal.

Subtheme: Career breakdown. Participants shared beliefs that revealing anger challenges equated to career loss. Tango November stated, "Yeah, the military hates weakness. If someone even thinks you have a mental problem, you're out." Alpha Zulu echoed the latter stating:

> I had to make the promotion list but in order to do that, I needed to complete "x" number of missions and SERE (Survival, Evasion, Resistance, and Escape) school. That wasn't going to happen if I'm locked up on the fourth floor [psychiatric wing] because I lost my temper. You don't tell anyone about your problems and if you do, it better be your battle [combat partner] or someone you trust not to run off at the mouth. All it takes is one whiff or hint of someone thinking you're not mission ready and it'll ruin your career. Mental problems ain't [sic] the way I plan to end my career.

Participant, Tango November, confirmed the reality of career loss by detailing:

> Yeah, after 19 years, I got put out. My unit decided my mental health appointments were disruptive and that I wasn't mission ready, so they put me out.

> Nineteen years I gave the Army. Twenty years gets you full retirement. I deployed seven times, and they threw me away at 19 years. That's another reason I'm always angry.

Subtheme: Oppression. When further queried about reprisal, all participants expressed feeling oppressed by the constant fear of career loss as reprisal for revealing personal challenges with anger. In addition, the actual act of suppressing anger, not being able to seek mental health assistance, and fear of reprisal made participants feel oppressed. Kilo Mike described the experience with the following statement:

> We are supposed to be a brotherhood that leaves no man behind, yet we fail each other by not allowing discussion on the reality and side effects of war. Everyone knows psychological problems after combat happen, but it's an open secret that we aren't allowed to talk about them or get help. Not being able to talk about what we lived through without being judged or persecuted, it's oppressive. It's one thing to get stigma from society, but it's a whole nother' [sic] level of wrong when your own leadership kicks you and threatens you while you're down. We fight to help oppressed people, but we [veterans] are the ones oppressed.

Subtheme: Distrust. Branching off the aspect of oppression, all participants conceded feeling distrustful. The fear of reprisal and experience of oppression gave rise to lack of trust in peers and command and in some cases, even loved ones. "I don't trust anyone who wields the power of ending my career…including my own troops," said Zulu Lima. Reiterating earlier sentiments, Kilo Mike expressed, "Trust no one. Keep your mouth shut about your anger or any mental problems and in return you keep your job."

RQ2 Theme: Resistance to Formal Treatment

For the second research question, what does help-seeking mean to veterans, participants shared experiences regarding help-seeking with specific emphasis on formal treatment modalities. As shown in Table 2, all defined help-seeking as a process of attempts to reconcile anger, but none attributed positive reflections toward conventional treatment avenues. Specifically, all participants shared beliefs that help-seeking with regard to formal treatment avenues fostered distrust, inability to reconcile anger, violations of privacy, as well as a loss of sense of safety. The overall takeaway was that formal treatment avenues resulted in negative experiences, thus opened the door to seeking help in an alternative, informal venue.

Subtheme: Losing sense of safety. When queried on help-seeking in terms of experience and meaning therein, participants shared similar stories of losing a sense of safety. As described by Alpha Zulu, "If I talk to someone, then it's no longer my secret and I can't protect myself." Yankee India expressed similar beliefs noting, "By opening myself up to looking for help means I take a chance that the person I tell will not run and tell someone else, like my commander." While participants agreed help-seeking was not a "violation of my military bearing," as described by Zulu Lima, all shared the belief of Tango November, who suggested, "Help-seeking requires a massive amount of trust. I didn't trust them [providers], so I went online and pretended to be someone else. No identity. No trust issues. No worries about repercussions."

Subtheme: Forced to conquer challenges. Participants described experiences with formal help-seeking attempts as feeling forced to "confess my sins of anger," as

stated by Baker Charlie, or as Bravo Delta described, "I was being forced to confront my anger demons before I was ready." Participants appeared passionate about this portion of the interview and shared feeling what Kilo Mike identified as being "Guilted into getting help before I'm ready." Some participants questioned the genuineness of reconciling anger when challenged by command, peers, or loved ones to help-seek before being ready. Echo Oscar explained: "My unit made me get help, but I didn't want it and I wasn't ready to deal with it, so I ended up failing out of the program. You can't make a person get better on your terms."

Being forced to seek help, per all participants, fostered feelings of resentment as described by Yankee India, "I ain't [sic] sayin' [sic] I don't wanna' [sic] be better, but I ain't [sic] gonna' [sic] do it just cause' [sic] you tell me to. That's not genuine, and all it does is make my hatred brew."

Subtheme: Distrust toward command, civilians, and noncombat peers. Participants were unanimous in the belief that noncombat peers and civilians were incapable of empathy and could not be trusted. As described by Bravo Delta:

> Only someone who bled, engaged the enemy, and lived the carnage can understand and be of any help. Not one single person, not even my military brothers that didn't serve in combat, can remotely understand my anger. If they can't understand it, then they can't be trusted. It's the same for the civilian docs they sent me to see. Those guys had no clue how to help me. Why would soldiers trust someone who hasn't experienced what we've experienced?

Participants were in agreement in the belief that noncombat peers were outside the

realm of trustworthiness, but angst and distrust was specifically targeted toward military peers without combat experience as described above by Bravo Delta. The latter belief was unanimous across the sample, thus prompting preference toward combat veterans' reliance on help-seeking solely within the combat veteran population.

Subtheme: Feeling violated. The final subtheme emerged when participants were asked to specifically share experiences on the decision to help-seek or not. All participants identified privacy and trust violations as a deterrent for help-seeking in a formal setting. For instance, Bravo Delta confided:

> They saw me, talked to me one time, and then told me to attend group counseling. After that, the lady asked me to step outside and take a break. While I was out there, she called my wife and commander to tattletale that I was a hostile, violent person. Asked her if I had guns in the house. Really? Yeah, no trust or respect for them ever again. That was so embarrassing and depressing. They can do whatever they want, because it's the policy to snitch.

Participants described the military as having a pro-mental health stance in the face of the public but claimed there existed a practice of healthcare providers disclosing psychiatric details to servicemembers' chain of command. Of note, the veracity of Bravo Delta's and other participants' claim was confirmed by a Rand Corporation Review (Acosta et al., 2014) that indicated DOD policy granted latitude for violation of privacy for the purposes of assessing mission readiness. Acosta et al. (2014) further suggested policies were written in an ambiguous manner, thus perpetuated user interpretation and liberal overreach in application.

Subtheme: Unwillingness to be transparent with noncombat peers.

Willingness to help-seek amongst noncombat peers was limited across the sample. Participants expressed disdain toward reaching out to individuals without combat exposure. Exposure was defined as "actual engagement with the enemy," per Bravo Delta, to which all participants provided similar interpretations. None of the participants expressed willingness to open up, help-seek, or offer transparency as they expressed the need to align themselves with what Kilo Mike described as targeting only "likeminded people and people with my same experience."

RQ3 Theme 1: Emotional Reconciliation

To answer the question of how veterans experienced using social media for management of anger dysregulation, participants revealed several areas of similarities when prompted to share experiences on using social media for management of anger dysregulation. These are shown in Table 3.

Subtheme: Reassessing life events. Shown in the first column of Table 3, all participants reported using social media as a means of help-seeking to cope with anger. The ability to cope coincided with social media peers prompting participants' reflection on life events. Echo Oscar reflected:

> Yeah, I go on there and, in my group, we are all combat vets. We share stories and sometimes, they make me rethink a moment in time during battle. You know, maybe I remembered it in a mad or bad way, but they help me rethink it.

On further probing for clarity of "rethink it," Echo Oscar stated, "I mean it helps me change the memory from ugly to good. You can't make good of a buddy's death, but

you can make the soldier a hero." The latter sentiment was repeated across the sample with all participants reporting social media engagement perpetuating reassessment of life events, particularly with respect to once perceived traumatic combat engagements.

Subtheme: Recognizing and controlling anger. Participants reported help-seeking on social media was a useful tool for recognizing and controlling anger. Participants revealed the ability to turn to social media in times of strife or challenge that ultimately resulted in prevention and/or de-escalation of violence. Zulu Lima confided, "One day, I was so mad I thought I would end up in jail, but I hopped on Twitter and found my buddy who talked me down." Yankee India shared a similar experience noting, "My Facebook group of veterans helped me go from a raging lunatic to a puppy one night. Instant access to them saved me from doing something stupid. I actually didn't know how mad I was until they helped me." All participants shared various, but similar, positive experiences using social media as a means of help-seeking to control anger.

Using social media as a means of help-seeking put participants in a position to change thought patterns. Specifically, rather than remain in a perpetual state of hostility, veterans were challenged by social media peers to rethink interpretations and associated approaches. An experience Bravo Delta described:

> I get to points in my life where I start thinking about the brothers I lost, and I want to go back to Iraq and get revenge. Kill the entire population. When I get to thinking like this, I get mad at the world and just start taking it out on everybody or I'll make a post about it on social media and the next thing I know my inbox is blowing up with messages. My brothers who understand how I feel will talk to

me and make me see that I'm in a bad mindset and they make me change my line of thinking.

The above experience was repeated by all participants with two, Baker Charlie and Alpha Zulu, reporting an escalation of social media contact to phone calls or video chat in effort to escalate help-seeking attempts with reconciling unwanted thoughts.

Subtheme: Declining anger and unwanted behaviors. That occurrences of anger escalating to offending behaviors have not occurred or not occurred more frequently, participants claim credit is due to using social media for help-seeking. All participants revealed experiencing incidents of anger escalation to violence or unwanted behaviors at some point in life post combat. And, interestingly, all eight participants shared the experiences reflect behavioral responses out of proportion with the situation, yet "I don't get let the anger sit and stew anymore now that I have my online buddies to go to," as detailed by Zulu Lima. In conjunction with the latter, Tango November stated, "I was a ticking timebomb. Every little thing pissed me off. I would read my friends' comments telling me I was an idiot and I realized how stupid I reacted, so I've learned to go to them when I'm upset."

RQ3 Theme 2: Social Media Use

As shown in the second column of Table 3, participants were all in alignment regarding the importance of social media and its positive impact on quality of life. Specifically, respondents shared the belief that using social media had a mitigating effect on resistance to help-seeking. Furthermore, all participants reported using social media as equally or more effective than traditional routes at controlling anger. In addition,

participants' use of social media prompted an eventual role reversal from help-seeker to mentor.

Subtheme: Reflecting on military bearing. Using social media for help-seeking perpetuated what Zulu Lima described as, "Pausing in the moment of anger to reflect on my military bearing." All participants divulged similar experiences using social media to engage in conversations with peers that resulted in "Calming me down and made me remember I'm a soldier and I had to lead by example," stated Kilo Mike.

Subtheme: Selective socialization. Where all participants admitted socializing in person was self-limited to prevent inciting anger, they equally agreed socializing in an online environment did not invoke anger. All participants self-reported being motivated to socialize amongst like-minded peers in veterans' social media groups or pages because, as Bravo Delta stated, "Seeing brothers online who went through what I went through makes me want to reach out more for help." Participant, Kilo Mike, confided to creating and administrating a social media page targeting combat veterans and mental health issues after having personal, positive experiences as a member of a similar group. Kilo Mike further described, "Getting help makes you want to help. It makes me feel good and like I'm doing something to help my brothers."

Subtheme: Anonymity. High on importance was the ability social media afforded for participants to remain anonymous. Given that some remained on active duty, creating accounts with fictitious names allowed participants leeway to help-seek without fear of reprisal. Given the nature of classified missions prompting the need to maintain a sterile identity, participants expressed relief at having a help-seeking outlet

allowing the freedom of anonymity. All participants, active duty and veterans alike, self-disclosed using only fictitious entities for help-seeking purposes on social media. Echo Oscar divulged, "As a leader of a quiet professional unit, it is imperative I protect my identity. Our names are not even on our uniforms, and on missions we use codenames. The fact I can do this on social media is why I use it."

Subtheme: Feeling safe again. Prompted by the subtheme of anonymity, further probing revealed all eight participants felt help-seeking within social media venues promoted safety. Participants revealed they were less inclined to worry about experiencing reprisal and stigma from military peers, civilian friends, or loved ones. Zulu Lima stated, "There is no fear of telling your ugly, embarrassing stories when you can be whoever you want to be in cyberland and no one can figure out who you are or judge you." Secondarily to anonymity, participants revealed feeling safe enough to not only seek help but felt the environment enhanced confidence for them to shift from into the role of mentor rather than help-seeker. As an example, Bravo Delta stated, "It got to the point where I was the one giving instead of getting the advice."

RQ3 Theme 3: Combat Elitism

The third and final theme, revealed in the last column of Table 3, pertained to the shared belief amongst participants that combat veterans represented a unique segment of society and as such, only their experiences had impact and relevance with respect to help-seeking.

Subtheme: Targeting peers with like experiences. Participants reported similar experiences targeting combat veteran peers on social media. Across the sample, all

expressed a practice of help-seeking amongst combat veterans in a manner described by Bravo Delta as "I'm only looking for help from brothers who bled and fought like I did." Repeating the latter sentiment, Echo Oscar stated, "Veterans understand veterans, but combat veterans understand combat veterans. We know death, losing a brother, seeing kids in pieces, getting ambushed, the smell, sight, and sound of war, the hatred of it all – only combat veterans get it."

Subtheme: Holding combat brethren in higher regard. When probed for further understanding, all eight participants indicated having a higher level of respect for combat veteran peers. The reasons ranged from what Alpha Zulu described as, "I respect all service men and women, but none more than those who fought alongside me" to Baker Charlie revealing, "Being a combat veteran puts me in a brotherhood with the best of the best. I don't mind getting help with my anger from veterans, but I won't take it seriously like I would a war veteran." Participants were unforgiving with the level of respect assigned to combat veteran peers and echoed similar sentiments to that regard, which was impressed upon when Yankee India stated, "In my mind, we are the top of the food chain…the best of the best. People who haven't fought a mile in our boots are posers [imposters] and have no right to really even call themselves a veteran."

Subtheme: Trusting. All eight participants expressed help-seeking amongst combat veteran peers was owed not just to respect, but also a higher level of trust affixed to a veteran simply due to combat status. Echo Oscar stated:

> It's about trust. If I can trust a guy to have my back and make sure I come home alive, then I can confide in him and get some help. I don't ever have to question

> or worry if a guy who fought and bled can be trusted. Combat veteran implies trustworthiness.

When asked to detail how trust is garnered from random internet users claiming to be combat veterans, participants shared similar responses and experiences. For instance, Alpha Zulu explained:

> You get a feel of someone and when they tell their stories, you start asking questions and their answers line up. I can spot a veteran in public from a mile away. I can spot on online just by his comments or posts. They are usually hostile or defensive. Once I do that, the trust is automatic. Actually, we're a brotherhood, so if the guy's stories are legit, then in my mind, he's a combat vet, so he slides right into the trust folder.

All eight participants revealed similar beliefs as Alpha Zulu with the additional caveat that, "There is no reason not to trust a combat veteran online, unless he gives me one, which has yet to happen," stated Kilo Mike.

Subtheme: Brotherhood. All participants shared the belief that combat veterans belonged to a community described by Echo Oscar as an "Elite level of brotherhood matched by no other." Participants believed the brotherhood represented a special bond of what Zulu Lima described:

> We are a group of people that have things in common that the rest of society does not. Darkness, violence, killing, hatred, and sick minds are what we all share. What sets us apart and makes us brothers is that we can go to one another and not have to explain the unexplainable, yet we still know how to help one another. We

> are one in the same. You can't go to someone outside the brotherhood and expect a person to understand because they don't wake up every day with the same mind movies you have.

Discrepant Findings

All eight participants shared stories and lived experience that aligned across the sample save a singular veteran. Unlike all other participants, one interviewee reported a history devoid of formal help-seeking attempts prior to reaching out and targeting peers on social media. Because the study's focus was not on whether the sample had a prior history of formal treatment, the discrepant case was included in the thematic analysis process. Apart from the latter, there were no other experiences or participant statements that failed to conform or converge along themes and subthemes.

Summary

In this chapter, I presented data collected from combat veterans self-identified as users of social media for the purpose of help-seeking for guidance with anger dysregulation. Data represented a collection of responses from voluntary interviews, which were left verbatim to reflect an accurate representation of participants' interpretation and meaning. Interviews were based on three research questions: What is the lived experience of anger dysregulation in combat veterans? What does help-seeking mean to veterans? How do veterans experience social media for management of anger dysregulation? Responses to the latter questions resulted in several themes and subthemes reflecting emotional distress, shifting identity, reprisal, resistance to formal treatment, emotional reconciliation, social media use, and combat elitism as influencing

factors on participants' help-seeking behaviors on social media for assistance with anger dysregulation. Chapter 5 will reflect my interpretation of the findings, which will align with the conceptual framework and literature provided in chapter two. Chapter 5 will also represent a detailed explanation of limitations, recommendations, and the potential for the study to effect social change in veterans' populations.

Chapter 5: Discussion, Conclusion, and Recommendations

Introduction

The purpose of this interpretive phenomenological study was to explore and understand combat veterans' challenges with anger dysregulation. Because of ongoing distrust, lack of understanding, and lack of professional continuity encountered in traditional treatment approaches (Kulesza et al., 2015; Mackintosh et al., 2014), veterans turn toward social media for guidance from peers on how best to navigate and reduce negative sequelae associated with anger. Current studies (Boden et al., 2013; Brief et al., 2013; Donohue et al., 2017; Gross & Feldman-Barrett, 2011; Gross & Jazaieri, 2014; Karademas et al., 2011; Klemanski et al., 2012; Morland et al., 2016; Naslund et al., 2014; Stana et al., 2017) focusing on technological resources for veterans do not address help-seeking and/or the specific use of social media inclusion for anger dysregulation. Using an IPA approach to close the gap in knowledge, I interviewed eight male combat veterans to garner deeper understanding of their use of social media for help-seeking as a nontraditional means of regulating the negative emotion of anger.

Analysis of the collected data revealed seven themes and 25 subthemes combined from three primary research questions, which are discussed in detail in this chapter. Discussion also entails an interpretive summary of the findings, limitations of the study, recommendations, and implications of the research.

Interpretation of the Findings

This section of the chapter presents the data findings by following the order in which research questions were posed: What is the lived experience of anger dysregulation

in combat veterans? What does help-seeking mean to veterans? How do veterans experience using social media for management of anger dysregulation?

RQ1: Veterans' Experience With Anger Dysregulation

The first research question entailed understanding the lived experience of anger dysregulation in combat veterans. Participants' responses and shared experience supported findings of prior studies that revealed marked instances of hostile and violent tendencies in postcombat veterans of current-era wars (Cornish et al., 2014; Lenhardt et al., 2012; Morland et al., 2012). Specifically, not only was anger a new baseline for participants, but the inability to regulate the emotion increased the propensity toward violence and offending behaviors. Studies have shown that combat veterans who fail to self-regulate anger are at most risk of comorbid symptomatology (Gallaway et al., 2012; Mackintosh et al., 2014). Supporting this, participants were impacted by emotional distress, including a host of feelings such as worthlessness, shame, guilt, doubt, and hostility.

The plethora of negative emotions experienced by participants, specifically anger and hostility, perpetuated a Jekyll-and-Hyde lifestyle in which veterans were forced to mask negative emotions in effort to maintain a false bravado. In line with Gross and Thompson's (2008) initial phase of MME, veterans' negative interpretation begot negative emotions and in turn forced them to incorrectly activate and sustain a corresponding negative response/behavior as a coping mechanism. In the instance of this population, the unreconciled emotional distress from combat coupled with the necessity of having to secretly shelter negative sequelae in the face of career breakdown forced

veterans to adapt to a new but unhealthy baseline. The participants lived in the constancy of a vicious psychological and emotional cycle. In support of Gross and Thompson's (2008) MME, participants reported living in an unreconciled, vicious cycle of dysregulation that not only dictated when, if, and how subsequent exposures to similar lived experience would occur, but also what behavioral response(s) they would have to the stimulus therein.

Existing under false pretenses made participants feel fraudulent and beneath the stellar military bearing and model for which they prided themselves. Existing in this manner was oppressive, dehumanizing, and described by veterans as living a Jekyll-and-Hyde façade with no formal means of privacy-protected treatment, which only served to heighten anger. Participants, all of whom were lifelong servicemembers, feared career breakdown and thus were not inclined to expose themselves to chance in obtaining help with anger challenges. A study examining barriers to treatment by Brown and Bruce (2016) exposed a system of subterfuge employed by unit commanders and military care providers that sought to undermine veterans' efforts to seek help for psychological wellness. A recent media whistleblower-type investigation by Mirfendereski (2018) uncovered unfair treatment and career-ending repercussions suffered by soldiers and veterans at the hands of chains-of-command taking discriminatory liberties with nefarious DOD mental health practices. For clarity, the very system in place to help suffering veterans presented as a façade in its own right, with a primary goal of formal pathways to treatment being used to cull out *who*, not *what*, was considered a weakness in mission readiness (Acosta et al., 2014).

RQ2: Veterans' Meaning of Help-Seeking

The second research question centered on understanding what help-seeking meant to veterans. While help-seeking in and of itself was not rejected, participants were in agreement that seeking help through customary approaches resulted in negative experiences. Specifically, they believed that help-seeking among formal treatment outlets fostered distrust, systematic coercion, betrayal, and privacy violations—all of which contributed to the attraction of using social media for selective peer guidance with anger.

Of primary importance to veterans was the experience of perceived coercion and accompanying privacy violations that occurred between veterans, command, and care providers. Participants were most aggrieved at being party to a system that forced them into not only a mental health program under threat of career loss, but also an institution that failed to protect their privacy.

As previously noted, soldiers with psychological challenges may enter formal treatment programs by directive of a unit commander or voluntarily, but in either case, they relinquish a right to privacy. For perspective, if veterans' command did not know of the voluntary outreach, it would become apparent by care provider-mandated contact to command. Because DOD policy allows such communication between healthcare providers and unit commanders (Acosta et al., 2014), veterans felt violated and became increasingly disinclined to seek formal treatment. Secondary to the latter, veterans felt betrayed, especially by rank-and-file unit members, as they felt that a loss of loyalty and sense of safety outweighed the necessity to pursue formal treatment. To understand the

impact of betrayal, particularly with respect to leadership, it is important to understand the intimate makeup of the combat veteran subculture. Combat veterans exist as a brotherhood comprised of an exclusive family unit, and any fracture in the familial system denigrates not only the bonds of brotherhood, but also trust and willingness to help-seek among peers (Ashley & Brown, 2015; Smith & True, 2014). Much like any family system, combat veterans' brotherhood is hierarchal in nature, with ranking officials swaying the masses by setting the precedent for acceptable norms and expected behaviors. When the familial unit is compromised by a violation of trust, combat veterans are no longer willing to help-seek, and instead defer to the inherent masculine nature of stoicism that serves only to further denigrate emotional wellbeing (Brown & Bruce, 2016; Garcia et al., 2011).

With respect to mandated formal treatment, veterans questioned the efficacy of such as they shared the belief that a directive to attend to mental healthcare set them up for failure and enhanced anger. Being forced to reconcile an issue prior to personal readiness to accept that anger had become a problem in need of redress was repeatedly shared as a secondary factor in not pursuing formal treatment. In line with Morgan et al.'s (2010) study showing decreased interest in formal treatment, participants reported that resistance also owed to the coercive tactic of being forced to undergo management under threat of career loss. Soldiers and veterans who were pressured to undergo treatment for psychological and emotional challenges had higher treatment failure rates (Cornish et al., 2014; Zinzow et al., 2012). In addition to the latter, veterans were neither

ready to accept nor admit emotional challenges existed nor were they willing to voluntarily undergo treatment (Acosta et al., 2014).

Veterans, particularly combat veterans, expressed having feelings of great pride in ongoing service to their country. The threat of being removed from the military was wholly unacceptable to participants, and as all detailed, it tamped any potential for transparency. The fear of career loss forced veterans to engage in formal treatment in a false manner. Faking it, as veterans described it, was necessary to prevent disruption of career progress and, most importantly, a military identity. The consequence of misrepresentation was false goals, as well as guilt for not adhering to the ever-coveted military bearing. For military veterans, serving and being a part of the armed services is as much a part of who they are as their birthname. Faced with the threat of career loss, veterans will sacrifice fully balanced emotional wellbeing if doing so means retaining their identity (Smith & True, 2014).

With final regard to resistance toward treatment, as previously established in prior studies (Elbogen et al., 2014; Jain et al., 2012), veterans were less likely to practice transparency with noncombat entities. Veterans explained that persons who did not serve in combat were perceived as untrustworthy and contributing components of a fractured support system; thus, there was less inclination toward transparency. In line with MME (Gross & Thompson, 2008), veterans' prior negative experiences with anger reconciliation resulted in further emotional dysregulation, so that they remained with a skewed worldview of formal treatment that perpetuated apprehension and unwillingness to help-seek among people in positions of power or noncombat entities.

RQ3: Veterans' Experience Using Social Media

The final research question entailed understanding how veterans experienced using social media for management of anger dysregulation. To begin with, veterans were most attracted to social media secondary to such media's preservation of anonymity. For the active-duty participants, sterility was vital in effort to maintain privacy from rank and file yet preserve the ability to help-seek.

Veterans across the sample shared the belief that targeting combat peers on social media resulted in a freeing experience, and one that relieved the burdens of anger. Again, across the sample, veterans conveyed similar positive experiences with social media use and independently described it as a means of reassessing life events. In line with Gross and Thompson's (2008) MME, when a life event or negative exposure was revisited with a reframed mindset, veterans' maligned thought patterns were countered, and thus began the reconciliation process of balancing a dysregulated emotional cycle.

The above thought-realignment process occurred through targeting combat veteran peers easily accessible via social media, resulting not only in successful reappraisal of a life event, but also cognitive reframing processes that further regulated the MME cycle (Sheppes et al., 2015). As studies previously revealed (Elbogen et al., 2014; Jain et al., 2012; Morland et al., 2016), the use of nonconventional routes for emotional self-regulation has increasingly proven effective in both veteran and civilian populations. In the current study, veterans across the sample mirrored prior findings and further exemplified that changing thought patterns coupled with peer guidance via social media allowed for heightened awareness of potential unwanted behaviors. Specifically,

veterans reported that awareness coupled with ongoing peer outreach on social media secondarily allowed them to tamp or prevent anger and/or escalation to aggression or associated act(s) of violence therein, thus preventing reoccurrence of a dysfunctional MME cycle.

When participants were further queried about the use of social media for help-seeking, veterans repeatedly reported that anonymity and selective socialization also promoted a sense of safety, all of which they equally admitted attracted them to social media use. Furthermore, veterans feel void of personal safety and security when seeking help through traditional routes, especially with respect to preserving anonymity. The intrusive nature of the relationship between command and healthcare providers makes veterans feel vulnerable, thus negating any benefits of formal treatment (Naslund et al., 2014). Seeking help in a formal venue does not afford the same security found among nontraditional routes such as social media. Congruent with prior studies (Kulesza et al., 2015; Zinzow et al., 2012), veterans elected to employ help-seeking behaviors on social media as doing so afforded a two-fold benefit—guidance from respected combat peers and the ability to maintain anonymity. By selective socialization, veterans described the process of targeting fellow combat veterans as necessary as the population was believed to be trustworthy secondary to similar experiences and like-mindedness. The latter was in line with prior studies (Currier et al., 2015; Drescher et al., 2011) revealing that veterans thrived among their own population as they believed that only other combat veterans were capable of empathy and sympathy, and appropriate reflections of military

bearing—all of which reduced symptomatic issues associated with anger (Naslund et al., 2014).

Perhaps the most prominent theme revealed during the interviews was the repetitive and proud way veterans referred to their combat status. As discussed, veterans used social media in a targeted manner but owed the success of its usefulness to combat veteran peers. Likeminded and like-experienced peers were considered by veterans as the only acceptable targets for help-seeking.

Veterans did not hold noncombat entities at the same level of regard as combat peers. From the time that servicemembers enlist in the armed forces until the end of their careers, a mindset of military masculinity is set in place to promote not only an institution of might, but also a culture of elitism. Within that military culture, however, combat veterans shared the belief they existed in a subculture of superiority. For clarity, the interviewed population defined superiority not as that of arrogance, but rather an exclusive identification applicable only to battle-hardened warriors. Veterans shared experiences in which help-seeking was considered a show of weakness when navigating traditional venues. Conversely, help-seeking on social media among combat peers did not yield the same result. Veterans reported being more inclined to use nontraditional routes to reach out to peers as the stigmatic element of weakness neared nonexistence.

Regarding the selective nature of targeted help-seeking on social media, veterans' beliefs were in line with prior studies suggesting that seeking and providing help was considered a duty, especially for members of a combat brotherhood (Garcia, Finley, Lorber, & Jakupcak, 2011; Hom, Stanley, Schneider, & Joiner, 2017; Jakupcak et al.,

2014). Veterans believed that only other veterans held a similar mindset, specifically war thinking, that was best understood by combat veteran peers. The mindset was believed to promote genuine advice and guidance, given the similar experiences and thought processes encountered by veterans offering advice. Active-duty servicemen and veterans alike prided themselves in their service, which was specifically detailed by Zulu Lima, who stated, "Line 7 of the *Soldier's Creed* goes like this, I will never leave a fallen Comrade, and I believe that means physically and mentally, especially for my battles [combat peers]."

All participants expressed the belief that social media provided fewer challenges with anger regulation than conventional methods. Of the veterans who expressed reticence to reveal anger dysregulation or the individuals who hid it from others, there were shared experiences of positivity with help-seeking on social media. Across the sample, however, and in line with Gross and Thompson's (2008) MME, all participants agreed that social-media-based help-seeking enabled cognitive reframing and subsequent healthy reappraisal of events in an effort to stave or prevent escalation of anger resulting in unwanted behaviors. Veterans wholly believed that targeted help-seeking within the confines of social media not only fostered a sense of safety and emotional betterment, but also served as a platform to offer as much guidance as they received.

Conceptual Framework

This study was underpinned by MME, as outlined by Gross and Thompson (2008). The cyclic pattern of behaviors that veterans reflected in the anger dysregulation and help-seeking process were in line with Gross and Thompson's MME. To begin,

veterans reported similar experiences with combat exposure and assigned meaning to events therein, which was in line with the initial cycle of MME—situational exposure to an event. The second and third phases of MME involved the type of attention given to an exposure and the appraisal of it therein—negative or positive. As veterans shared, they similarly experienced atrocities offensive to the senses. Surviving in a kill-or-be-killed environment where aggressive revenge-type response styles were promoted over reconciliation, veterans learned to adapt to a new baseline of anger as a coping mechanism (Karademas et al., 2011).

Veterans discovered the new, war-prompted angry baseline perpetuated cautionary and most often negative appraisal to future events, especially when exposed to scenarios with potential to prompt negative recall of past events. Difficulties associated with the latter impact acclimating to a postwar lifestyle and regulating once-normal but skewed coping mechanisms. Perpetuated by maligned thought processes and negative appraisals of life events, such as unreconciled traumas of war, veterans' ability to regulate anger remained limited. As the MME cycle of dysregulation continued, veterans shared experiencing an inability to prevent escalation of anger to aggression and violent offending behaviors. Even when given a direct order to involuntarily engage in formal treatment, veterans were unable to break the pattern of dysregulated anger (Karademas et al., 2011). Veterans claimed the reason for the latter, however, was primarily owed either to frustration secondary to involuntary coercion into treatment, due to incorrect assessment and appraisal on the value of a life event, or an inability to recognize having an anger issue until it was too late. Veterans' reported experiences aligned with MME in

that poor appraisal and/or awareness dictated subsequent behaviors, whether wanted or unwanted (Gross and Thompson, 2008).

Veterans shared experiencing behavioral responses that did not align with the scenario or exposure at hand. In the MME process, until maligned coping mechanisms, specifically maladaptive thought processes and value appraisals are reconciled, the pattern of dysregulation continues (Elbogen et al., 2014; Sheppes et al., 2015).

For participants in the current study, help-seeking via social media was reported as a key to awareness and emotional reconciliation. Specifically, veterans reported similar experiences with reaching out to combat peers on social media resulting in positive outcomes. Peers on social media encouraged veterans to rethink or cognitively reframe maladaptive thoughts, which not only helped participants remain cognizant of triggering events, but they also reported having some semblance of control over behavioral responses. In all, help-seeking among combat peers on social media was reportedly effective in helping veterans overcome challenges with anger dysregulation.

Limitations of the Study

This study explored the lived experience of combat veterans struggling with anger dysregulation and their use of social media as a means of help-seeking. Several limitations presented, the chief among them entailed gender. At the time of the study's inception, women remained prohibited from entertaining combat military occupational specialties. While the government's position has since reversed, the study's population was confined to male veterans given the historical longevity of America's war on terror

and the male presence therein. Because of the lack of gender inclusivity, study results are limited in transferability in mixed-gender or female veterans' populations.

A second primary limitation involved the limited sample from which data were collected. As is historically traditional of the IPA approach, saturation was not based on a minimum or maximum number of participants (Lincoln & Guba, 1985). For this study, saturation was reached by the sixth participant when data and thematic revelations became repetitious. The seventh and eighth interviews were conducted to provide additional assurance of no further pattern development.

As the only researcher for this study, interview time was limited to one hour and fifteen minutes. As such, participants may not have been able to share the entirety of their lived experiences. Allowing more time may have afforded participants to offer not only further insight, but allow the researcher to continue with deeper, probing questions resulting in more data collection.

While I oversaw the study with a neutral mindset, I functioned as both the instrument for data collection and researcher for analysis, which is historically typical for IPA studies. As such, the subjective nature of IPA means that some revelations may have been overlooked or themes produced may not be apparent to other researchers attempting to replicate the same (Lincoln & Guba, 1985; Shenton, 2004).

Of most importance, as this study involved participants with suspected reticence toward sharing lived experience with noncombat entities, it was imperative to establish a level of trust through the process of prolonged engagement. During that process, I revealed my status as a military spouse of a Wounded Warrior in effort to establish my

knowledge of the armed services and the combat veteran population, and to set a comforting precedent for participants. Divulging that information did not reveal any obvious negative effect, but its relevance is noted here for the sake of transparency.

Recommendations

As noted throughout Chapter 2 and the course of this writing, literature and data regarding social media use by combat veterans as a help-seeking outlet is limited. The current study closed a moderate gap in knowledge, but the topic remains ripe for advancement. Future studies may consider examining the efficacy of help-seeking through social media, and perhaps include a more gender-diverse and larger sample. As well, future exploratory studies are recommended to expand on the current study with the inclusion of either a mixed-gender or all female combat veterans' sample to enhance and/or better reflect transferability across populations.

The aim of this study did not include consideration of how other negative/unwanted emotional challenges were positively affected by targeted help-seeking on social media. For instance, veterans identified additional side effects of anger as that of feeling worthless and dehumanized.

All participants reported that social media engagement facilitated the reassessment of life events, particularly with respect to once perceived traumatic combat engagements. The ability to assess and re-conceptualize past traumas is an important milestone of psychotherapeutic work with traumatized populations (Fitzgerald, 2017; Resick et al., 2017). It is suggested that this finding be explored in further studies examining the effectiveness of social media peer support as a stand-alone and

complement to other therapeutic approaches.

Seeking and receiving help by targeting peers on social media had the unexpected revelation of veterans regaining personal value and self-worth. When roles reversed and the veteran in need became the mentoring veteran, they reported experiences of regaining a sense of empowerment, and so a study focusing on emotions other than anger and/or the impact of veterans helping other veterans in the confines of social media is recommended.

Participants' claims that a faulty support system promoted fear and reticence to seek help and furthered the anguish of postwar emotional challenges was not without merit (Acosta et al., 2014; Brown & Bruce, 2016; Mirfendereski, 2018). As such, studies designed to prove an association/correlation between the currently alleged faulty system and that of declining emotional regulation are recommended.

Implications

The current study promotes positive social change by raising awareness for alternative mental health care options for combat veterans. Specifically, participants similarly reported experiences of support system breakdown and feelings of distrust that precluded willingness to initiate or continue formal help-seeking. With the data obtained from this study, mental health practitioners and members of leadership in the Department of Defense are now educated on the need to be more accepting and accommodating of veterans' mental health complaints.

The use of social media as a therapeutic option, while still in its infancy, is utilized by veterans as an alternative means of treatment as evidenced by the study's

results. The results of this study will be disseminated amongst military mental health entities so that practitioners will hopefully take into consideration the potential mitigating effect the use of social media has on veterans struggling with anger dysregulation. Furthermore, with practitioners maintaining awareness, combat veterans may not only feel more supported, but also become more inclined to feel better understood. The latter can lead to rapid preventative help-seeking or possibly even reconsideration of formal treatment outlets. In addition, data findings allow caretakers, healthcare providers, military command and DOD entities, and society at large the opportunity to better understand the effects of war on combat veterans' emotional wellbeing. Results reveal the alternative measures, specifically nonconventional avenues of social media, combat veterans' resort to for help-seeking efforts. With the results revealed in this study, it is hopeful military entities and mental health practitioners alike will remain cognizant and be proactive in entertaining and promoting alternative options, specifically social media groups, as an avenue to help combat veterans remedy anger dysregulation.

An additional and unexpected revelation of this study is the positive domino effect social media has among the help-seeking combat veterans' population. Veterans believe the use of social media for help-seeking has a shifting effect. Specifically, combat veterans reaching out to other combat veterans on social media for challenges associated with anger dysregulation has an empowering effect on the help-seeker as well as the helper. Sharing the results of this study, raises awareness for practitioner consideration on how combat veterans become part and parcel to a cyclic process

involving the elements of anger dysregulation, help-seeking, regulating and reconciling, and then becoming a mentor to others.

Conclusion

The goal of this study was to understand the lived experience of combat veterans struggling with anger dysregulation and utilizing social media as a means of help-seeking. To best understand, an interpretive phenomenological approach was employed to gain deep insight into the lived experience of eight male, combat veterans. From three primary research questions, themes revealed included emotional distress, shifting identity, reprisal, resistance to formal treatment, emotional reconciliation, social media use, and combat elitism. All eight participants shared similar experiences struggling with anger dysregulation, both during and after active duty service, with additional stressors burdened upon them by what they claimed was a failed support system. Using social media as a nonconventional resource for self-regulation, veterans embraced and described it as welcoming, freeing, and empowering with all participants reporting positive outcomes.

Combat veterans' experiences with anger dysregulation as a consequence of war deserve recognition and support. Their suffering should not be used as a weapon of leverage to gauge mission readiness. Suffering veterans should not be forced into silence and further despair, but rather they deserve to have their emotional challenges correctly and diligently addressed by the very government they served in combat. Without systematic redress and correction of misguided policies, veterans' mental health will continue to decline. The results of the current study provide insight into combat

veterans' lived experience and should encourage the Department of Defense, researchers, and mental healthcare practitioners alike to adjust policies and perhaps employ further exploration and use of nontraditional outlets as a means of regulating anger.

Given veterans reported shared belief of feeling betrayed by the very system in place to protect them, it is imperative nonconventional treatment outlets are accepted and promoted as a viable option. Practitioners, military and civilian alike, should invest in becoming better educated on combat veterans' specific needs and tailor guidance to that population rather than continually adhere to a failed and seemingly complacent system of governmental standards of practice. The recommendation is not to violate policies or rules but to advocate changing current mission-oriented standards of practice that serve only to eliminate suffering veterans rather than care for the needs perpetuated by the very institution they served. It is our duty to raise questions and advocate when policy does not promote veterans' mental wellbeing. Certainly, standards are created with good intentions in mind and exist to prevent deficits in care, but veterans are failed when policies are liberally interpreted and applied or used as a means of leverage or punishment.

For the veterans who raised their right hand and swore to solemnly defend these great United States, may you find peace.

References

Acosta, J. D., Becker, A., Cerully, J. L., Fisher, M. P., Martin, L. T., Vardavas, R., … Schell, T. L. (2014). *Mental health stigma in the military*. Retrieved from http://www.rand.org

Ahern, J., Worthen, M., Masters, J., Lippman, S. A., Ozer, E. J., & Moos, R. (2015). The challenges of Afghanistan and Iraq veterans' transition from military to civilian life and approaches to reconnection. *PloS One*, *10*(7), 1-13. doi:10.1371/journal.pone.0128599

Ala. Code 2009, § 26-14-1

Alvarez-Jimenez, M., Alcazar-Corcoles, M. A., Gonzalez-Blanch, C., Bendall, S., McGorry, P. D., & Gleeson, J. F. (2014). Online, social media and mobile technologies for psychosis treatment: A systematic review on novel user-led interventions. *Schizophrenia Research*, *156*(1), 96-106. doi:10.1016/j.schres.2014.03.021

Ashley, W., & Brown, J. C. (2015). The impact of combat status on veterans' attitudes toward help seeking: The hierarchy of combat elitism. *Journal of Evidence-Informed Social Work, 12*(5), 534-542. doi:10.1080/15433714.2014.992695

Bandura, A. (1999). Moral disengagement in the perpetration of inhumanities. *Personality and Social Psychology Review, 3*, 193-209. doi:10.1207/s15327957pspr0303_3

Berkowitz, L. (1989). Frustration-aggression hypothesis: Examination and reformulation. *Psychological Bulletin, 106*(1), 59-73. doi:10.1037//0033-2909.106.1.59

Berkowitz, L., & Harmon-Jones, E. (2004). Toward an understanding of the determinants of anger. *Emotion, 4*(2), 107-130. doi:10.1037/1528-3542.4.2.107

Boden, M. T., Westermann, S., McRae, K., Kuo, J., Alvarez, J., Kulkarni, M. R., … Bonn-Miller, M. O. (2013). Emotion regulation and posttraumatic stress disorder: A prospective investigation. *Journal of Social and Clinical Psychology, 32*(3), 296-314. doi:10.1521/jscp.2013.32.3.296

Bosse, T., Pontier, M., & Treur, J. (2010). A computational model based on Gross' emotion regulation theory. *Cognitive Systems Research, 11*(3), 211-230. doi:10.1016/j.cogsys.2009.10.001

Brief, D. J., Rubin, A., Keane, T. M., Enggasser, J. L., Roy, M., Helmuth, E., … Rosenbloom, D. (2013). Web intervention for OEF/OIF veterans with problem drinking and PTSD symptoms: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 81*(5), 890-900. doi:10.1037/a0033697

Brown, N. B., & Bruce, S. E. (2016). Stigma, career worry, and mental illness symptomatology: Factors influencing treatment-seeking for Operation Enduring Freedom and Operation Iraqi Freedom soldiers and veterans. *Psychological Trauma: Theory, Research, Practice, and Policy, 8*(3), 276-283. doi:10.1037/tra0000082

Cornish, M. A., Thys, A., Vogel, D. L., & Wade, N. G. (2014). Post deployment difficulties and help seeking barriers among military veterans: Insights and intervention strategies. *Professional Psychology: Research and Practice, 45*(6), 405-409. doi:10.1037/a0037986

Currier, J. M., Holland, J. M., & Malott, J. (2015). Moral injury, meaning making, and mental health in returning veterans. *Journal of Clinical Psychology, 71*(3), 229-240. doi:10.1002/jclp.22134

Department of the Army. (2007). *Personnel selection and classification: Military occupational classification and structure* [Pamphlet]. Retrieved from http://www.apd.army.mil

Department of Defense. (2017). *DOD dictionary of associated terms*. Retrieved from http://www.dtic.mil/doctrine/new_pubs/dictionary.pdf

Donahue, J. J., Santanello, A., Marsiglio, M. C., & Van Male, L. M. (2017). Acceptance and commitment therapy for anger dysregulation with military veterans: A pilot study. *Journal of Contemporary Psychotherapy*, *47*(4), 1-9. doi:10.1007/s10879-017-9361-z

Dowling, M., & Rickwood, D. (2013). Online counseling and therapy for mental health problems: A systematic review of individual synchronous interventions using chat. *Journal of Technology in Human Services, 31*(1), 1-21. doi:10.1080/15228835.2012.728508

Drescher, K. D., Foy, D. W., Kelly, C., Leshner, A., Schutz, K., & Litz, B. (2011). An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology, 17*(1), 8-13. doi:10.1177/1534765610395615

Elbogen, E. B., Johnson, S. C., Newton, V. M., Timko, C., Vasterling, J. J., Van Male, L. M., … Beckham, J. C. (2014). Protective mechanisms and prevention of violence

and aggression in veterans. *Psychological Services, 11*(2), 220-228. doi:10.1037/a0035088

Fitzgerald, J. M., MacNamara, A., Kennedy, A. E., Rabinak, C. A., Rauch, S. A., Liberzon, I., … Phan, K. L. (2017). Individual differences in cognitive reappraisal use and emotion regulatory brain function in combat□exposed veterans with and without PTSD. *Depression and Anxiety*, *34*(1), 79-88. doi:10.1002/da.22551

Fukkink, R. (2011). Peer counseling in an online chat service: A content analysis of social support. *Cyberpsychology, Behavior, and Social Networking, 14*(4), 247-251. doi:10.1089/cyber.2010.0163

Garcia, H. A., Finley, E. P., Lorber, W., & Jakupcak, M. (2011). A preliminary study of the association between traditional masculine behavioral norms and PTSD symptoms in Iraq and Afghanistan veterans. *Psychology of Men & Masculinity*, *12*, 55–63. doi:10.1037/a0020577

Grieve, R., Indian, M., Witteveen, K., Tolan, G. A., & Marrington, J. (2013). Face-to-face or Facebook: Can social connectedness be derived online? *Computers in Human Behavior*, *29*(3), 604-609. doi:10.1016/j.chb.2012.11.017

Griffiths, K. M., Mackinnon, A. J., Crisp, D. A., Christensen, H., Bennett, K., & Farrer, L. (2012). The effectiveness of an online support group for members of the community with depression: A randomized controlled trial. *PloS One, 7*(12). doi:10.1371/journal.pone.0053244

Gross, J. J., & Feldman-Barrett, L. (2011). Emotion generation and emotion regulation: One or two depends on your point of view. *Emotion Review, 3*(1), 8-16. doi:10.1177/1754073910380974

Gross, J. J., & Jazaieri, H. (2014). Emotion, emotion regulation, and psychopathology: An affective science perspective. *Clinical Psychological Science, 2*(4), 387-401. doi:10.1177/2167702614536164

Gross, J. J., & Thompson, R. A. (2008). Emotion regulation. In M. Lewis, J. M. Haviland-Jones, & L. Feldman Barret (Eds.), *Handbook of emotions* (3rd ed.). New York, NY: The Guilford Press

Highton-Williamson, E., Priebe, S., & Giacco, D. (2015). Online social networking in people with psychosis: a systematic review. *International Journal of Social Psychiatry*, *61*(1), 92-101. doi:10.1177/0020764014556392

Hom, M. A., Stanley, I. H., Schneider, M. E., & Joiner, T. E. (2017). A systematic review of help-seeking and mental health service utilization among military service members. *Clinical Psychology Review*, 53, 59-78. doi:10.1016/j.cpr.2017.01.008

Jain, S., McLean, C., & Rosen, C. S. (2012). Is there a role for peer support delivered interventions in the treatment of veterans with post-traumatic stress disorder? *Military Medicine, 177*(5), 481-483. doi:10.7205/MILMED-D-11-00401

Jakupcak, M., Blais, R. K., Grossbard, J., Garcia, H., & Okiishi, J. (2014). 'Toughness' in association with mental health symptoms among Iraq and Afghanistan war veterans seeking Veterans Affairs health care. *Psychology of Men & Masculinity*, *15*(1), 100-104. doi:10.1037/a0031508

Karademas, E. C., Tsalikou, C., & Tallarou, M. C. (2011). The impact of emotion regulation and illness-focused coping strategies on the relation of illness-related negative emotions to subjective health. *Journal of Health Psychology, 16*(3), 510-519. doi:10.1177/1359105310392093

Klemanski, D. H., Mennin, D. S., Borelli, J. L., Morrissey, P. M., & Aikins, D. E. (2012). Emotion-related regulatory difficulties contribute to negative psychological outcomes in active-duty Iraq war soldiers with and without posttraumatic stress disorder. *Depression and Anxiety*, *29*(7), 621-628. doi:10.1002/da.21914

Kulesza, M., Pedersen, E. R., Corrigan, P. W., & Marshall, G. N. (2015). Help-seeking stigma and mental health treatment seeking among young adult veterans. *Military Behavioral Health, 3*(4), 230-239. doi:10.1080/21635781.2015.1055866

Lenhardt, J. M., Howard, J. M., Taft, C. T., Kaloupek, D. G., & Keane, T. M. (2012). Examining aggression in male Vietnam veterans who receive VA services: The role of traumatic events and combat exposure. *Journal of Traumatic Stress, 25*(4), 461-464. doi:10.1002/jts.21717

Lin, H., Tov, W., & Qiu, L. (2014). Emotional disclosure on social networking sites: The role of network structure and psychological needs. *Computers in Human Behavior*, *41*, 342-350. doi:10.1016/j.chb.2014.09.045

Lincoln, Y.S., & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park, CA: SAGE Publications

Mackintosh, M. A., Morland, L. A., Frueh, B. C., Greene, C. J., & Rosen, C. S. (2014). Peeking into the black box: Mechanisms of action for anger management

treatment. *Journal of Anxiety Disorders, 28*(7), 687-695. doi:10.1016/j.janxdis.2014.07.001

Maguen, S., & Litz, B. (2016). *Moral injury in the context of war*. Retrieved from https://www.ptsd.va.gov

Miles, S. R., Menefee, D. S., Wanner, J., Teten Tharp, A., & Kent, T. A. (2016a). The relationship between emotion dysregulation and impulsive aggression in veterans with posttraumatic stress disorder symptoms. *Journal of Interpersonal Violence, 31*(10), 1795-1816. doi:10.1177/0886260515570746

Miles, S. R., Thompson, K. E., Stanley, M. A., & Kent, T. A. (2016b). Single-session emotion regulation skills training to reduce aggression in combat veterans: A clinical innovation case study. *Psychological Services*, *13*(2), 170-177. doi:10.1037/ser0000071

Mirfendereski, T. (2018, November 20). *Whistleblowers: Army punishes JBLM soldiers who need help*. Retrieved from https://www.king5.com/

Mojtabai, R., Evans-Lacko, S., Schomerus, G., & Thornicroft, G. (2016). Attitudes toward mental health help seeking as predictors of future help-seeking behavior and use of mental health treatments. *Psychiatric Services, 67*(6), 650-657. doi:10.1176/appi.ps.201500164

Morgan, J. K., Hourani, L., Lane, M. E., & Tueller, S. (2016). Help-seeking behaviors among active-duty military personnel: Utilization of chaplains and other mental health service providers. *Journal of Health Care Chaplaincy*, *22*(3), 102-117. doi:10.1080/08854726.2016.1171598

Morland, L. A., Love, A. R., Mackintosh, M., Greene, C. J., & Rosen, C. S. (2012). Treating anger and aggression in military populations: Research updates and clinical implications. *Clinical Psychology: Science & Practice, 19*(3), 305-322. doi:10.1111/cpsp.12007

Morland, L. A., Niehaus, J., Taft, C., Marx, B. P., Menez, U., & Mackintosh, M. (2016). Using a mobile application in the management of anger problems among veterans: A pilot study. *Military Medicine, 181*(9), 990-995. doi:10.7205/MILMED-D-15-00293

Naslund, J. A., Grande, S. W., Aschbrenner, K. A., & Elwyn, G. (2014). Naturally occurring peer support through social media: The experiences of individuals with severe mental illness using YouTube. *PLoS One, 9*(10), 1-9. doi:10.1371/journal.pone.0110171

National Archives. (n.d.). DD form 214, discharge papers and separation documents. Retrieved from https://www.archives.gov/st-louis/military-personnel/dd-214.html

Novaco, R. W. (2011). Anger dysregulation: Driver of violent offending. *Journal of Forensic Psychiatry & Psychology*, 22(5), 650-668. doi:10.1080/14789949.2011.617536

Oh, H. J., Ozkaya, E., & LaRose, R. (2014). How does online social networking enhance life satisfaction? The relationships among online supportive interaction, affect, perceived social support, sense of community, and life satisfaction. *Computers in Human Behavior, 30*, 69-78. doi:10.1016/j.chb.2013.07.053

Patton, M. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage

Resick, P. A., Wachen, J. S., Dondanville, K. A., Pruiksma, K. E., Yarvis, J. S., Peterson, A. L., … Young-McCaughan, S. (2017). Effect of group vs individual cognitive processing therapy in active-duty military seeking treatment for posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry*, *74*(1), 28-36. doi:10.1001/jamapsychiatry.2016.2729

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*(2), 63-75. doi:10.3233/EFI-2004-22201

Sheppes, G., Suri, G., & Gross, J. J. (2015). Emotion regulation and psychopathology. *Annual Review of Clinical Psychology, 11*, 379-405. doi:10.1146/annurev-clinpsy-032814-112739

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretive phenomenological analysis: Theory, methods, and research*. Thousand Oaks, CA: SAGE Publications, Inc.

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (53-80). Los Angeles, CA: Sage Publishing

Smith, R. T., & True, G. (2014). Warring identities: Identity conflict and the mental distress of American veterans of the wars in Iraq and Afghanistan. *Society and Mental Health, 4*(2), 147-161. doi:10.1177/2156869313512212

Stana, A., Flynn, M. A., & Almeida, E. (2017). Battling the stigma: Combat veterans' use of social support in an online PTSD forum. *International Journal of Men's Health, 16*(1), 20-36. doi:10.3149/jmh.1601.20

Taft, C. T., Macdonald, A., Monson, C. M., Walling, S. M., Resick, P. A., & Murphy, C. M. (2013). Strength at home group intervention for military populations engaging in intimate partner violence: Pilot findings. *Journal of Family Violence*, *28*(3), 225-231. doi:10.1007/s10896-013-9496-y

U.S. Department of Veterans Affairs. (2016). *VA conducts nation's largest analysis of veteran suicide* [Press release]. Retrieved from https://www.va.gov/

Välimäki, M., Athanasopoulou, C., Lahti, M., & Adams, C. E. (2016). Effectiveness of social media interventions for people with schizophrenia: A systematic review and meta-analysis. *Journal of Medical Internet Research*, *18*(4), e92. doi:10.2196/jmir.5385

Willig, C., & Stainton-Rogers, W. (2017). *The SAGE handbook of qualitative research in psychology* (2nd ed.). Thousand Oaks, CA: SAGE Publications, Ltd.

Wolfe-Clark, A. L., & Bryan, C. J. (2016). Integrating two theoretical models to understand and prevent military and veteran suicide. *Armed Forces & Society, 43*(3), 478-499. doi:10.1177%2F0095327X16646645

Worthen, M., & Ahern, J. (2014). The causes, course, and consequences of anger problems in veterans returning to civilian life. *Journal of Loss and Trauma, 19*(4), 355-363. doi:10.1080/15325024.2013.788945

Zinzow, H. M., Britt, T. W., McFadden, A. C., Burnette, C. M., & Gillispie, S. (2012). Connecting active duty and returning veterans to mental health treatment: Interventions and treatment adaptations that may reduce barriers to care. *Clinical Psychology Review, 32*(8), 741-753. doi:10.1016/j.cpr.2012.09.002

Appendix A: Recruitment of Participants

Study on Veteran Anger Dysregulation and Help-Seeking Through Social Media

Dear Sir,

My name is Deanna Deaton. I am a doctoral student of Forensic Psychology at Walden University. To satisfy fulfilling the requirements of PhD candidacy, I must complete the research study portion of my dissertation. You are invited to participate in this research. This study involves the lived experience of combat veterans struggling with anger regulation issues and will also focus on combat veterans' attempts at self-regulating anger issues through the use of social media.

The goal of this study is to gain insight into the impact anger self-regulation and help-seeking behaviors in social media outlets have on the lives of combat veterans. A secondary goal is using the information obtained from the study as a means to update knowledge bases and practitioners so that veterans receive the most advanced standards of and recommendations for care. Sharing your experiences will also help reduce the stigma of help-seeking, encourage your veteran peers to come forward, and perhaps open avenues for nonconventional treatment approaches that were not previously appreciated.

Interviews will be via Skype and on your end, conducted in a setting of your choosing. To ensure your privacy, it is important to select a location free from privacy intrusions. As anonymity is essential to military readiness and veteran dignity, all participants will be assigned a pseudonym based on the military phonetic alphabet (e.g., alpha, hotel, kilo, sierra, etc.). If you meet the criteria below and think you are interested

in participating and would like the opportunity to share your experiences, please email me at XXX:

- I am 18 years of age.
- I am male.
- I served in OIF and/or OEF.
- I am a combat veteran. *
- I was discharged or retired under honorable or general conditions.
- I am active duty, reserve, or guard.
- I have anger issues.
- I have no intentions to violently offend by harming myself or others.
- I use social media.

Potential candidates must meet all criteria listed above. Please contact me within 10 business days of receipt of this invitation to receive a confirmation email regarding qualification. If qualified, you will then receive a consent form and further instructions.

*Deployment to a combat zone without directly engaging hostile forces is not a qualifying factor for the purposes of this study.

Appendix B: Debrief Form

Thank you for your time and participation in this study on understanding the lived experience of veterans' help-seeking through social media for anger dysregulation. This document serves as an additional reminder on the details of the study and to educate participants on mental health support resources. This information pertains to the study conducted by me, Deanna Deaton, a doctoral student at Walden University.

Background Information

The purpose of this study is to understand the lived experience of male combat veterans suffering from dysregulated anger. A secondary purpose is to understand veterans' help-seeking behaviors through the use of social media.

Privacy

Separate from consent form signatures, no identifying data is revealed at any place in the study or its findings. Location and demographics, apart from your gender and age, will not be disclosed. I, Deanna Deaton, will not use your information, experiences, or any other shared details for purposes outside of this study. All data will be password protected and stored on a secured, cloud-based system. As is institutional policy, data is kept for five years and then destroyed.

Confidentiality Limits

There are legal limitations to confidentiality. Alabama law (Ala. Code 2009, § 26-14-1) dictates threats of violence to self or others, especially minors, must be reported. Mandated reports for active duty participants will be initiated through the Provost

Marshall, unit chain of command, Garrison Sergeant Major, and/or other legal avenues for participants with atypical clearance-sensitive military occupational specialties.

Risks and Benefits of Participation

Involvement in this study presents the minimal risk of triggering emotions when recalling traumatic events associated with life experience in combat. Other minimal potential risks are relative to what you might experience in life and include but are not limited to stress and emotional upset – none of which impose risk upon your personal safety or wellbeing. Apart from having the opportunity to be heard and contributing to the mental health betterment of your peers, there are no other personal benefits of participation in this study. There is no compensation or incentive, monetarily or otherwise, for participation. Participation in this study allows researchers to advance knowledge, which helps guide practitioners to better assist help-seeking veterans struggling with anger dysregulation.

Point of Contact

For any questions or concerns, you can contact me via email at XXX. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at XXX. Walden University's approval number for this study is 07-30-18-0479808 and it expires on July 29, 2019.

Participant Involvement/Review

Upon completion of the interview, your audio file will be transcribed into a summary of your responses. You will receive an email copy at which time you will be asked to review your summary for accuracy, ask any questions, offer clarity, or make

suggestions and/or corrections. If corrections are suggested, an updated version of the summary will be forwarded to you. Please retain the summary and this resource form for your records.

Support Resources

In the event you experience any form(s) of triggering effect(s) from sharing your experiences during the interview, counselors trained in veterans' issues are on standby and willing to speak with you on an emergent basis in the event the interview process proves too taxing.

- For immediate life or death crisis, please dial 911.
- Military One Source – 1-800-342-9647
- Veterans Administration Mental Health Hotline – 1-800-273-8255
- Military Crisis Line for Active Duty – 1-800-278-8255

Appendix C: Prescripted Key Informant Social Media Communication

My name is Deanna Deaton. I am a doctoral student of Forensic Psychology at Walden University. To satisfy fulfilling the requirements of PhD candidacy, I must complete the research study portion of my dissertation. This study focuses on combat veterans and will need voluntary participants. You have been identified as the leader of a social media group with an audience matching the study's targeted population and so I respectfully ask for your assistance. If you are willing, please post the attached invitation flyer (Appendix D) to your group's page with the status, "Please share." and "Please reach out to the researcher for voluntary opt-in details." Sharing this invitation will give audience members an opportunity to have a platform to be the voice of veterans' mental health awareness. Your assistance is greatly appreciated.

Sincerely,

Deanna Deaton

Appendix D: Invitational Flyer for Social Media

RESEARCH STUDY

Voluntary Research Study Participants Needed

CRITERIA: You may qualify if you **satisfy *all*** the following -

- 18 years of age
- Male
- Served in OIF and/or OEF
- Direct engagement of hostile forces
- Discharged or retired under honorable conditions
- Active duty, reserve, or guard
- Have anger issues – past or present
- Use social media

STUDY PURPOSE: To better understand how male combat veterans use social media as a nonconventional means of help-seeking for regulating anger.

WHAT YOU DO: Share your lived experience with anger and your use of-social media as a help resource via a one-hour Skype interview session (audio only).