

SOCIAL SUPPORT AND NEW COMMUNICATION TECHNOLOGIES
DURING A LIFE STRESSOR

BY

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Abstract

Social support, whether emotional, informational, or tangible (Goldsmith, 2004) is an innate need and is important to our well-being and our personal relationships. While face-to-face communication has been considered the “gold standard” to relational maintenance, we are also using communication technology to maintain our personal relationships and mobilize our social support networks. Technological advances in communication channels have provided new avenues to social interaction and social support.

The purpose of this study was to explore the social support process across new communication technologies. Specifically, I examined how multiple modes of communication (including face-to-face) were used to seek and receive social support to/from different relational ties in the midst a life stressor. I also looked at what people did or said to prompt them to use certain communication channels and why. Further, I investigated the types of supportive messages that were being communicated. And, finally, I examined whether those supportive messages were perceived as helpful, or not.

Through an in-depth analysis of 23 interviews, results suggested that new communication technologies helped: tell the story, orchestrate tangible support, provide direct and instant access to others, show evidence of quantity, and offer coping outlets. Delving deeper, the results from this project revealed that participants used specific communication channels for specific reasons when in need of support. Last, the results indicated that all three types of social support messages (i.e., emotional, informational, and tangible) were provided to participants via a variety of new communication technologies and relational ties. Moreover, some of the support messages were perceived as helpful, and some were not.

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Chapter One: Introduction and Rationale

When Deborah Kogan's son's face continued to swell and his symptoms worsened after several doctor's appointments, she used her phone to take photos to send to her doctor and posted pictures and a description of his condition on her Facebook page. Deborah admitted that she subconsciously might have wondered whether one of her hundreds of Facebook "friends" might have some expertise to help her assess the situation. Comments under her Facebook status started piling up with various diagnoses and words of support, her private Facebook inbox was bulging with messages, and she even received a phone call from a friend offering advice. Her cousin Emily, who was a pediatric cardiologist, and several others, encouraged her to head to the hospital. She admitted that the immediacy of the Facebook feedback was enough to push her out the door. Turns out, her son was diagnosed with Kawasaki disease, a rare condition involving the inflammation of the blood vessels, which her cousin had initially suspected. She credits Facebook and the connection it provided for helping her through this crisis by saying:

Facebook transformed from my son's inadvertent lifesaver to the most valuable tool in my arsenal: to keep family and friends abreast of his ever-mutating condition without having to steal time and emotional energy away from him... to feel connected—
profoundly connected—to the human race while living, breathing, eating and sleeping in the isolating, fluorescent-lit bubble of a children's hospital ward, where any potential humans I might have "friended" on our floor were too distraught over the fates of their own children to make any room in their hearts for strangers. (Kogan, 2011, p. 1)

When Dan Woolley found himself injured and buried under rubble after a major earthquake in Haiti, he turned to technology for support. Dan used his digital camera's focus light to see what was around him in the rubble, activated a medical application on his iPhone to

look up treatments for excessive bleeding and compound, and used a pen and a paper journal to write his wife and kids encouraging words in case he were to be found dead (Wright, 2011).

These stories and an array of other popular media accounts provide compelling anecdotal arguments for exploring the phenomena of using multiple modes of communication in the social support process, especially during a crisis. While these stories tend to isolate and sometimes attribute the success of dealing with a life stressor to one particular technology as the sole means of finding social support, this may not be the case.

Social support is important to our well-being and our personal relationships. While face-to-face communication has been considered the “gold standard” to relational maintenance, we are also using communication technology to maintain our personal relationships and mobilize our social support networks (i.e., our “caravans” of support, Hobfoll, 2009). These technologies include email, social networks sites, instant messaging, telephone calls, mobile phone text messages, and postcards and letters (to name a few). In the midst of daily stress or a major life crisis, a person may make or receive phone calls, be visited in person by a friend, receive emails or text messages, or seek support from an online support group. We seek and receive support from our strong ties (e.g., family and friends) and our weak ties (e.g., acquaintances and co-workers; Granovetter, 1973).

Haythornthwaite (2005) coined the term “media multiplexity” to describe the phenomenon of how those who are strongly tied together relationally and emotionally make use of more means of communication than those more weakly tied. A survey from the Pew Internet and American Life Project (Raine, Horrigan, Wellman, & Boase, 2006) revealed that those who are “media multiplexers” are mobilizing their social networks via communication technologies such as email, instant messaging, cell phone, and text messaging when they need help with

important issues in their lives. Relatively heavy use of these technologies was associated with greater and more diverse access to networks that could provide specialized support and access to novel information and resources (Fox, 2011; Rainie et al., 2006).

The purpose of this study was to explore the social support process across new communication technologies and how it plays out with different relational ties. More specifically, I examined how multiple modes of communication were used to seek and receive social support in the midst a life stressor to/from different relational ties. Through careful analysis of interview data, I made sense of the communicative *processes* and *interactions* by acquiring perceptions from multiple angles regarding life stressors.

The subsequent chapter (i.e., Chapter Two) provides an overview of literature regarding the social support process, computer-mediated communication (CMC), social support within a CMC context, the social network perspective and relational ties, and media multiplexity. Chapter Three describes the methods, research design, and data analysis for the project. Chapter Four presents the results for the three research questions and outlines the themes and subthemes found, illustrating these with participant voices. Chapter Five provides discussion and implications of these findings, as well as theoretical implications, practical applications, limitations, and directions for future research.

Chapter Two: Literature Review

Social Support Defined

There are many processes that link our well-being to our relationships and the concept of social support is one of utmost importance. Social support can have tremendously beneficial effects on our health, especially when we are coping with stressful events (Cohen & Wills, 1985). Social support is an overarching construct that is used to refer to a social phenomenon and the processes whereby people help one another, particularly in distressing times. For this study, social support is defined as both “verbal and nonverbal behaviors that are intended to provide assistance for those who are in need of aid” (Burlinson & MacGeorge, 2002, p. 374). Social support is not enacted exclusively after crisis situations or stressful life events; however, this project will focus on social support as a consequence of a particular life stressor. Types of life stressors differ in *desirability* (“the nature and intensity of the negative emotions they engender,” Cutrona & Russell, 1990, p. 329), *controllability* (the degree to which an individual can prevent the occurrence or consequences of an event, Cutrona & Russell, 1990), *duration of consequences* of an event, and *life domain* in which a stressor occurs (loss or threat to assets, relationships, achievements or social roles). For instance, the stress of having a flat tire would not have the same level of gravity as the death of a spouse. For this particular study, parameters of the life stressor were narrowly operationalized when gathering data. Furthermore, Goldsmith (2004) defines what she calls *enacted social support*, which is understood as the messages that individuals say and do to help one another. Enacted social support occurs as an exchange of messages between conversational partners as a process of interpretation and coordination.

Goldsmith (2004) categorizes social support into three overarching types: emotional support, informational support, and tangible support. Emotional support refers to showing care

and concern for people and/or being there for them if needed. Informational support is providing advice on how to help, while tangible support could be providing actual assistance with a problem or stressor (e.g., giving someone a ride). This study investigated when and how each of these types of social support messages was enacted and whether they were perceived as helpful.

Studying the messages themselves is of particular interest to communication scholars. Supportive messages are “specific lines of communicative behavior enacted by one party with the intent of benefitting or helping another” (Goldsmith, 2004, p. 386). The *message-centered approach* to social support has been the focus of several other traditions of research including therapists, counselors, and experimental social psychologists. Communication scholars tend to study social support messages and evaluate them for their levels of sensitivity, effectiveness, helpfulness, and/or person centeredness (e.g., Burleson, 1984; Burleson & Kunkel, 2006; Burleson & Samter, 1985a, 1985b; Goldsmith, 1994; Kunkel & Burleson, 1999; Samter, Burleson, & Murphy, 1987). Person centeredness involves the degree to which a helper validates and legitimizes a distressed person’s feelings (Burleson, 1994).

While the message-centered approach to social support research has contributed theoretical knowledge for the types of messages that are the most comforting and person centered (Jones, 2004), it does not fully help us understand *why* and *how* certain messages work. Further, a message-centered approach is an oversimplification of the comforting process and typically does not take into consideration the context and relational dynamics. An alternate approach that does take these into account is a *conversation-centered approach* (Kunkel, 1998). In this view, social support is enacted through a collaborative conversational process. Rather than see it as a one-way, one-time exchange, social support should be studied as an interpersonal interaction that includes the recipients and providers and their thoughts and feelings and how

these unfold over time (e.g., see also Hobfoll, 2009). The present study examined the types of support messages that transpired via different means of communication (e.g., phone, face-to-face, email), and comprehensively looked at the *context* of the situation and the strength of the relational ties during the social support process.

Support seeking. For social support to be a process it is important to examine the different dimensions as well as the characteristics of the individuals involved. One primary component is support seeking, or support mobilization. The support mobilization process begins as the distressed individual: (1) perceives the situation, (2) decides to seek or not to seek support, and (3) chooses strategies and tactics that will enable him or her to get the needed support (Eckenrode & Wethington, 1990; Gross & McMullen, 1983).

Attempts to seek and solicit support can be accomplished directly or indirectly (Barbee & Cunningham, 1995; Cutrona, 1996) and a variety of factors influence whether or not a person will disclose the stressful event to a loved one. These factors include personality, the nature of the relationship, and the expectations about the reactions to the disclosure (Eckenrode & Wethington, 1990). Goldsmith and Parks (1990) identify characteristics of individuals as they navigate their concerns in asking for support. Goldsmith and Parks (1990) suggest that approaches by “Cautious Disclosures” include *selection* (coming right out and saying what is wrong despite any risks that may be associated with the disclosure), *temporal separation* (sometimes talking about problems, sometimes not), and *behavioral separation* (saying there was a problem, but acting like it was not a big deal). “Strategists” may use an increasing number of strategies, assuring as little risk as possible to self in seeking support (Goldsmith & Parks, 1990). These users engage in a varying degree of both upfront and indirect requests for social support. “Expressives” tend to be as absolutely open as possible in seeking support, while

“Gatekeepers” are the most guarded, often looking for the situation that allows them to disclose the most with the least risk to self (Goldsmith & Parks, 1990). Individuals must decide whether the costs of seeking support (e.g., threat to self-esteem and face, feelings of indebtedness, fear of rejection because of perceived stigma) offset the potential benefits (Hill, 1991; Williams & Mickelson, 2008). Regardless of the strategy, it is clear that when seeking support, people make active choices in choosing what to say and how to say it. Technological advances in communication modes have provided new pathways to social interaction and support, and this study investigated how individuals used these technologies to mobilize social support and how the factors mentioned above influenced the process of seeking help.

Support offered. Once help is sought, support can then be offered whether it is solicited or not. The social support literature hypothesizes that support is most effective when the content matches the demands of the stressor (Cohen & Wills, 1985) and perhaps a model of optimal matching of support and stressors may help design better support-based interventions (Cutrona & Russell, 1990). Timing, such as the quickness or delay of an offered response, may impact the effectiveness and meaning for the recipient (Eckenrode & Wethington, 1990; Jacobson, 1986). The stressor’s characteristics partly determine whether support must be sought or will be offered unsolicited. For instance, a non-stigmatizing, acute, visible stressor (e.g., a car accident or death of a loved one) is more likely to result in unsolicited support than is a stigmatizing, chronic, or invisible stressor (e.g., contracting HIV or a mental illness; Eckenrode & Wethington, 1990; Fisher, Goff, Nadler, & Chinsky, 1988).

In addition to matching, timing, and stressor characteristics, the nature of the relationship between the support seeker and support provider is a factor in the support-seeking process. For instance, a person seeking help from a professional will typically request help directly. A person

needing help from a close relationship may request it more indirectly or receive unsolicited help because of ability of the intimate other to detect distress before it is mentioned (Clark, 1983).

The broader social context also plays a part in the support mobilization process. According to House, Landis, and Umberson (1988), a person's access to his or her social network, social-structure position (e.g., gender, age, life-cycle stage, ethnicity, status), and social-group memberships (e.g., residential communities, organizational involvement, political affiliation) impact the mobilization of close others (also known as "strong ties"), as well as more loosely connected individuals or "weak ties," who consist of acquaintances and casual contacts (Granovetter, 1973). An interconnected network may facilitate the flow of information and thus increase the speed or likelihood of a stressor becoming known to potential supporters (Hall & Wellman, 1985). Sarason and Sarason (2009) note that, "both strong and weak ties need to be taken into account as contributors to the sense of social support" (p. 117). The Internet and new communication technologies provide unique means by which these ties in social networks can not only hear about specific stressors in an individual's life but also can communicate support quickly and through a variety of channels. This study provided insight into how support that was offered, whether solicited or not, influenced those needing it.

Assessment of perceived and received support. When support is offered, there are several ways in which social support scholars and researchers measure perceived and received support. There are discrepancies in defining and measuring perceived and received support which will not be solved, nor be the focus of this research project. However it is important to note that for this study, perceived support is support that is *available as needed*. Just knowing that an individual has access to a support network has positive effects on coping and well-being (for an overview of the literature see Wills & Shinar, 2000). In considering received support, the

functional measurement approach assumes the different types of support in quantity and quality (emotional, informational, tangible) are enacted through different relationships and are used differently in various types of problems or stressors (Cutrona, Cohen, & Ingram, 1990; Dunkel-Schetter, 1984; Martin, Davis, Baron, Suls, & Blanchard, 1994; Rini & Dunkel-Schetter, 2010; Wills & Shinar, 2000). For instance, the literature indicates that emotional support from those we know is often better received than emotional support from people we do not know (Dakof & Taylor, 1990), what a supporter may believe will be helpful, sometimes is not (Lehman, Ellard, & Wortman, 1986), and the controllability of the stressor may affect what type of support is needed and effective (Cutrona & Suhr, 1992). This study provided insight into whether new communication technologies affected the perception of available support and access to help. In addition, it used the functional approach in analyzing the types of support received through these technologies and whether they were considered helpful depending on who offered it.

Computer-Mediated Communication

In the early years of computer-mediated communication (CMC) research during the 1980s, scholarship focused on the impact of the Internet and communication. The Internet was typically researched as a text-based environment that encompassed a range of ways to converse online including email, listservs, chat, and instant messaging. With the development of mobile devices, such as the Blackberry, CMC was not exactly an accurate term any more. Researchers were also using “information communication technologies” (ICTs), referring to the devices themselves. Since then, terms such as “electronically-mediated communication,” “new communication technologies,” “new media,” “newer interactive media,” and “Internet communication technologies” have all been used interchangeably in the research. For this

particular study, I primarily use the term “new communication technology” but also incorporate others at times.

Baron (2008) explains the two dimensions that may help us understand new communication technologies: *synchronicity* (does the communication happen in real time?) and *audience scope* (is communication intended for a single person or a larger audience?). Baron (2008) lists examples of technologies that have been developed to date: email, computer conferencing, Multi-user Dungeons/Dimension (MUDs), newsgroups, Listservs, early instant messaging (IM), Internet Relay Chat (IRC), Object Oriented MUDs (MOOs), text messaging on mobile phones, ICQ (modern IM system), America Online Instant Messenger (AIM), Blogs (web logs), Second Life, MySpace, Facebook, and YouTube. This list serves as a baseline for this study, although recently, social network sites such as Facebook incorporate features such as “private messages” similar to email, and “Facebook chat” similar to IM in its interface. For the purpose of this study, online activities, programs, applications, and devices are considered separately and specifically as different channels of communication.

Communication applications and devices have led to an age of “perpetual contact” and provide simpler ways to communicate with people not physically present and more opportunities to tether ourselves to one another (Baron, 2008; Katz & Aakhus, 2002; Wellman, 2001). A large body of literature suggests that social relationships and connections can be developed, maintained, and strengthened through computer-mediated channels of communication (e.g., Ellison, Heino, & Gibbs, 2006; Hampton & Wellman, 1999; Howard & Jones, 2004; Ledbetter et al., 2011; Parks & Floyd, 1996; Rice & Love, 1987). The affordances, defined as the physical properties of objects that enable us to use them in particular ways (Gibson 1979/1986), vary with each type of communication technology. Wellman et al. (2003) highlighted the social

affordances the Internet provides: broader bandwidth, always connected, personalization, wireless portability, and globalized connectivity. The extent to which new communication technologies can overcome various constraints of time, location, permanence, distribution, distance, and nonverbal cues varies. According to Rainie et al. (2006):

Not only have the means of communication proliferated, but the reach of communication has increased. It is as cheap to email someone across the ocean as it is to email them across the street. With transoceanic visits still relatively expensive and rare, and with transoceanic phone calls entailing careful time-zone juggling, the asynchronous (store-and-retrieve) nature of email makes communication across time zones much more achievable. While phone calls remain largely between two persons (or at most, between two households on extension phones), email and IM make it easy for many people to communicate at once. (p. 10)

This study explored the types of communication technologies that were used in the midst of a life stressor, when they were used, with whom, and what types of supportive conversations transpired. In addition, this study aimed to find the perceived advantages and disadvantages (or affordances) of these, and what effects they had on the social support process.

Social Support and Computer-Mediated Communication

As the means by which communication technologies are invented and domesticated, how we use them for social support processes is still a relatively new area of research. We do know the affordances and structure of the Internet, with its searching capabilities and various virtual community forums, makes it easier to find others in similar situations in order to solicit emotional support, and to feel a sense of belonging and companionship (Wellman & Gulia, 1999). There is also empirical evidence that the Internet is a social setting in which people can

exchange useful social support (Mickelson, 1997), and researchers have found that the features of online communities appear to facilitate giving and receiving of informational, emotional, and instrumental support (Constant, Sproull, & Kiesler, 1996; Herring, 1996; Walther & Boyd, 2002; Wellman & Gulia, 1999). Online support groups are defined as “groups of people with similar concerns who communicate via information technology” (Wright, 2002, p. 195) and are most apt to provide tangible or informational support for those who frequent them (Burlison & MacGeorge, 2002; Ridings & Gefen, 2004; Wright, 2002). Researchers have looked at the effectiveness and advantages of support groups for specific chronic stressors such as cancer (Barak, Boniel-Nissim, & Suler, 2008; Dennis, Kunkel & Keyton, 2008; Spiegel & Kimerling, 2001; Wright 2002), mental illness (Perron, 2002), chronic illness (Davison & Pennebaker, 1997), postpartum depression (Evans, 2012), surgery (Cranwell & Seymour-Smith, 2012) and living with HIV (Peterson 2009). The present study, on the contrary, did not focus on people who had to turn to technology or an online support group for specialized support and help. It took a more overarching approach to understanding how people mobilize support through new communication technologies regardless of the specific stressor.

More recently, studies by the Pew Internet and American Life Project have gathered data on the subject of support. One study found that about 60 million Americans say the Internet has played an important or crucial role in helping them deal with at least one major life decision in the past two years (Rainie et al., 2006). Rainie et al.’s (2006) survey mentioned major moments such as changing jobs, making a financial investment, and helping another person with a major illness or medical condition. Another study found that those who provide unpaid care to loved ones (caregivers) are more likely than other adults to use social network sites to gather and share health information and support (Fox, 2011). Twenty-eight percent of adult caregivers who use

social network sites say they have gathered health information on such a site, compared with 12 percent of other users. Last, Internet users get more support from their social ties than non-Internet users, and among these, Facebook users report receiving the most support (Hampton, Sessions Goulet, Marlow, & Rainie, 2011).

Again, the Internet does not stand alone, but is part of an overall communication system in which people use many means to communicate. Research that investigates how we use personal communication technologies and devices in the social support process to access our personal networks of friends, family, and acquaintances through other means of new media such as email, cell phones, text messaging and social network sites is still in the early stages. In an effort to understand how cell phone use related to one's support network, a 2010 Pew Internet and American Life Study found that teens are using their cell phones as a way to connect with closer personal ties. Voice calling serves as a resource for social support when teens need to discuss personal matters, and while text messaging has become the primary way that teens reach their friends, it is not significantly related to tapping into close relationships for social support (Lenhart, Ling, Campbell, & Purcell, 2010).

Another online context suitable to study social support interactions are social network sites, such as Facebook. A social network site is defined as "a web-based service that allows individuals to (1) construct a public or semi-public profile within a bounded system, (2) articulate a list of other users with whom they share a connection, and (3) view and traverse their list of connections and those made by others within the system" (boyd & Ellison, 2007, p. 211). Early quantitative research by Ellison, Steinfield, and Lampe (2007) that examined social capital and college students' use of online social network sites suggested that Facebook was used to

maintain existing offline relationships or solidify offline connections, as opposed to meeting new people, which occurs, but this finding is atypical.

In their study on emotional support on Facebook and perceived stress of college students, Wright, Craig, Cunningham, and Igiel (2007) conducted a regression analysis of perceived life stress and perceived emotional support from Facebook friends. Wright et al. (2007) found that those who used Facebook believed the site was a place where they could find additional emotional support for daily life stressors, decreasing their overall perception of stress in their life.

In a 2012 Pew Internet and American Life Study of social well-being and Facebook, the very act of receiving and accepting friend requests was associated with higher levels of social support. Also, users who made the most frequent status updates also received more emotional support (Hampton, Sessions Goulet, Marlow, & Rainie, 2012).

Social Network Perspective and Relational Ties

As inferred and referred to throughout the literature review thus far, it almost goes without saying that we seek and receive support from our relationships that make up our social network. The social network theoretical perspective (Albrecht & Adelman, 1987; Garton, Haythornthwaite, & Wellman, 1997; Haythornthwaite, 2005; Wasserman & Faust 1994; Wellman & Berkowitz, 1997) deserves some explanation because the relational dynamics of social support are most easily described by its central definitions. A type of exchange or interaction is referred to as a social network *relation*, and pairs who maintain one or more types of relations are said to maintain a *tie*.

Across individuals, person-to-person connectivity is what makes up a social network. Ties maintained by pairs can range from *weak* to *strong* according to the types of exchanges,

frequency of contact, intimacy, duration of the relationship, and so on. Weak ties consist of acquaintances, casual contacts, and others in an organization. They tend to be unlike each other and travel in different social circles. The resources and information provided by weak ties are low in motivation, infrequent, and are primarily instrumental. Weak ties are more likely to have different experiences from us with access to different information, resources, and contacts. This is the *strength of weak ties* as described by Granovetter (1973) and Richards (1975). Strong ties are those who are family members, friends, close friends, co-workers, and teammates, who all tend to be homophilous in experience, information, attitudes and resources, and travel in the same social circles. The resources and information provided by strong ties are frequent and many, and involve emotional as well as instrumental support with high levels of intimacy, self-disclosure, and reciprocity in exchanges (Albrecht & Adelman, 1987). The *strength of strong ties* includes high motivation to share (Granovetter, 1973; Haythornthwaite, 2005). This study distinguished the different relational ties that made up a social support network, and analyzed the ways in which they participated in the social support process during a life stressor/crisis.

Media Multiplexity and Social Capital

In addition to tie connection and strength from a social network perspective, researchers began incorporating communication modes and channel choice by looking at them simultaneously within social relations, adding to the complexity of social interaction. A major question with the invention and domestication of new communication technologies into our relationships is whether they affect our number of strong and weak ties. The concern has been that if we are spending more time using these technologies rather than connecting face-to-face, our weak ties may grow but our strong ties may shrink. In a study on *social capital*, defined as “the sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of

possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition” (Bourdieu & Wacquant, 1992, p. 14), Wellman (2001) claimed the Internet supplements rather than displaces traditional face-to-face interaction and actually adds to social capital rather than transforms or diminishes it.

Ellison et al. (2007) found that Facebook appeared to play an important role in the building and maintenance of social capital for college students. New communication technologies are often used in unforeseen ways to connect to our ties. For example, the use of text messages through mobile phones is often used to arrange face-to-face meetings with close friends, thus increasing social contact (Katz & Aakhus, 2002). On the other hand, others such as Putnam (2000) claimed an increased use of media (e.g., the amount of time watching television) accounts for what is described as a growth in social isolation (though this issue is not the focus of this project).

What researchers have repeatedly found is that strongly-tied pairs tend to use more and different media to communicate with each other than weakly-tied pairs (Baym, Zhang, & Lin, 2004; Haythornthwaite, 2005; Mesch, 2009; Quan-Haase, Wellman, Witte, & Hampton, 2002; Quan-Haase & Wellman, 2004; Rainie et al., 2006; Stern & Messer, 2009; Wellman, Quan-Haase, Witte, & Hampton, 2001). Haythornthwaite (2005) coined this phenomenon as *media multiplexity*. She also found that the communication media patterns varied on a “unidimensional scale,” meaning that “those who use only one medium, use the same medium; those who use two, use the second same medium, etc.” (Haythornthwaite, 2005, p. 130). In other words, communication mode was ranked in order of importance. One group’s unidimensional scale for overall communication showed top preference for face-to-face unscheduled meetings, then scheduled meetings, then email. In addition, she suggested that Facebook may be helping to

make connections out of “latent” ties—ones that exist technically but haven’t been activated, such as a friend of a friend—and allow users to reconnect with weak ties in relational development (Haythornthwaite, 2005).

Data from the Pew Internet and American Life Project (Rainie et al., 2006) are indicating that those who are “media multiplexers” are mobilizing their social convoy (or “caravan,” Hobfoll, 2009) of family members, friends, colleagues, fellow patients, and fellow caregivers via communication technologies such as email, instant messaging, cell phone, and text messaging, when they need help with important issues in their lives. Relatively heavy use of these technologies has been associated with greater access and more diverse networks that could provide specialized support and access to novel information and resources (Fox, 2011; Rainie et al., 2006). With constant access and the need to be always connected, Baron (2008) says, “we have the ability to live in other people’s moments. Relationships can be maintained through running discourse rather than reflective synopsis” (p. 226). This study took an in-depth look at how media multiplexity and being constantly connected via new communication technologies impacted the social support process during a major life crisis. Specifically, this study answered the following research questions:

RQ1: In the midst of a life stressor, what roles do new communication technologies play in the social support process?

RQ2: In the midst of a life stressor, what communication channels are used to mobilize social support and why?

RQ3: In the midst of a life stressor, what types of supportive messages are being communicated through which new communication technologies and from whom? In what ways are they perceived as helpful or not?

Chapter Three: Method

Research Design

Answering the proposed research questions involved exploratory research through in-depth interviews until saturation was reached. The interview process delved into the intricacies of the social support process and media multiplexity during a particular life stressor. Quite a bit of social support and new technology literature is focused around those experiencing the same chronic life stressors such as breast cancer, mental illness, or living with a disease. Even studies on social support groups conducted on- and off-line are dedicated for specialized situations. This study intended to study a variety of stressors and look at the entire experience or “lifespan” of those stressors, not specific to a particular situation. It intended to see how new communication technologies were used in the throughout the beginning, middle, and end of a stressor which was negative enough to interrupt peoples’ lives so they had to mobilize social support to make it through. Using Cutrona and Russell’s (1990) characteristics of stressors such as *desirability*, *controllability*, *duration of consequences*, and *life domain*, I chose to operationalize the life stressors to differentiate a major life stressor from minor daily hassles. For the sake of clarity for the study, a life stressor was operationalized as a discrete, one-time event occurring within the last three years that was (1) uncontrollable, (2) affected an immediate family member (spouse, sibling, parent/guardian or child), (3) interrupted a person’s normal daily routine for at least one week, but no more than three months, and (4) had an overall positive outcome or recovery. Humans Subjects Committee Application (Question 10g) confirmed that participants should not experience stress during the study, so the stressor was defined as occurring in the past and having a positive outcome or recovery. One example might be a two-week hospitalization of a child or spouse who suffered an unexpected, non-chronic medical issue that resulted in a full recovery

and release. Another example might be displacement of living quarters due to a natural disaster or fire, where a new home was found and occupied. Typically, cancer or other major chronic medical conditions, deaths, and divorces did not fit the criteria.

To investigate the first and second research questions and the roles that new communication technologies play in the social support process in the midst of a life stressor, and what prompts them to use specific channels, participants recalled the communicative means through which they sought support. They gave their thoughts and opinions about communicating via particular communication technologies throughout the life stressor.

To answer the third research question regarding the types of supportive messages and their perceived helpfulness, participants were asked if they remembered specific examples of messages from different relational ties via multiple modes of communication. For instance, they referred to Facebook posts, emails, phone calls, text messages, etc., and recalled specific phone conversations or face-to-face encounters. The participant and I collaboratively reviewed and identified the different types of social support enacted (e.g., emotional, informational, tangible). I was certain to get the participants' perceptions of the helpfulness of such messages and also ask about the relational closeness or tie strength of those who provided support.

Participants

Participants were recruited via snowball sampling via messages (see Appendix A) to my friends and acquaintances, departmental contacts and colleagues, and students in graduate communication courses. Finding participants for this study involved mobilizing my own network in search of people who had gone through the particular type of life stressor I needed for this study. I started with several friends and acquaintances from my own social network. After every interview, I asked the participants if they knew of anyone they could recommend for the study. I

sent emails to close friends and family members asking if they knew of anyone in their social networks that would fit the parameters. In addition, when socializing with friends, colleagues, neighbors, and co-workers, the topic of conversation often turned to the nature of my project. Within those conversations I asked if they knew of people who had experienced life stressors that fit the parameters of the study. Last, I solicited a graduate level communication class, asking class members for prospective participants. All these instances produced leads that were successful in scheduling more interviews. I sent these new prospects more information about the study (see Appendix A) and set up the interviews. I conducted about six interviews per month. On occasion, strangers in a coffee shop or on an airplane were interested in participating, but they did not respond to follow-up correspondence. In sum, activating latent ties was the most successful way to get participants. Because no compensation was available, the motivation for participation relied heavily on the relational connection.

Twenty-four participants were interviewed, but one interview was discarded because the type and length of life stressor was outside of the operationalized parameters. The remaining 23 interviewees included 65.2 % females ($N = 15$), and 34.8 % males ($N = 8$). Ten of the interviewees were married couples who had experienced the same life stressor but were interviewed separately. Of the 19 participants who disclosed their age, the range was 24 to 45 years, averaging 34.3 years. I interviewed participants in their home with their permission ($N = 13$), in a neutral location such as an office ($N = 5$), or via phone ($N = 5$).

Participant Stories

The participants had all experienced life stressors that fit the operationalized parameters. Stressful situations included sudden medical emergencies, unexpected guardianship of children, unexpected medical conditions, house burglary, jury duty, tornado, drug addiction, a house fire,

job losses, and an unsuccessful adoption. See Appendix E for a list of participants and short descriptions of their stressors.

Given the nature of this study, the participants' narratives provide rich context for the results. Below I summarize their stories of their life stressors and provide descriptive characteristics based on what I know about them, what they said, and what I inferred from the interviews. To maintain anonymity, there are several instances where I do not provide specific details. I also provide an explanation for how they were recruited and my relationship to them. They are listed in order of when they were interviewed. Interviews took place from November 2012 to May 2013.

Participants 1 and 2 – Angela and Bryan. Angela and Bryan were college friends of mine whom I had loosely kept in contact with through Facebook. I had heard of their story when they posted updates on their Facebook pages. When it came time to start this project, I asked them if they would participate in the study. I interviewed them separately, face-to-face, and in their home. They lived in a Kansas City suburb and were in their mid-thirties.

Angela and Bryan had just moved back to their college hometown after being gone for more than six years. Bryan had just taken a job as the youth pastor at a local church and they seemed to have quite a strong social network of friends and family in place. They had been back for just a few months establishing and reviving friendships when their two-year old daughter became sick with an ear infection. What they thought was a typical toddler illness turned into something worse. One Sunday afternoon, when Bryan got home from church, their daughter starting throwing up and seizing in the bathroom. Frantically, they rushed her to the closest urgent care facility and she stopped breathing. Amidst the chaos, the firemen and first responders performed CPR as she fought for her life. She had suffered cardiac arrest, was rushed to the

emergency room, then later taken to the hospital and admitted to the pediatric ICU for a week. She became stable enough to move out of the PICU, but wasn't responsive. The following three weeks entailed one "miracle" after another. She was able to smile, lie down, and swallow again. Angela said, *"We were in rehab at the hospital for one week and that's just a humbling experience to have your daughter who literally lost her life three weeks ago run out of the children's hospital and jumped on the trampoline that night."*

Angela and Bryan posted regular updates on their Facebook and CaringBridge pages. I visited the pages to acquire additional context and it seemed that every entry had at least 20-30 responses and comments of support. From my experience with them, they were both extraverted people, fairly active on Facebook, and up to date with technology.

Participant 3 – Laura. Laura was a co-worker of mine. I had heard of her situation several years ago and was one of the people who helped her move in the midst of her stressful situation. I asked her if she would participate in my study and interviewed her face-to-face at her office. Laura lived in a college town in the Kansas City area and was in her mid-forties.

Laura's situation was unique. Her then-husband was arrested and it became apparent he was involved in financial fraud and identity theft. She knew nothing about either. For a variety of reasons, she needed to quickly sever her connections to him and end the marriage in an emergency divorce, which was finalized in 10 days. In addition, she had to move out of her house just as quickly.

From what I know of her and from what she said in the interview, her parents lived in town but they were not particularly close. She felt there was a real sense of shame throughout the whole situation. I sensed she had a strong network of co-workers and long-term local friends. Laura said, *"Basically the whole freaking office came and it was just – we've gone through a lot*

in this office in the last few years, but that was just a real show to me of how we could all work as a team.” There were no references to any religious practices or church affiliation. She was a very active Facebook user and had just started using text messaging.

Participant 4 – Derek. Derek was a friend of a co-worker who been following his story on CaringBridge. My co-worker asked him if he would be willing to participate, he said yes, and she forwarded me his contact information. The interview was done via the phone. Derek lived in Illinois and although he did not disclose his age, I estimated he was in his early thirties.

Derek went into his garage looking for his wife one day, and found her unconscious and not breathing. His mother, a nurse, was there so he yelled for her help and dialed 911 immediately. His wife had suffered a heart attack and was kept in the hospital in a coma for about three weeks. Derek said, *“It was really rough the first two weeks. She wasn’t dead, but they started having quality of life conversations with me. I was continually faced with horrible decisions that were going to be put in my lap.”* Within the next couple months she had recovered enough to come home but later needed care givers.

Derek was talkative and good at articulating his feelings and thoughts in detail with vivid examples. He said he was not a religious person, but that this experience allowed him to see good in people. I could tell that he was passionate and persistent in keeping his wife alive and was eager to tell the story to me. From what I gathered, he and his wife had supportive family members in the area. He consistently wrote journal entries on CaringBridge and welcomed all the support he could get, even the local newspaper wrote a story on their situation.

Participant 5 and 6 – Chelsea and Chad. Chelsea and Chad were referred to me by Angela, the participant whose daughter was in the hospital, and were good friends of hers. I knew of Chelsea and had spoken with her on occasion. We had gone to the same college and

were Facebook friends, but I did not know her well. I did not know Chad at all. I asked them via Facebook messenger if they would participate in the study and they agreed. I interviewed them separately, face-to-face, in their home. They lived in a Kansas City suburb and were in their mid-thirties.

Chelsea was on her way home with her three children from visiting her parents who lived north. She rendezvoused with her husband who had been on a work-related trip in a neighboring state. Their 13-month old had been crying constantly and coughing. They took her to the emergency room and she was diagnosed with croup. Later, she still did not settle down so they took her to another emergency room in a nearby city for an overnight stay. The hospital staff thought she had tracheitis so they put her on a ventilator and flew her to a children's hospital. Chelsea and Chad spent nine days in the PICU with their daughter in an unfamiliar city. It was a very trying time of waiting and unknowns. Chelsea said it was very difficult and that they almost lost her a couple times. Their daughter finished up the antibiotics and they finally were able to go home where she fully recovered.

Chelsea was very active Facebook user, and admitted to posting quite often on it and CaringBridge. From what I know, the couple had a solid social network of friends and a church family. They were also close to their family members who supported them throughout. Chad admitted he wasn't a Facebook user, but communicated quite a bit through email, which was his main channel of communication.

Participants 7 and 8 – Emily and Andy. Emily and Andy were also referred to me by Angela. This couple went to her church. I was acquaintances with Emily and Andy, but did not know them well. I asked Emily via email if they would participate in the study and they agreed. I

interviewed them separately, face-to-face, in their home. They lived in a Kansas City suburb and were in their mid-forties.

It was December and Emily and her family had just finished putting up their Christmas tree. Their three boys were in bed and Emily was putting the box of ornaments away in the attic when the fire alarm went off. She yelled down to her husband, Andy, to check it out. *“He went downstairs and within about five seconds, I heard him yell in a voice I’d never heard in my life, and he said, ‘Fire! Get out now!’ And I could hear him clear up in the attic,”* she said. He had opened the door to the garage and heard crackling, like a campfire. They woke up their boys and ran outside to the front yard, calling 911. Within minutes, neighbors started arriving and Andy hooked up his truck to his boat. *“I knew my boat had 32 gallons of gas in it sitting right beside the house,” he said, “I gotta get this boat outta here.”* Fire trucks arrived and the blazes shot high into the air. Finally, the fire was put out and the family started dealing with logistics. Their boys stayed at houses of family members and Andy called the insurance agent. Local TV news crews arrived to cover the story. Over the course of the next few weeks and months, they were able to clean, rebuild, and restore their home completely.

From the interview, it was apparent that this family had a huge social support network. They were actively involved in their church as junior high mentors, and he was a coach. They also had quite a few family members who lived in town and were very close to them. She was the self-proclaimed communicator of the two and claimed to be a fairly active user of Facebook. Both were very talkative and able to articulate their feelings about the event and all they faced.

Participant 9 – Tina. Tina was referred to me by my brother. Tina was a co-worker of his and he had heard of her story via a company-wide email. He initiated the conversation,

asking her if he could give her information to me. She agreed and we conducted the interview via phone. Tina lived in a large city in the south. Tina was in her early forties.

Tina and her family had just moved from the west coast and were settling in to their new surroundings. Then news spread that her husband's sister was murdered by her husband as a murder/suicide, leaving behind three children. Tina and her husband were named guardians of the children, so immediately the number of their children doubled to six. Tina not only had to deal with the additional children in her home who were grieving, but also with children had no discipline. For her, the stressor also included setting new behavioral boundaries. For this study, we focused on the initial stressful situation of inheriting three more children and how people helped her through that time. She talked about being very active on Facebook and feeling like she needed to return any kind of communication she received. There was no obvious talk of religious practice other than sharing prayer requests with friends. She mentioned having four best friends whom she regularly communicated with through the "what's app" application, and two new friends she had made since moving. She seemed to be close with her family who lived out of the state.

Participants 10 and 11 – Lisa and James. Lisa and James were college friends of mine and Lisa was my college roommate for a time. They moved to a neighboring state more than five years ago and we have kept in touch passively via Facebook newsfeed and an occasional visit when she was in town visiting family. When I solicited my friends for my research project, Lisa responded and told me about James' situation, of which I had not heard. I asked her if they would be comfortable sharing their story for my study and they agreed. I drove there to visit and conducted the interviews, face-to-face, in their home. They were in their mid-thirties.

One morning, as James was brushing his teeth, he realized his toothpaste tasted funny, had trouble opening his jaw, and felt numbness. When he arrived to work, he asked his co-workers if his face looked different. It continued to get worse and he was having a hard time blinking and talking. He decided to go to the emergency room and the nurse and doctor diagnosed it as Bell's Palsy. While a shock, it wasn't a complete surprise because his mother had also had Bell's Palsy years ago. James had a hard time with it. "*So, it was brutal. I took it very difficult,*" he said, "*I always tell people you don't know how vain you are until your face stops working.*" Over the course of the new few weeks James was embarrassed. He did not want to be out in the public, and the effects of the steroids were causing him to have nightmares. It wore on Lisa as well, as she did not know exactly what to do or how to help him. Both of them had very supportive family members, but all lived at least four hours away. Lisa turned to a close friend and co-worker for comfort. Neither mentioned they had any church associations, but both mentioned fairly supportive co-workers. They did not publicize the situation on Facebook except when James mentioned it once. In about a month, the numbness subsided and James was healed.

Participant 12 – Mary. Mary was a neighbor who I had gotten to know fairly well, and saw on occasion when either of us needed a cup of sugar or flour. One day we were talking about my project and she told me about her situation and offered to participate. She lived in a suburb of Kansas City. I interviewed her face-to-face in my home. She was in her late twenties.

Mary taught preschool in an inner-city elementary school and had been there for about six years. There were rumors that the district was going to lay off teachers and Mary had a feeling this would be her year. "*Usually rumors fly around at the end of the school year but for whatever reason this one felt more solid,*" she said. Indeed, she was given a pink slip in March and had a couple more months to decide what to do. She had a boyfriend at the time, and a

proposal was impending, so there were many decisions to make. She shared her stressful situation with two of her closest friends, one being a mentor who was her mother's age. She is an only child and had fairly supportive parents who lived out of town. Her boyfriend and a close-knit small group from her church provided the support she needed and she spoke very openly about her reliance upon God through the difficult times and requested prayer. Once the initial shock wore off, she and her boyfriend decided to get married and she would be a stay-at-home wife. She used text messaging and voice calls on her phone, but recalled that she did not yet have a Facebook profile at the time and did not use it much even then.

Participant 13 – Linda. Linda is a fairly good friend of mine, although it had been about six months since I had talked to her significantly. She and I are Facebook friends, so I heard of her situation from one of her posts. I sent her a Facebook message asking if she'd let me interview her and she agreed. I mentioned we could meet at either of our houses, so we conducted the interview in my home, face to face. She was in her late twenties.

It was a cold January day when Linda was going from her house to her car and slipped on ice and broke her leg and ankle. She went to the ER and learned the break was bad enough she needed surgery. The surgeon told her it would be 10 to 12 weeks before she could put weight on it, putting her out of work as a hair stylist. Linda ended up staying at her parents' house, who lived a few blocks away, the entire time of the recovery.

Linda was an extraverted and social person, so being homebound was difficult and somewhat depressing. She had a solid set of girlfriends in the area who were supportive and came to visit her, something she cherished. She talked about how she had a hard time asking for help. She used text messaging and posted on Facebook a few times throughout her recovery

time. From what I know of her, she and her family were involved in a church and religious activities.

Participants 14 and 15 – Elizabeth and John. Elizabeth and John were referred to me by a close friend of mine. This couple went to my friend's church where her husband was a pastor. My friend and her husband were very involved in Elizabeth and John's situation and asked them if they would share their story with me for my project. They lived in central Missouri, so I drove there to visit my friend and conduct the interviews. I conducted the interviews in their home, with their permission, face-to-face. I interviewed Elizabeth first, then John. At times, Elizabeth sat in on my interview with John, occasionally interjecting details he missed. They were both in their late thirties/early forties.

Elizabeth and John were not new to the adoption process. They had already adopted one child from China and were excited to adopt another. An opportunity to adopt a boy arose and then began planning logistics, gathered support from their adoption group and church family, and flew to China. They knew he had some health complications when he was younger, but did not anticipate what happened a few days after they arrived and were ready to pick him up. A representative from the adoption agency came to their room and told them that their son was very sick, had a low heart rate, and they needed to pick another child. *"I just could not stand the fact that they were telling us we couldn't go see him, and just thinking for them to think that we could just pick another child and forget about him was just completely absurd to me,"* Elizabeth said. Then chaos ensued. The language barrier, the lack of communication channels, and the time difference made it very difficult for this family to figure out what to do next. They contemplated applying for another child, but did not give up on their boy. They found themselves heading home with no child, and out thousands of dollars. Friends and family met them at the airport and

it was an awkward, sad moment. Elizabeth posted blog entries telling of their situation. Adoption was a hot issue for some people and their posts got the attention of the adoption agency and other activists. In the end, the family was finally able to help their son get the medical treatment he needed and was able to bring him home.

Elizabeth was very animated and included a lot of detail in the interview. I could tell this was a passion of hers and she wanted to tell their story. It seemed there was a lot of drama involved throughout the whole story that made it stressful. John was a little more quiet, but very opinionated and a go-getter father. He started a Facebook adoption group for support, but found that their story was spreading to other adoption groups with false information. It seemed they had a strong support network from their church and family.

Participant 16 – Marie. Marie was referred to me by Lisa, the participant whose husband had Bell's Palsy. When I conducted the interview with Lisa and James, I met Marie and learned of her stressful situation. I asked her if she'd be interested in an interview, and she agreed. I called her a few weeks later and conducted the interview on the phone. Marie was in her mid-thirties and lived in a neighboring state.

Marie's husband had some back pain that had seemed to worsen during his work-related hard labor. His doctor prescribed pain medication and he soon became addicted. She was unaware of the issue until he came to her and admitted his problem. After quitting, panic attacks and anxiety kicked in, making their family life unstable with him acting strange at times. For her and her children's safety, Marie moved in with her parents for a few weeks while they tried to work it out. *"I just called both of them and I said, 'I need to leave, not for a night but for an extended period of time because I'm scared.' So they both came out,"* she said. In time, her

husband decided to go to counseling and started getting better. They went to counseling together and eventually worked through the issues.

When I did the interview, Marie mentioned that she was at a good place with it and was actually able to talk about it. It was a very stressful time for her. She had a strong relationship with her parents who lived in the area and several close friends she was able to turn to.

Regarding any religious connections, she mentioned that a pastor had called her husband, and that she wished she had reached out to her church for more help. She mentioned that she used Facebook but not for “airing out dirty laundry.”

Participant 17 – Susan. Susan was referred to me by a friend who had worked with her at a university. My friend contacted her asking if she’d be interested in telling her story, she said yes, and we set up the appointment. I knew of her and had talked to her on occasion, but did not know her well. Susan lived in Illinois and we conducted the interview via phone. She was in her mid-thirties.

Susan was working as new professor at a university that was going through some financial difficulties. The university was forced to cut some programs and faculty members. It was winter break and the administration had called her in for an appointment. They informed her that they needed to let her go, and offered her a severance package. She and her husband ended up moving for his job and she was able to get another job.

During the interview, Susan wasn’t very talkative and somewhat shy. I could tell it was somewhat uncomfortable for her to talk about it, perhaps because I knew of the university and its situation. Outside of sharing the news with her parents and spouse, she had not told people intentionally.

Participants 18 and 19 – Nancy and Robert. Nancy and Robert were referrals from Mary, my neighbor, whom I interviewed earlier. Robert worked with Mary's husband. Nancy and Robert had moved into the Kansas City area from a Midwest city that was hit by a tornado that devastated the town. Nancy was Robert's girlfriend during that time. Mary asked them if they would be interested in participating in the study. They said yes, so she invited them over for dinner. Nancy came to my home for her interview and I interviewed Robert in Mary's home afterward. Both were in their mid-twenties.

Nancy and Robert were hanging out at his house when the tornado sirens started going off in their Midwest hometown. The two decided that he would drop her off at her apartment and he would head to his dad's house so his truck would be covered. Nancy had just moved in to her apartment and hadn't even paid the first month's rent. After Robert dropped her off, the weather turned for the worse. She got her laptop to check the weather, but the power went out and the skies darkened. *"I don't really remember what I heard, but my walls shifted in there and I thought that it was the end. I thought I was going to die. So, I was in there and then I heard something crash through the back window,"* she said. An F5 tornado ripped through the town and her apartment complex was in its path. She lived on the first floor, and when she walked out to assess the damage, the entire second floor was gone. Frantically, she tried to call Robert but cell towers were out. In disbelief, she started jogging down the street and a stranger picked her up in his truck and took her to her sister's in-laws' house, and they were able to text Robert and know he was okay. Robert's family's house was unscathed. After Robert had dropped her off, he had headed north of town and saw the tornado go through. He did not realize the effect it had on the town initially until he heard from Nancy and found out her apartment was gone. Both of them had family in the area and were able to support each other.

There was talk of strangers helping strangers and the inability to use communication technologies like cell phones due to power outages. Robert mentioned they tuned in to the radio for the latest information. As with any natural disaster, it took a while for recovery. Both of them decided to move to the Kansas City area and were able to rebuild there.

In this situation, the story made national headlines so neither Robert nor Nancy had to solicit help. In fact, because more people already knew about it, they were somewhat overwhelmed with inquiries from the beginning. I could tell during this interview that it was still a fairly traumatic memory for Nancy. She had a hard time recalling specific people she found to be helpful. She only remembered that everyone was helpful. The only family in the area was her sister, and her sister's in-laws, but her mother and other sister did not live far away and they came to support her. She was thankful that Robert and his family took her in. Robert was distraught for Nancy's sake, and recalled several out-of-town friends and family members who were concerned for his safety and tried contacting him. There were no outright mentions of religious connections although Robert mentioned several people offered to pray for him.

Participant 20 – Karen. Karen was a referral from a fellow graduate student. Karen agreed to the interview and I conducted the interview via phone. Karen lived in a small town outside of the Kansas City area and was in her late twenties.

Karen's sister was attacked and sexually assaulted by two men who almost killed her. She was in the ICU for a few days and was put into an induced coma within a week. She had a bad head injury and the story made local headlines. Karen was frustrated because the coverage contained misinformation. She and her parents stayed by her sister's side and had to deal with the media. *"We'd watch TV in the hospital waiting room at night and see things, and would get*

upset because things were being reported that weren't true. Things were being reported that interfered with the investigation," she said.

Karen did not disclose a lot of detailed information. This was likely because it involved a police investigation and made the news. I could tell she preferred to stay fairly anonymous for the interview. However, she was able to articulate the way in which she used new communication technologies and mobilized social support. It seemed she had strong family support—all the aunts and uncles on both sides of the family hosted a benefit to raise money for her sister. Her sister came out of the coma and recovered, but I did not know the full extent of her recovery. There was no particular talk of religious connections.

Participants 21 and 22 – Donna and Mitch. Donna and Mitch were referred to me by the same close friend who referred Elizabeth and John (the adoptive parents). Donna worked with my friend who asked her if she would participate in my study. We coordinate a time for the interview and I met them at their house in central Missouri. We had about an hour and a half before they had to get to an event, so Mitch's interview only lasted 12 minutes and was rushed. They were both in their mid-thirties.

Donna and her children came home one day to find all the doors in her house open. She immediately called 911 and waited for the police to arrive. Instinctively, she went inside the house to find it was a disaster. Obviously, someone had broken into their home and ransacked the place. Donna called her neighbor who came over right away and was able to take care of the children while Donna answered questions from the police. Mitch was on business in a town several hours away and when Donna finally got a hold of him, he rushed home that night. About a week and a half later, the house had been cleaned and insurance claims filed. Both Donna and

Mitch seemed to be fairly upset with the way the police had handled the situation but did not go into detail.

Donna admitted that she sometimes still had anxiety attacks when she talked about the event and that it was very traumatic. Regardless, she was able to answer the questions very well and spoke highly of her supportive neighbor who typically took care of the children. Donna and Mitch attended a church and seemed to have a fairly stable supportive group of people to help them. She told me they don't have other family members who live nearby.

Participant 23 – Ruth. Ruth is an acquaintance through a church group. I had told her about my project at a social event and she offered to tell me her story. We set up an interview time and I mentioned we could meet at either of our houses, so we conducted the interview in my home, face to face. She was in her late twenties.

Ruth was summoned for jury duty during a very busy time at her workplace. She worked in a professional agency where there was no one to cover her daily tasks if she were to miss. Once she was selected to be a juror, she knew she would have to work after business hours to keep up. She was selected to serve as a juror for a federal court case regarding a bank robbery and hostage situation. The case lasted five business days and took a toll on her emotionally and physically. *“Being around this agitated hostile group and then trying to go in to work early before jury duty to try to get some stuff done,”* she said. *“I didn't have access to any of my work at home, so, my work is about 15 miles away, so about 25- to 30- minute drive. So it's just a lot of extra driving, a lot of less sleep.”* For her, it was a very stressful situation. In addition, her boss was not very supportive and made her feel guilty for being absent. The stressor lasted 10 days, and the court case took five business days. Ruth was able to get caught up at work after a few weeks.

Ruth was very close to her family and lived with her sister, so her sister provided much of the social support she needed. She admitted she wasn't much of a Facebook user, but used text messaging fairly often. Looking back on it now, she recognized that it might have been easier to cope if her phone had email access and she could have kept up during breaks and from home.

Procedures

Prior to the start of the interview, an informed consent form approved by the university's Internal Review Board (see Appendix B) was provided to the participants to confirm compliance and to establish the nature of the study. Then they were asked to complete an optional demographic information sheet asking age and gender (see Appendix C). A qualitative interview guide (Appendix D) was developed for the interview. The interview guide ensured the same general topical areas were covered in order to answer the research questions, but also offered flexibility, adaptability, and opportunity for personal rapport to get at in-depth experiences and thick descriptions. In addition to agreeing to answer questions for the interview, the consent form allowed me to review participants' records of communication sent and received via technology relevant to the investigation. These records included messages sent and received via mobile phone text, email, and social network site postings (e.g., Facebook and CaringBridge). The interviews ranged in length from 12 minutes ($n = 1$) to 60 minutes (average length = 33 minutes), totaling approximately 11 hours of recorded data.

Interviews were digitally recorded and transcribed using a transcription service (Verbal Ink, 2013). The entire transcription totaled 306 single-spaced pages of text. Interviewees were assigned participant ID numbers and pseudonyms. All identifying information was replaced in the transcripts. This included names, organizations, states, cities, countries, etc. which were replaced with pseudonyms.

Data Analysis

The transcripts were imported into NVivo 10, a specialized qualitative analysis software (QSR International Pty Ltd., 2010). NVivo 10 facilitates qualitative coding throughout large quantities of text and information. This software was particularly helpful in organizing and modifying codes throughout the iterative process of analysis and for tabulating results. It also allowed for word searches and text queries to supplement line-by-line analysis.

I used inductive data analysis to analyze the data for each of the research questions using open and axial coding (Glaser & Strauss, 1967). The coding process began by going through the data line by line, and open coding all interview data. This was done separately for each research question, with the specific research question in mind. I generated a list of codes, sometimes in vivo, using exact phrases from participants for each question. NVivo allowed me to digitally highlight phrases, words or entire paragraphs, right click on them, and assign them a code. For instance, I highlighted phrases like “come now,” “get here now,” and assigned them a code entitled “request immediate presence.” These phrases were then filed in a digital folder. By clicking on the individual code folder, the program automatically collected the data into one list so I could see the phrases summarized together. The program also let me control and view any amount of context surrounding those highlighted phrases. For instance, I could set it to show 20 words that appeared before and after the text. This helped me later hone the themes and categories making sure the topics were related, assisting me with recall. I was able to assign multiple codes to the same information and a display option allowed me to see “coding stripes” off to the right where codes overlapped. An instance where this was particularly helpful was when I was coding for relational ties and new communication technology type. If a phrase was coded “text message” as well as “parent” I was able to group together that data more easily for

the results. Through a constant comparison and iterative process (Lindlof & Taylor, 2011), I collected codes into more general categories and then placed them into themes. To give an overall idea of weight and recurrence, NVivo also provided a way to count sources and references. The “source” referred to the participant, and “references” referred to the number of selections within that source that had been assigned to a code. Throughout the analysis, I took notes and created memos regarding developing relationships and observations.

The subsequent chapter (Chapter Four) provides the results of these research questions regarding new communication technologies and social support in the midst of a life stressor.

Chapter Four: Results

Research Question 1: Roles of New Communication Technologies

The first research question regarding the roles that new communication technologies played in the social support process in the midst of a life stressor was answered by coding the answers participants gave when they recalled the communicative means in which they sought and received support. Participants were asked to recall who they first told about the situation and through which communication channels (see Appendix D, questions 2-4). They gave their thoughts and opinions about communicating via particular communication technologies throughout the life stressor (see Appendix D, questions 9-11), and were asked what role they felt new communication technologies played as a whole (see Appendix C, question 12). To analyze the data, all transcripts were coded (Glaser & Strauss, 1967) with this research question in mind, focusing particularly on those mentioned above. The coding process started by generating a list of codes—sometimes using exact phrases from participants—then later collecting them into more general categories and then into themes. The themes that emerged to describe the roles new communication technologies played in the social support process in the midst of a life stressor were: (1) tell the story, (2) orchestrate tangible support, (3) provide direct and instant access, (4) show evidence of quantity, and (5) offer coping outlets (see Appendix E for a list of participants and descriptions of their stressors; also see Appendix F, Table 1, for themes and subthemes).

Tell the story. This theme emerged throughout different stages of the life stressor and was divided into subthemes to describe how they played out in the life stressor initially, throughout and after. Furthermore, the subthemes included connections to the social support process. These subthemes were: (1) contact emergency responders, (2) spread the word, (3) provide updates, and (4) present the whole story or history of the situation.

Contact emergency responders. This subtheme emerged in the initial stage of the stressful event. Three participants indicated they required emergency personnel to respond to their situation and they used their phone or cell phone to call an emergency line. Elizabeth, the adoptive parent, said, *“They have an emergency line that you can call, because, of course, there’s a 12-hour time – actually 13-hour time difference, and so John called the emergency line.”*

Spread the word. This subtheme was especially prominent during the initial stages of life stressors. Angela (whose daughter was in the hospital) and others used phrases like, “word of mouth.” Chad, whose daughter had tracheitis, and others said that their story spread like wildfire. Laura, who was going through divorce, said, *“I sent out a message to a whole bunch of people on Facebook”* to tell her Facebook friends of her situation. Emily, whose house burned, said, *“And as far as people calling each other, that went really fast, but I think the fact that you can do a mass text is what—I could not believe how many people knew.”* John, the adoptive parent, said:

I sent the prayer request, said, “Hey, can you send this out to the group?” And so the email list went out to all 60 of those people, and then they started on their Facebooks or on their blog posts or whatever kind of telling the story.

Several of the participants said that as the word spread, it led to offers of emotional support via personal visits. About her pastor, Emily, whose house burned, said, *“He’d heard about it—somebody texted him or called him. And everybody in his car came. They were all on our front lawn.”* Bryan, whose daughter was in the hospital, said:

A mom figure in my life called and just said—and they live about 40 minutes away—and she said “I know both your parents are away, do you need a mom there?” And I just remember saying “no,” and I just started crying and she goes, “all right, I’ll be there.”

Participants said that as the word spread, it led to informational support. John, the adoptive parent, said that some people offered solutions. He said:

It seemed like that next circle out were offering solutions. They were offering—so just being able to communicate through email with them, and one of them contacting and saying, “Well, I wish I would’ve known ‘cause I’m in Nanjing, and somebody else has a brother that’s in Shanghai,” and so they had connections, and they were trying to help us out through that.

Lisa, whose husband had Bell’s Palsy, said, *“I guess that’s just the biggest thing is I feel like the more we would have got the word out, the more we would have gained—I mean just with information.”*

More specifically, the informational support was coming from people who had gone through the same types of situations and from experts. Chelsea, whose daughter had tracheitis, said, *“there definitely were comments, like, of friends that had went through similar things with kids and those were very encouraging just because you knew that they had been through something similar.”* James had posted about his condition of having Bell’s Palsy on Facebook and said:

A lot of people were like, “Oh, yeah. My dad had that.” You don’t realize how many people have it until you have it, and then you start hearing all the stories coming, and you’re like, “Holy Cow, it happens all the time, it sounds like.” So, yeah, I got a lot of responses like that.

Chad, whose daughter had tracheitis, said, *“We have a friend in Indiana, and we were talking to her and she said, ‘Oh, one of my good friends is a doctor there in Nashville at a different hospital. Would you mind if she came up?’ And she came up and that was pretty neat.”*

Chelsea, whose daughter had tracheitis, said that after hearing about her situation, *“there was some people that came up, a good friend of mine, that she had kind of rounded up some gift cards and stuff of our close friends and then brought those up.”*

Provide updates. Another subtheme of *telling the story* was to provide updates, which occurred throughout the life stressor. Lisa, whose husband had Bell’s Palsy, said she’d talk to her family on the phone and said, *“And it was more a lot of me just saying, ‘Well, this is what’s going on.’”* Linda, who broke her leg, said, *“I think that was more just on Facebook, like when I would post like updates of going to see the doctor and where I was at in recovery.”* Karen, whose sister was attacked, said, *“that page turned into kind of like where people were updating everyone—like everyone joined that group to kind of find out how she was doing and stuff.”*

Some participants within this theme said that they felt they had “followers” that were hanging on every day for the latest update. They said the updates satisfied their supporters’ need to be informed. Derek, whose wife was in the hospital, said, *“some other people would tell me, ‘I get into work every morning, I get my coffee, and sit there, read the new entry.’”* Karen, whose sister was attacked, did not feel like it was necessarily supportive, but that, *“I kind of just felt like we were like the latest gossip or something and people just wanted to keep the story going.”*

Present the whole story or history of the situation. This subtheme of *telling the story* occurred during and after the life stressor. This theme was present in three ways. First, participants said that new communication technologies allowed them to avoid rehashing the story and steer inquiries to them as a resource. Angela, whose daughter was in the hospital, said, *“I think that’s where the technology and the CaringBridge was so nice, too, cause we didn’t have—people knew it coming in, we didn’t have to retell it.”* Chad, whose daughter had tracheitis, said,

“after a while I think I maybe sent out a mass email that said, ‘We’ll be sharing our updates on this’ and stuff like that or ‘You could follow the story here.’”

Second, presenting the whole story allowed them to clear up rumors or information during the stressor. Elizabeth wanted to make sure people knew her version of what was going on with her adoption situation and wanted to clear up other rumors. She said, *“Have people read our blog. We’re doing a true account of what’s happening, and if anybody has any questions about what’s going on, read the blog.”*

Third, having the history of the situation gave participants an archive or keepsake by which they could remember the event. Chad, whose daughter had tracheitis, wrote a book then pulled together personal emails, the CaringBridge journal entries, along with his thoughts and emotions. He said he wanted to have something for his children to read when they were older. Emily, whose house burned, said, *“But going back even a year later, I would just cry because it put me back where I was, and then felt the love from everyone, from all over.”* Donna, whose home was burglarized, hand wrote all the supportive Facebook wall posts and messages into a notebook as a keepsake.

Orchestrate tangible support. Supporters used new communication technologies to organize tangible needs, benefits, lists of needs, and invites to showers. Andy, whose house burned, spoke of a friend and said, *“I think she then, in turn, used Facebook to put out a message saying, ‘Hey, this happened. For those of you who know him, if you wanna help out, here’s how you can do that.’”* Chelsea, whose daughter had tracheitis, said, *“Chad’s sister sent out an email and I think they put it on our CaringBridge, too, that there was something she had set up that if anybody wanted to donate money—just because we had a high deductible and everything—that people could do that.”* Emily, whose house burned, said new communication technologies played

a huge role in tangible support. A friend of hers used Facebook to send out an invite to a shower to provide their family with tangible items after the house fire. She said, *“Within 24 hours these families knew about it and they were there. And they would pass on to anyone else who might want to come that wasn’t included on the list.”* Tina, who became guardian of three children, said her friend set up a meal organization schedule. *“She did an online meal thing. I can’t remember what it was called. But she used an online meal website to arrange people to bring me meals, and then communicated that to them through Facebook. She put it on my Facebook. Put it on her Facebook. She sent it out to people at her church.”*

Provide direct and instant access. New communication technologies provided a way for participants to solicit support and for supporters to respond directly and often instantly to participants. Mary, the teacher who lost her job, said, *“I would say that it helped in ways that were more practical where the instant text to say, ‘I need a prayer now, can you do this now.’”* Mary continued, *“the text was very instant for them to receive and review and pray right away, which I felt like was very instrumental in my peace.”*

Supporters were able to ask questions directly and inquire about the status of the situation initially and during the life stressor. Tina, who became guardian of three children, said, *“They have had constant Facebook—they’ve messaged us several times every few days or week or whatever, asking how things are going.”* The direct communication was not always a good thing. Derek, whose wife was in the hospital, said, *“day one through four, my phone wouldn’t stop...It was very overwhelming. There’s no way I can do this on a one-on-one basis with everyone who would be interested in this.”*

Supporters were able to offer support with instant comments or messages of thoughts and prayers by responding to emails, or signing guest books online. Chelsea, whose daughter had

tracheitis, said, *“Yeah, I would mainly just update what happened that day and then, of course, tons of people would comment back and so just that emotional support was huge.”* Andy, whose house burned, said:

Lots of likes, especially comments from people you know. So that’s how I kind of kept people informed of the process, and Emily did a lot of that, too, which is I did more with pictures, ‘Hey, this is where we are.’ She did more with just communication. And so there was always a lot of support every time you put something out...It was easy for people to let you know they cared.

This direct access also gave supporters a way to routinely and consistently provide support during the stressor. Ruth, who had jury duty, said, *“she would text me throughout the day and just say, ‘Hey, hope everything’s going well.’”* Linda, who broke her leg, said, *“I had a friend who called me every day on her way home from work.”*

New communication technologies provided participants direct access to support messages, especially when they desperately needed it. Participants talked about the fact that they could access the support when it was convenient for them, when they needed to pass the time, and when they were by themselves or couldn’t sleep. Bryan, whose daughter was in the hospital, said, *“So yeah, we didn’t really have to seek it out, but if we wanted it, it was there.”* Chad, whose daughter had tracheitis, said, *“And we could check it 20 times a day or we could not check it at all, you know.”* Emily, whose house burned, received a text early in the morning from a friend when she couldn’t fall asleep. She said, *“So she comforted me at 2:00 in the morning.”*

Additionally, participants had direct access to informational support via the Internet to do research or problem solve. Lisa, whose husband had Bell’s Palsy, said she did research about her life stressor on the Internet, and Mitch, whose home was burglarized, conducted his own

investigations through Facebook to help solve some of the problems that bubbled up during his life stressor.

Show evidence of quantity. This theme was present throughout the life stressor where participants recalled that they felt an aggregate of support through new communication technologies. They felt as if they were not alone. For instance, a feature on CaringBridge counted how many visitors came to the site and from where. Bryan said:

What still gets me to this day is looking at the CaringBridge book that we printed off and just seeing how many—we started to list the different states that were, and the different countries, and it was like 30 or 40 different states and 12 different countries.

Chelsea, whose daughter had tracheitis, said she felt the prayers of hundreds of people, “*It just helps to have people know about it and have it be on their mind and—because I think it does—it did just—I don’t know, it’s just that feeling of support. It’s hard to explain but you just feel like, okay, you’re not completely alone.*” Derek, whose wife was in the hospital, said, “*it ended up getting a very big audience, almost like 100,000 hits on the CaringBridge site. A lot of people who got really interested in my story and were really supportive about this.*” Several other participants spoke of how new communication technologies provided evidence of quantity and how that affected them. Chad, whose daughter had tracheitis, said, “*If I’d send out an email to 75 people, 70 of them would probably write me back.*” Elizabeth, the adoptive parent, said a picture was sent to her through Facebook. She explained:

They got that prayer meeting together...they took a picture from the balcony of everybody praying, like everybody that was there...I mean, I just remember seeing that and just bawling, ‘cause I was looking at all the people...and that’s when I kind of realized we’re gonna come home and it’s gonna be a big deal. I mean, we’re gonna have support.

Offer coping outlets. Derek, whose wife was in the hospital, said that writing on CaringBridge was his way of coping and journaling, *“I became completely, completely dependent on my ability to sit down and spew my feelings through puddles of tears or a keyboard and then post it and then watch 400 or 500 people visit it in the next hour or two, and then read their words, and really connected me to them.”* Chad, whose daughter had tracheitis, journaled quite a bit and even compiled all the messages and notes from people into a book. He said, *“Yeah. And it was definitely a healing once—even as I struggled to write it, it was a healing as I got through it, and then I remembered it and then you almost think of it like, ‘Wow, did that really just happen?’”*

Linda, who broke her leg, was able to socialize through Facebook because she was homebound during her life stressor. She said, *“I needed to still be in touch and, like, feel like I was still a part of the normal world, and doing something that I normally did, which was checking Facebook once a day or whatever.”* Laura, who was going through divorce, also talked of the benefits of normality through new communication technology, *“Yeah, chat was huge for me, because I was by myself after the kids are in bed, I’m just sitting there, alone, and I have no social outlet at all. So I was able to communicate with friends and seek out even just socialization.”* In a way, it offered her an escape from her life stressor.

Research Question 2: Communication Channels Used and Why

While the first research question looked at the roles of new communication technology as a whole in the support process, the second research question delved into specifics and asked what channels people used to mobilize support and why. The question was addressed by coding the answers participants gave when they recalled the communicative means by which they sought and received support. Participants recalled whom they first told about the situation and through

which communication channels they told them (see Appendix D, questions 2-4). They gave their thoughts and opinions about communicating via particular communication technologies throughout the life stressor (see Appendix D, questions 9-11). The themes that emerged and the reasons people used specific channels were: (1) hold deeper, longer conversations, (2) send messages to the masses, (3) save face, (4) manage inquiries, (5) use what was accessible and easy, (6) keep it private, and (7) be appropriate (see Appendix E for a list of participants and descriptions of their stressors; also see Appendix F, Table 2, for themes and subthemes).

Hold deeper, longer conversations. This theme emerged and occurred throughout the life stressor during a waiting period, especially for those seeking emotional support. The new communication technologies used in this theme were face-to-face and phone, which included land-line phones and cell phones. Linda, who broke her leg, said, *“I do remember I called my roommate the next morning because I know that she would be up, and I slept like maybe 45 minutes, because my pain was so bad, but I called and talked to her and cried on the phone for a long time.”* Lisa, whose husband had Bell’s Palsy, said, *“Honestly, I think the biggest thing for me was just the talking. And a lot of it was on phone. A lot of it—some of it was in person.”* Marie, whose husband was addicted to pain pills, said, *“But even after I came home I talked to my mom a lot over the phone, just still kind of searching for that. I just wanted to know—I don’t know—that someone understood kind of where I was and where I was coming from I guess.”* Andy, whose house burned, did not necessarily talk on the phone a lot but noted, *“when people call, you have to take time. I would have had to constantly be on the phone.”*

Send message to the masses. Participants felt a need to send messages to a large audience all at once, typically to fill them in on their story. Emily, whose house burned, said, *“Now the next day, I had to play a lot of catch up and people are like, ‘I heard, I heard.’”* The

new communication technologies used in this theme were text message, email, social media, and blogs. Andy, whose house burned, said, *“With Facebook, you can mass-communicate. And even with texting, you kind of can.”* Karen, whose sister was attacked, used email and said, *“I sent an email every night on behalf of our family. That’s to aunts and uncles, cousins, people like that—letting them know how my sister was progressing and things like that.”* Chad, whose daughter had tracheitis, used email to direct his friends to the CaringBridge site, *“I think I maybe sent out a mass email that said, ‘We’ll be sharing our updates on this’ and stuff like that or ‘You could follow the story here.’”* James, who had Bell’s Palsy, said he sent a mass message on Facebook and so did Tina, who became guardian of three children. She said, *“I would do a mass post to let people know what’s going on.”* She continued, *“So it’s definitely a great way to communicate to a large group of people.”*

Save face. Participants used new communication technologies because they did not want people to see them in their stressed state—which may have elicited crying and additional distress—and they wanted to avoid having to talk. The new communication technology used in this theme was dominantly text messaging. Karen, whose sister was attacked, mentioned, *“I was fine when I was writing something, but then I started to open my mouth and actually talk, I would start to cry. It’s a lot easier to just write it down.”* Donna, whose home was burglarized, said, *“it was actually harder to talk to them on the phone. That’s why I sent the text. It’s a lot easier to text.”* Linda, who broke her leg, said, *“I think most everybody else, I just sent text messages to, ‘cause I was just a little too emotional to really talk to people. So it was easier just to send the text message out.”* Nancy, who survived a tornado, said, *“So I didn’t really want to talk about it, so I just texted her and was like, ‘hey, we’re okay’.”* For James, who had Bell’s Palsy, he physically was unable to talk clearly and said that text messaging enabled him to communicate

better. *“I think texting is a big part of it, because you don’t have to talk to text...If my mom would call or my brother would call to check on me, I’d tell them, ‘You know what? I’m gonna hang up and I’ll just we’ll just chat in text back and forth because it’s just easier.’”*

Manage inquiries. For this theme, the new communication technologies used were social media and blogs. There was a general sense that participants did not want to rehash or retell the story for all who asked about what was going on, so they would point people to a blog, such as a CaringBridge site, or make a post on Facebook. Typically, the number of inquiries was somewhat overwhelming. Derek, whose wife was in the hospital, said:

Day one through four, my phone wouldn’t stop. If I left my phone in the ICU waiting room and I went down with Jenny for a half hour I’d come back and I would have nine new voicemails and 23 text messages. I can’t do that. That’s just listening to the voicemail the next half hour. It was very overwhelming. There’s no way I can do this on a one-on-one basis with everyone who would be interested in this. So the only way—the way it was resolved was by the CaringBridge website.

Tina, who became guardian of three children, said, *“I finally had so many people ask for my email—for my physical address that I posted my work address on my Facebook page so people could just not ask me, and send it to there so would have to keep answering where we live.”*

Along the same lines, others used social networking to try to clear up misinformation and rumors. For instance, John knew there were rumors spreading about him in a closed adoption Facebook group. He said:

They were talking about us, but we weren’t a member of that group. And it was a closed group, so we couldn’t see what was going on and what was being said, and so I actually

had asked—or whatever—the request put into the group and said, “Listen, there’s people talking about us on the group and talking about our agency, and I wanna make sure things are being portrayed accurately.” But they never did accept me into the group.

Use what was accessible and easy. For this theme, there was not a particular communication channel used for all instances, but participants used the channel that was accessible or available in their situations. For instance, Bryan said while he was in the hospital with his daughter, the wireless Internet reception was poor in certain areas so he did not always have access to the Internet. Chelsea, whose daughter had tracheitis, said, *“on my phone I didn’t have, like, a smart phone or anything and so my only access was texting and I texted, like, my closest friends just to let them know what was going on and to pray for her.”* Later, someone brought her laptop and she started using that more for communication. Robert talked about the circumstances of the aftermath of the tornado. He said, *“Because the (cell) towers went down and so there—you couldn’t call out. Basically the form of communication was text message—pretty much.”* John was in China, a country where cell phone use was not an option, so the Internet was all that was available. He said, *“And it would kick you off every once in a while, but that was pretty much our main mode of communication was that laptop. Cell phones wouldn’t work, so that was pretty much all we had, was try to put some things out on the blog. And with the time difference, you can’t talk to people, so that’s the only way you’re gonna be able to communicate, is to put a blurb on Facebook, put a blurb on your blog.”* He even used the voice feature of Skype as an alternative.

Not only did participants use what was available, they also used the channel with which they were most familiar. Chad, whose daughter had tracheitis, preferred to use email as the way he normally communicated and that he did not have a Facebook account, *“I had some—I would*

give my close 10 to 12 friends—they would get a lot more emails. Then I also had a group of probably—oh, I don't know—50, 75, 100—something like that—they got more—just kind of more updates...And with my group of friends I would probably go into more detail.” Tina, who became guardian of three children, said, *“We just moved to Louisville six months ago, I don't really have any friends here, so I told my best friend in Oregon. And we communicate through ‘Whatsapp’ on the cell phone.”* “Whatsapp” was the typical way she communicated with her best friend. However, participants did adopt a new technology if it made communicating easier. For instance, Derek, whose wife was in the hospital, started the CaringBridge site although he had never heard of it, and Tina decided to learn to use the talk-to-text voice feature because her thumbs were so tired from texting on her cell phone.

Keep it private. For this theme participants chose particular channels which were face-to-face, phone, or text in order to keep their life stressors private. Two subthemes further explained the need to keep their situations private: (1) stigmatized stressor and (2) legal implications.

Stigmatized stressor. Several of the participants experienced stigmatizing or embarrassing life stressors such as Bell's Palsy, job loss, and drug addiction. Marie, whose husband was addicted to pain pills, said, *“I shared really only with a couple of my friends. Again, I think because I was mostly embarrassed. But those two there would be lots of phone conversations. One of the friends I worked with so I spoke with her more frequently and just was able to kind of really just talk.”* Susan, the university professor who lost her job, said:

I think I don't know that I really let anybody know. I think, yeah as we made contact with friends and just in normal everyday life like we made plans to go and have dinner with

some friends and it came up. Then we would tell them, but I don't think we specifically called people and were like, "Hey, Susan lost her job."

Legal implications. Other participants had to keep their life stressor private because of legal implications so they purposefully chose or did not choose particular new communication technology channels. For instance, Karen's situation involved a police investigation. She said, *"There were certain things we weren't allowed to say at all, but with my close friends, I said things that I was careful not to say on Facebook or things like that. I could open up with them about my concerns and things like that."* Ruth, who had jury duty, said *"Nothing was posted just because I couldn't really say anything."* She continued, *"I didn't know what I could say on Facebook and stuff like that, so I chose not to really say anything that way. But I did either call people or talk to them face-to-face or a random text here and there."* Laura, who was in an emergency divorce situation said, *"when I'm really communicating with Mark I prefer to do it via email because then I can keep it and so paper trail cause I still don't believe anything he says."*

Be appropriate. The last theme that surfaced as a reason for using a specific communication channel was what participants deemed to be the appropriate channel. Participants felt they had a choice and clear indication of what seemed to be polite. For instance, Emily, whose house burned, talked of why she did not use the phone and said, *"I didn't wanna—most importantly, I didn't wanna wake people up."* Linda, who broke her leg, said she preferred the phone over face-to-face and, *"It was nice to see people, but sometimes that meant that I needed to stay awake and I felt guilty if my medicines kicked in and I fell asleep. So, at least if I was on a phone call, they didn't take time out of their schedule to come and see me."* Mary, the teacher who lost her job, indicated that she did not want to interrupt, *"I think by the time I got home was*

when I finally called my boyfriend when he was at work and so I think maybe I felt bad for interrupting his job and so I think that's why I kind of waited and so I think I called him to tell him but it could've been a text, I don't remember which."

There was also indication of why they did not choose a specific channel, based on what they thought was appropriate and who the communication would be sent to. For instance, Bryan, whose daughter was in the hospital, said:

I don't remember being in a state where I wanted to put it on Facebook, and even to take the time to do that, because like Facebook is kind of a—it's a fun thing, it's a bubbly thing, it's like, "Oh, so and so," and there is obviously bad stuff that happens to people but at that moment it wasn't like, "Oh, wow, I really need to put this on Facebook."

Derek, whose wife was in the hospital, was off-put by his neighbor, who he considered to be an acquaintance, who wanted him to use the phone to keep her updated. He had a sense for who he communicated with and through which channels. He said, *"Well, close friends would be texting, and bigger circle was with Facebook."* Tina, who became guardian of three children, did not like it when someone she did not consider a close friend sent her a text. She explained, *"Most people would not text me if they didn't know me somewhat well. I did have one person that did, 'Why are you texting me? We're not friends.' It's almost like a thing. You don't wanna text someone you don't know really well."* Chad, whose daughter had tracheitis, said, *"There's just some people that you're acquaintances with and you know that they care about you and they would want to know something like that, but you wouldn't sit and talk on the phone with them for 20 minutes."* Nancy had a friend who thought she should have posted on Facebook after going through a tornado. Nancy recalled, *"So she thought—she told me the first thing is she thought I*

had died. And so she had been crying, because she couldn't get ahold of me and she thought I would write something on Facebook, letting everyone know that I was okay."

Research Question 3: Supportive Messages Received

The third research question examined the type of support that was received. More specifically, it asked what types of supportive messages were being communicated through new communication technologies and from whom. It also asked the ways in which they were perceived as helpful or unhelpful. Participants were informed of the three types of support (i.e., emotional, informational, and tangible), and given examples of each. Participants were asked to recall a time when a family member, friend, acquaintance, and/or stranger offered any type of social support, how it was communicated, and whether it was helpful or unhelpful (see Appendix D, questions 5-8). They were also asked later in the interview which offers of support seemed to be the most meaningful and helpful, how they were communicated, and from whom (see Appendix D, questions 13-14). The results indicated that all three types of supportive messages (i.e., emotional, informational, and tangible) were provided through a variety of channels from a variety of ties.

To show a general frequency through which channels people provided support, the number of participants I coded by specific communication channels is included in the findings. I made this decision because the third research question addressed *social capital*, defined as “the sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition” (Bourdieu & Wacquant, 1992, p. 14). Because face-to-face was mentioned in all three types of supportive messages and is considered the “gold standard” of relational maintenance it has also been included in the results as a communication channel for

consideration, although not considered a new communication technology (see Appendix E for a list of participants and descriptions of their stressors; also see Appendix F, Table 3, for themes and subthemes).

Emotional Support. Participants said they received emotional support through cards, CaringBridge, email, Facebook, face-to-face, phone, and text messaging from a variety of ties.

Cards. Two participants mentioned receiving cards. Susan, the university professor who lost her job, received thank you cards from her students, whom she considered acquaintances. *“I did get some cards from students. They would drop cards by the office and I would find a thank you card. You know, ‘thanks for being a great teacher.’”* Tina, who became guardian of three children, mentioned she received an influx of cards in the mail, but did not specify who they came from or how they affected her.

CaringBridge. Two participants talked of emotional support from comments by “people” on their CaringBridge blog. They did not specify how close these “people” were, but attributed a sense of concern and prayers from those commenting on the blog. Chelsea, whose daughter had tracheitis, said, *“And maybe it’s just that feeling of—I think you definitely feel carried by God, definitely, but having people then it’s something, you know, visual that then you can put a name and a face to, okay, I am being carried.”*

Email. Four participants spoke of emotional support via email from family, friends, and close friends. Mary, the teacher who lost her job, said that even though she solicited tangible support through email, she received emotional support in return. She said, *“they would kind of have the blurb in their email that was, like, you know, ‘I am so sad that the district is losing you. As a wonderful, great teacher you will be sorely missed’ and just like the really nice, little comments, you know, like they appreciated me and that they were sad that I was getting let go.”*

Lisa, whose husband had Bell's palsy, said her family checked in fairly often with her via email to ask how it was going and whether she needed them for anything.

Facebook. Thirteen participants mentioned they received emotional support via Facebook. It came through family, friends, church communities, and unspecified ties that were coded as "people" in general. Emily, whose house burned, said, "*Well, I will tell you the Facebook messages were so comforting to me that I would go back and read them.*" She gave examples of the messages: "*Bible verses and, 'So glad you're safe,' was most of them. 'We're so glad you're okay.' Lots of that.*" John, the adoptive parent, said, "*It's like the emotional support definitely was mainly a Facebook thing through that inner circle of church friends and family.*" Robert, who survived a tornado, said he would get Facebook messages and text messages that said, "Hey, man, I'm thinking about you." Karen, whose sister was attacked, appreciated the wall posts and private messages received on Facebook. She said, "*I think Facebook—it's really easy to just write, 'We're thinking of you. Our prayers are out for your family or your sister,' or things like that. You know, just—all that kind of stuff made it a lot easier. I got a lot of private messages on Facebook, too, and I think those meant more than maybe like a wall post.*"

Laura, who was going through divorce, talked about support she received from friends on the Facebook chat. She said, "*Sometimes just chatting about daily stuff or about the kids. Certain friends I would really rely on to listen to the real awful stuff, like friends I've known since college.*"

Angela said her Facebook friends replaced their personal profile pictures to be one of her daughter, who was in the hospital fighting for her life, as their way of offering emotional support.

Face-to-face. Sixteen participants mentioned face-to-face emotional support. It came from significant others, parents, close family friends, best friends, friends, acquaintances, and strangers. James, who had Bell's Palsy, said, "*But like Lisa would have been more the emotional support 'cause she had to deal with me.*" Mary, the teacher who lost her job, mentioned, "*for Michael, he was more than happy to just let me hug him and just cry it out, like, I felt like that was the first time that I was able to get out my stress with it was to just cry.*" Elizabeth, the adoptive parent, said that when people came to the airport to greet them when they arrived home, their physical presence meant a lot. She said, "*Everybody being at the airport was just huge for us 'cause I know it was hard for people to come. We were the most pitiful-looking group of people walking off that plane.*" Marie, whose husband was addicted to pain pills, talked about her parents being there for her. She said, "*Then because I was there and I'm really close with both my parents I was more open with them even emotionally and so I talked to them more than really anybody.*"

Chelsea's best friend traveled to where she was for emotional support. Chelsea, whose daughter had tracheitis, said, "*She stayed a couple days just to be with us and hang out with us and talk and—which was huge and I think, like, it was a huge thing for me just to have a girlfriend there and we were so far away from everybody.*" Lisa, whose husband had Bell's Palsy, recounted her good friend supported her emotionally. She said, "*I'd say my friend, Theresa, was there for a lot of the just, 'I'm so frustrated,' more just trying to talk it out.*"

Karen, whose sister was attacked, talked about co-workers who she considered acquaintances who offered her emotional support. She said, "*But everybody was really supportive of me coming back, and just 'take your time,' and people, they were really nice just*

coming into my office and a lot of people would say, 'I don't have the words to say, but can I just give you a hug?' And I'm like, 'Absolutely.'"

Bryan, whose daughter was in the hospital, talked about a stranger, a woman standing guard at a door in the ICU, who provided emotional support. He said, *"She didn't know me but she obviously knew we were going through a rough time and then she just sat and she just listened to our story and I'll tell you what, just strangers, sometimes I was almost more comfortable telling them."* Karen, whose sister was attacked, had a similar experience. She said:

I went to a chapel in the hospital to pray for my sister while she was in the ICU, and I met people there, and everyone like—there was one lady in particular—her husband was going into surgery, and we both like kind of briefly told each other what was going on and we agreed we'd pray for the other person. I kind of thought that was like a cool just bonding. Strangers, you know, both going through tough times. I saw her again like in the hospital.

Phone. Nineteen participants mentioned receiving emotionally supportive messages via phone. These messages came from parents, family, good/best friends, friends, co-workers, pastors, acquaintances, and unidentified ties coded as "people." Derek, whose wife was in the hospital, said, *"a lot of like I knew I could call my mom, talk to my mom, like anytime, and I really did call her at four o'clock in the morning just because my emotions were catching up to me again."* Several said family members like brothers and aunts and uncles would call to make sure they were okay. Tina, who became guardian of three children, said, *"So my family has provided emotional support, I would say, and just I think being there. And that would be via text and cell phone."*

Chad's conversation with his best friend, who happened to live out of town, provided emotional support. Chad, whose daughter had tracheitis, said:

I called him when we were waiting at the Olive Garden, and he just told me everything was going to be fine—and this was when we were waiting during the worst moments—and absolutely did not believe anything he was saying, but at the time, he was saying all the right things.

Nancy's best friend saw the news that a tornado had gone through Nancy's town. Nancy said:

Well, I can definitely, like, the first thing I think of for that was one of my best friends, who lives in Nebraska, saw on the news and called me and it was just like, "I know you're going through a lot. So whenever you want to talk about it, just let me know." Kind of offered that emotional support to kind of unload, I guess with her.

Karen, whose sister was attacked, recalled that hearing her best friend's voice via phone gave her the emotional support she needed. She said, "*One that sticks out usually, my best friend called, and she was crying. I don't know, but somehow that kinda made me feel that—better to know that she cared that much.*"

Derek, whose wife was in the hospital, mentioned he would get phone calls with supportive message from co-workers. He said, "*If it's a co-worker, 'hey, just thinking about you and, let me know if there's anything I can do for you,' that—I'm not going to do anything with that phone call.*" Linda, who broke her leg, relied on a daily phone call from a friend. She said:

Yeah, I had a friend who called me every day on her way home from work, and like I knew then that it was—it really meant a lot, because even though I know people have lives and that people get busy, when you're stuck at home at your parent's house all day

in a recliner, like, you forget that other people are busy with their lives and you start having the pity party of like, “No one’s calling me. No one cares,” and so even just her calling everyday on her way home from work, it made a big difference in me probably not falling into a deeper depression than I kind of fell into by being stuck at my parent’s house in the recliner for weeks and weeks.

Donna, whose home was burglarized, also relied on a consistent phone call from a good friend. She said, *“Even to this day, she’ll call me if she knows we’re leaving late and coming home, and Mitch is working. She’ll call me and ask, ‘Are you okay? Is everything okay?’ So, that constant.”*

Text messages. Thirteen participants mentioned receiving emotional supportive messages via text. These came from family, good/close friends, friends, and unidentified ties coded as “people.”

Tina, who became guardian of three children, said, *“So my family has provided emotional support, I would say, and just I think being there. And that would be via text and cell phone.”* She also said her two close friends sent supportive message via text. Tina said, *“Both Jennifer and Marci texted me and kept in touch with me, ‘How’s it going? What’s going on? What do you need? How can I help?’ and were very, very helpful with that.”* Linda, who broke her leg, said, *“Just kind of typical support of like, ‘Oh, man. I can’t believe it,’ and, ‘If you need anything, like you just let me know,’ and kind of what you would expect, I guess, your friends to say is, ‘I’m there if you need me.’”* Ruth received texts throughout the day from her close friend that said, *“Hey, hope everything’s going well.”* Emily, whose house burned, said, *“I got a text from Rebecca and it said, ‘I just heard. Are you okay? I love you so much. What can I do?’”* Marie, whose husband was addicted to pain pills, had a friend who followed up with text, *“She would tell me, ‘If you want to talk please know that I’m here to talk. I just don’t want to push. I just*

want you to know I'm thinking of you,' kind of thing. So it was nice that I knew she was there if I needed her."

Bryan, whose daughter was in the hospital, mentioned he would get texts from people and did not specify the ties. He said, *"You just get it from people and most of the time they didn't want a response, they just wanted to say, 'Hey, praying for you,' 'Thinking of you,' or 'Love you,' or something, and that was huge."* Andy, whose house burned, said he started getting texts from people asking, "What happened?"

Informational Support. Participants said they received informational support through a blog comment, email, Facebook, face-to-face, mail, and phone from a variety of ties.

Blog. Elizabeth, the adoptive parent, was the only participant who said she received informational support from her blog, and it was from a stranger. The person offering advice about the adoption had apparently been through the same thing. Elizabeth did not feel the advice was particularly helpful.

Email. Four participants mentioned they received informational support via email. Tina, who became guardian of three children, and Mary, the teacher who lost her job, received letters of recommendations via email from co-workers. She said, *"Different people that I worked with I had talked to them about giving me letters of references for a new job or try to prepare for the new job."* Susan, the university professor who lost her job, also received a link to a job lead via email from a friend. John, the adoptive parent, used an email listserv to receive information and advice about his situation with the adoption.

Facebook. Two participants mentioned receiving informational support messages via Facebook. Elizabeth said members of her Facebook group, set up specifically for adoption support, offered her advice. She said, *"We were just like telling our story, because we just needed*

support and just the prayers, and everything that was coming back to us, like people would say, 'Well, this happened to my friend.' Like we had two people say, "Don't leave China without your child. We left—this happened to us and we left, and we shouldn't have."

James posted a status update on Facebook about having Bell's Palsy and he received informational comments from people who knew of others who had gone through the same thing. He said, *"You don't realize how many people have it until you have it, and then you start hearing all the stories coming, and you're like, 'Holy Cow, it happens all the time, it sounds like.'"*

Face-to-face. Eight participants spoke of people who offered informational support in a face-to-face context. Most of them were from experts or professionals paid to offer information. These people included a hospital chaplain, a fire chief, nurses, public relations practitioners, and co-workers. Andy, whose house burned, said, *"And it's probably his job, but one of the lieutenants or the officers that was here at the fire provided a book, 'What Do I Do Now?' They gave us a kit on basic needs."* Chelsea, whose daughter had tracheitis, said her best friend had gone through something similar, so Chelsea received informational support from her.

Mail. One participant, Susan, the university professor who lost her job, remembered receiving a job lead on a piece of paper in her office mailbox from an unknown source. *"Yeah, I remember once going and checking my mail and there was a job description in my mailbox that somebody had left."*

Phone. Three participants talked about being offered informational support from a parent and co-workers, all of whom had gone through the same type of life stressor in the past so they knew to offer advice. James, who had Bell's Palsy, talked of his mom, who lived out of state, giving him advice on the phone. He said, *"She was telling me what I could do to alleviate the*

symptoms—tape your eye and crap you put in your eye so it doesn't dry out at night, and things like that.”

Tangible Support. Participants said they received offers of tangible support through email, Facebook, face-to-face, the Internet, phone, and text messaging from a variety of ties.

Email. Three participants mentioned receiving offers of tangible support through email. Laura, who was going through divorce, and Ruth, who had jury duty, had co-workers offer to take over work-related projects they were involved in, Mary, the teacher who lost her job, said, *“I remember our pastor at church emailing me and he had said, ‘If there’s anything that you need or anything I can do please let me know,’ kind of thing.”*

Facebook. Four participants talked about receiving offers of tangible support through Facebook. Laura’s daughter’s preschool teacher sent her a Facebook message offering to babysit. Andy, whose house burned, said most comments were, *“If you need anything, let us know.”* Elizabeth’s Facebook group members would say, *“If you need me to go to their office for you, just tell me.”*

Face-to-face. Fourteen participants talked about tangible support coming from parents, family, good friends, co-workers, acquaintances, strangers and unspecified ties that were coded as “people” in general.

Angela talked about her parents and said, *“I know that sounds silly, but we stayed at the hospital for a month and didn’t really come home, and so they stayed here and were able to bring us things that we needed and just take care of things here and relay messages to family and to friends that we just didn’t have the energy or time to do.”* Andy, whose house burned, said, *“My mom and dad helped for hours, go through the house. We had to write everything down. So they spent hours with us helping us do that. As far as family, we also had friends that helped us*

do that.” Tina, who became guardian of three children, talked about her mom, “She stayed for ten days to help with the transition of the kids because she had been staying at their house when the event happened.” Nancy, who survived a tornado, talked about her family helping with tangible support. She said, “A lot of outpouring of money from my family and stuff to help get back everything that I had lost. So the extended family and close family, they helped with that. Then the day after the tornado my mom and sister came up from Denver to bring food and generator and stuff like that.” Karen, whose sister was attacked, talked about her family’s tangible assistance:

Both sides of my family, all my aunts and uncles on both sides of the family threw a benefit at my aunt’s restaurant and the purpose was to raise money for my sister. We had like a college fund, and also to like pay for any services that she would need—therapy and stuff that wouldn’t be covered by insurance.

Several participants talked about good friends helping out. Robert, who survived a tornado, said, *“In particular there were several friends that offered a lot of help to my girlfriend that there were female friends that offered clothing or furniture even—stuff like that.”* Laura, who was going through divorce, talked about a friend, *“she said, ‘I can’t come for too long, but do you want me to bring some dinner?’ And I just said ‘I’m craving noodles,’ so she brought these big things of Fazoli’s over.”* Chelsea, whose daughter had tracheitis, said, *“There was some people that came up, a good friend of mine, that she had kind of rounded up some gift cards and stuff of our close friends and then brought those up.”*

Others talked about acquaintances and strangers who offered tangible support. Angela, whose daughter was in the hospital, said:

There was a lady from our church that we did not know very well at all—we had just moved to Albuquerque, and her name is Tiffany and she was just kind of one of those go-getter people that we did not know very well—but she came to the hospital and supported us, and then she is the one that actually started a means of communication called CaringBridge.

Andy, whose house burned, told of several instances where he would see acquaintances and they had heard about the fire and offered support. One father of a boy he coached heard about the fire in the house and offered a deep discount on window treatments and that he would come hang them. Andy also said, *“I saw a guy in Wal-Mart, a friend of ours, not real close friend, and he goes, ‘Hey, I heard about your fire, open up his wallet and handed me a—I’m like, ‘No, no.’ He goes, ‘You’ll take it.’ I’m like, ‘Okay.’”* Mitch, whose home was burglarized, would run into acquaintances at his church. He said, *“I mean, just everybody at church, I would say, said ‘anything that you need, you know, give us a holler.’”*

Derek, whose wife was in the hospital, talked about strangers and people who had heard his story. He said, *“It was people that would just come over and just like—oh my driveway is shoveled, I don’t know who did it, people just did stuff like that, knowing what I was doing.”* He continued, *“Then it was groups of strangers, then church groups bringing cookies to our house, and it was crazy.”* *“People did all types of things to make it—like suppers, or like I said the gas cards, taking the kids, having them stay over for the night, to keep—fun things, take them to a movie, do things.”*

Tina, who became guardian of three children, said, *“I had a stranger walk up to me in the parking lot when I was walking in to work, and he handed me one hundred dollar bill. I had stuff like that. I went to leave work one day and I looked in my bag and here was an envelope with my*

name on it, and there was cash in it. So I had all kinds of just random events.” Tina continued and said that a director of a swim team she knew rounded up enough money to cover the cost of airline tickets. Susan, the university professor who lost her job, had a same incident, *“We did get some financial help anonymously, which was completely unexpected.”*

Internet. Three participants said that the Internet was used as a means for providing tangible support. People set up a bank account online for others to donate money and organized a meal donation schedule through an online portal. Both were links that were publicized through social media. Tina, who became guardian of three children, said, *“And then someone at my husband’s sister’s work set up a bank account and donated money into that bank account, and then gave the account number to other people. It went on Facebook and so people deposited money into this account that was in our name so that—there was money.”* Mary, the teacher who lost her job, was able to use the Web to find options for finding a new job.

Phone. Six participants mentioned the phone was used for offering tangible support. Support was offered from family members, acquaintances, and strangers. Donna, whose home was burglarized, said, *“Phone calls from people at church—just that constant, ‘Well, we’re here if you need anything. Let us know. Food wise—or help with the kids, or anything.’”* Chelsea, whose daughter had tracheitis, said people would call the hospital they were in and buy vouchers for them to eat in the cafeteria. Elizabeth, the adoptive parent, said a stranger from her Facebook group offered to call an organization to fight for her cause.

Text messages. Five participants talked about receiving offers of tangible support via text messages via good or close friends. Emily, whose house burned, said people would offer, *“Let me know if I can do anything,”* and *“What can I do?”* Linda, who broke her leg, and Robert, who

survived a tornado, both said people would text them saying, “If you need anything,” or “If there’s anything that I can do to help.”

Helpful messages. As participants recalled ways in which they received support through a variety of communication channels, several themes emerged regarding helpful messages. Those themes were: (1) emotional support from those who took time, (2) emotional support from the collective, and (3) tangible support to meet actual needs (see Appendix E for a list of participants and descriptions of their stressors; also see Appendix F, Table 4, for themes and subthemes).

Emotional support from those who took time. This theme encompassed support that was helpful because supporters took time to pay attention to them. Participants talked about the emotional support from significant others, parents, family, close friends, best friends, and pastors. There was not an obvious preferred channel for these messages. Susan, the university professor who lost her job, said, *“I would say to even make contact, even something as simple as just say, ‘Hey, I’m thinking about you,’ can mean so much.”* Those participants whose significant others were physically present with them during their stressor talked about that presence being especially meaningful. Nancy, who survived a tornado, said, *“I just remember him coming up and giving me a hug and being like, ‘You’re so strong. I don’t think I could have done it.’ I think that was probably, that stuck out to my mind.”* Susan added, *“I would probably say my husband, because I don’t—I don’t know. I don’t pretend with him. I don’t try to sugarcoat it. Like if I’m going to tell somebody else—I’m going to tell one of my friends, I would try to put the best face on it possible, but I don’t do that with my husband.”*

For those who had family that were able to drop everything to be there and support them face-to-face, this act was considered meaningful. To some, it was expected. Linda, who broke

her leg, said, *“Like, I would have expected my parents to help me and take me in. I would have expected my siblings to help.”* It was the friends who lived near and far who tried to be there for them face-to-face that was meaningful to participants. Linda continued, *“I had some friends that were willing to like rearrange their schedule and work me around their life, which is very helpful, not only to me, but my parents.”* Bryan, whose daughter was in the hospital, said, *“So I think the ones that you think—the ones that went super out of their way. The ones in Albuquerque, you really appreciate and you know they’re going to be there, but I think the ones that just you’re like wow, you didn’t have to do that, you’re not even related.”* Elizabeth, the adoptive parent, talked about a friend who came over to visit. She said, *“The house was all quiet, and the girls were at school, and I just thought, ‘I just need to talk.’ It’s one thing to sit and blog, but to have someone that understands, and it was just so nice of her to just sit here for like an hour and just let me talk and cry.”*

However, it was meaningful to hear from friends who did not live in the area, but took the time to communicate no matter what the channel. Linda, who broke her leg, said, *“But, like I said, my friend that called every single day, made one of the biggest impacts on me, just because it did show that she cared and she was thinking, and not that other people weren’t thinking, but just the fact that she took the time out to do that.”* Robert, who survived a tornado, talked about phone calls from his friends. He said, *“But friends that were out of the area, especially friends that did not live in the area or anything—them calling and sending text messages or—especially calling kind of went a long way.”* John, the adoptive parent, talked about being able to hear the voice of his good friend over the phone when he was in China. John said, *“So the personal touch of being able to hear somebody’s voice is probably more important than just seeing the text on a Facebook message or something like that. So definitely that voice of Joe telling me things were*

gonna be all right, it made it a little more real.” Angela, whose daughter was in the hospital, talked about CaringBridge and Facebook. She said, *“It’s not just local and physical support of an acquaintance that might be able to come, but that someone that really, really means a lot to you can still feel close to you through that, that wanted to be there but they couldn’t. I think that those meant the most to me, through CaringBridge posts or Facebook posts.”* Ruth, who had jury duty, classified helpful messages as text messages that came from her friend throughout her day. She said, *“And then the helpful ones were the ones with little distractions, whether it’s a text message or a picture and things.”*

Emotional support from the collective. Participants talked about the helpful and meaningful messages sent through social media and sites like CaringBridge as a whole, especially when they read them on their own time. It was never specified from whom the messages were most meaningful but there was a sense of aggregate support. Angela, whose daughter was in the hospital, said, *“I feel like the support that came from CaringBridge and Facebook was more supportive than—or less overwhelming than—actual people’s presence that were there that you felt like you had to entertain, versus reading something and getting a nugget of support.”* Elizabeth, the adoptive parent, talked about the support she received through comments on her blog and through Facebook, *“I think it was huge. There would’ve been no way we could’ve made it. I think about Facebook in a negative way sometimes, but I don’t think we could’ve made it if we didn’t know people were praying for us, and we didn’t feel that love and that support.”* Emily, whose house burned, said, *“Well, I will tell you the Facebook messages were so comforting to me that I would go back and read them.”* She continued, *“But going back even a year later, I would just cry because it put me back where I was and then felt the love from everyone, from all over. I’m from North Dakota and I had a lot of North Dakota friends writing.*

It's funny, I just went back a month ago to that day, and then to the year anniversary, just because it just meant to much." John, the adoptive parent, talked of prayer support overall. He said, *"I really appreciated the orphan advocacy group because, yes, prayer was important, and all of our close circle of friends you're talking about, they offered up prayer."*

Tangible support to meet actual needs. Participants were especially appreciative of tangible support that came from anyone, as long as it was something they really needed. Derek, whose wife was in the hospital, said:

We have three non-family people who just step up and go to doctor's appointments and I don't have the money to pay them. It's incredible. It's not that I want to make light of anything that anyone does for us from bringing us a pizza or whatever but I mean—really thing that just keeps going they're coming up on a year of doing this and I can't thank them enough. Without them, I can't go to work, and I don't know what happens to my family if that's the case.

Tina, who became guardian of three children, said, *"I would say in this situation, probably Jennifer and Marci who said, 'Let me know what your needs are. Tell me, and no matter how little, tell me what your needs are, and I will find it for you.' And they both did that."* Robert, who survived a tornado, talked about the tangible help and said, *"Not only the clothing but also chainsaws, gloves, hands to go clean—because several of my friends lost quite a bit of stuff—and to go patch up the windows or go, you know, 'Here's a truck you can use,' or stuff like that. So the tangible stuff definitely was the most useful."*

Much needed financial support was helpful, regardless of the source. Chelsea, whose daughter had tracheitis, said, *"What's meaningful? It seemed like the people that did offer financial support or, you know, it wasn't like a huge amount of people that did. Some, you know,*

we were surprised that that person did and—because they weren't super-close friend.” Elizabeth, the adoptive parent, said, “And Jill and Joe have a friend that actually sent us a check for \$8,000. We still don't know who they are.” Susan, the university professor who lost her job, said, “The anonymous gift that we got was really touching, I thought, because we didn't know who it was, so we couldn't thank anybody and it really meant a lot.” Lisa, whose husband had Bell's Palsy, said that just the gesture was helpful. She said, “I think for me, it's always been the offering just, ‘How can we help?’”

Unhelpful messages. As participants recalled ways in which they received support, several themes emerged regarding unhelpful messages. Those themes were: (1) constant questions, (2) in-person visits, and (3) unwanted support from acquaintances and strangers (see Appendix E for a list of participants and descriptions of their stressors; also see Appendix F, Table 4, for themes and subthemes).

Constant questions. Most of the participants talked about how they felt overwhelmed when people prodded them with questions no matter what the channel of communication. Derek, whose wife was in the hospital, said, *“phone calls, everybody wants all the details, ‘oh, what happened?’ that's the worst question I got, ‘what happened.’ Well, I didn't want to tell this again, I don't want to go through that, and it's awful.”* Tina, who became guardian of three children, said people were constantly fishing for answers through text and private messages on Facebook. She said, *“Yeah, usually a message, ‘How are you things doing now? Is everybody getting settled in?’ It's like, ‘Quit asking me that because, ‘no.’ Leave me alone.”* She continued, talking about another person responding on Facebook, *“she commented on every single thing I did, and asked questions every single time. It was like, questions, questions, questions...you're requiring the person to respond back to you.”* Ruth, who had jury duty, said,

“I was upset that it—almost at the point where they were trying to help so much and really prod and help me that it was almost too much help.” Donna, whose home was burglarized, talked about how she would run into people face-to-face and they still would be asking questions. She said, *“the overall questions after it all happened, like months later, ‘Well, have they ever caught the person, or persons?’ Or, ‘what do you think from here? What do you think about the police department?’ It’s just those ongoing questions.”* These questions actually triggered her anxiety about the whole situation and were unhelpful.

In-person visits. Participants who suffered fairly traumatic situations initially, especially those that required medical care, were overwhelmed by the number of visitors that wanted to come when it first happened. Linda, who broke her leg, said:

I think at the beginning, it was everything. Like I was overwhelmed with the situation, then kind of overwhelmed with people being like, “I want to help, I want to be there. I want to see you,” and I didn’t want it. Not that I didn’t want it. Like, I did, but it was just—it’s a lot to take in at the beginning, and just being sleep deprived and on meds, and everyone wants to be there...I want to know that people are there, but yet I don’t want them like to be in my face right there.

Likewise, Angela, whose daughter was in the hospital, said:

We were very, very blessed with a lot of people and a lot of support. But yes, it’s overwhelming, too. Looking back on it, when we were in ICU...it was very secure, and only two people could go back there at a time, so the waiting room was packed of people, and there’s an escape. Like you could go back to the ICU room and nobody could be there, but then again, it was hard, because you were faced—you couldn’t escape the reality of it either by being in ICU.

Chelsea, whose daughter had tracheitis, said that family members were there for several days and that, *“There was times where I just wanted them to leave the room so I could be alone and because to be alone I would have to go away from the room, which I didn’t want to.”*

Regarding the tornado aftermath, Robert mentioned, *“the amount of spectators and sightseers really was extremely unhelpful for me and for everyone trying to get places to help out ...that was extremely unhelpful.”*

Unwanted support from acquaintances and strangers. No matter what the communication channel, messages that were unwanted or unsolicited were unhelpful. John, the adoptive parent, talked about how people were trying to advocate for them but not in a way that they needed. He said, *“But then it kind of got out of hand a little bit because then you get people that were really wanting to be advocates and threatening to do things to our adoption agency, and that we had no control over at that point. So the story ended up getting so big, and it kind of had a life of its own.”* Along the same vein, John, the adoptive parent, talked about negative comments he’d see on Facebook from people. He said:

They would’ve posted things, and you’d just see it on the newsfeeds—or whatever—that come up, and you see those things. And I don’t know if you’re more hypersensitive, so then you’re thinking everybody’s talking about you ‘cause you’re going through this. And so every comment that you see up there, “Is that something about us?” And so that was added to the stress, definitely, of the whole situation.

Some messages were not helpful because the participants did not feel like the supporters would actually take action. Robert, who survived a tornado, said, *“I think it would be fairly unhelpful to just send a message saying, ‘Hey, I’m thinking about you’ but then not be proactive*

in helping you overcome it and stuff.” Mary, the teacher who lost her job, felt some responses were too general to be helpful:

Not helpful would be like a lot of the comments that are “God’s gonna take care of you” and it’s like, “I know that.” Just those blanket statements are not always very helpful without specifics or without more involved like when it’s people you don’t really know that well and they’re throwing out statements like that.

Laura, who was going through divorce, said some responses via Facebook comments were irrelevant. She said, *“Some people, because I was going through this and I kind of overshared I think a little, they felt that suddenly it was okay to just tell me everything about their own lives.”*

The following chapter (Chapter Five) provides a discussion of the implications of the results regarding new communication technologies and the social support process in the midst of a life stressor.

Chapter Five: Discussion and Implications

The purpose of this study was to explore the social support process across new communication technologies. This project contributes to the body of knowledge that addresses how new communication technologies are used to access personal networks of friends, family, and acquaintances through phone calling and text messaging (Lenhart et al., 2010) and Facebook (Hampton et al., 2012; Wright et al., 2007). This study examined how multiple channels of communication (including face-to-face) were used to seek and receive social support in the midst a life stressor to/from different relational ties. Research question one (RQ1) addressed the roles that new communication technologies play in the social support process from various relational ties. Research question two (RQ2) examined which communication channels were used to mobilize support and why. Research question three (RQ3) investigated what types of supportive messages were being communicated through which channels, and in what ways they were perceived as helpful or not.

The following is a summary of the findings and interpretation followed by theoretical and practical implications, limitations, and recommendations for future research regarding social support and new communication technologies.

Summary of Findings and Interpretation

Research Question One. Through a qualitative analysis of in-depth interview data, results from the first research question revealed several roles that new communication technology played in the social support process overall. The themes were: tell the story (which included subthemes of contact emergency personnel, spread the word, provide updates, and present the whole story), orchestrate tangible support, provide direct and instant access, show evidence of quantity, and offer coping outlets.

The results of these findings indicate that people are using all types of new communication technologies to communicate their stressful situations in day-by-day and moment-by-moment fashions, if they so choose. When people tell their stories and mobilize support via one-to-mass channels such as Facebook or CaringBridge, the likelihood for latent ties to be activated are higher, thus giving them access to additional informational and helpful tangible support. The aggregate support from ties that respond with comments or “likes” are providing an overwhelming feeling of emotional support. In addition, the capability of social network sites to identify the names and count the numbers of people supporting them is increasing the feeling of emotional support. This supplements the emotional support from close ties who are available face-to-face and who are communicating via more private, one-to-one channels.

The permanence of new communication technologies is allowing people to access more messages of emotional support on social media and blog sites at their convenience. The ability to revisit these messages as needed provides a sense of support across time and space. However, the findings do not suggest that support given by new communication technologies is exclusive. For instance, a greeting card from a friend can be kept and accessed at any time. However, because new communication technologies can overcome typical constraints of time, location, and distance, people can access a higher quantity of emotionally supportive messages from more people who hear their story.

The results also suggest that heavy use of new communication technologies is accelerating the orchestration of tangible support for actual needs more quickly than traditional word of mouth means, especially in the initial stages of immediate needs, but throughout and after the life stressors as well.

Research Question Two. The results from the second research question revealed reasons people chose specific communication channels to mobilize support. First, if someone wanted to *hold deeper, longer conversations*—especially directly seeking emotional support from closer ties—they chose face-to-face or phone. If someone wanted to *send messages to the masses*—especially indirectly seeking support to weaker ties—they chose text messaging, email, social media, and blog sites such as CaringBridge. To *save face* and avoid having to talk, which might elicit crying or further distress, they chose text messaging. In order to *manage inquiries* and avoid rehashing their story, they redirected supporters to social media or CaringBridge. Another reason people chose a particular communication channel was because it *was accessible* and preferable. Other communication channels were selected because people wanted to keep their life stressors *private*—whether they were stigmatized or had legal implications. Finally, people chose specific channels based on what they thought would *be appropriate*.

The results suggest that people are making active choices and establishing social norms for the utilization of new communication technologies in a social support context. They are adapting these uses to fit within the social support process. New communication technologies are not changing the manner in which people mobilize social support; however, they are providing a variety of channel options that serve specific interpersonal needs and desires as we seek support such as saving face, keeping issues private, or spreading the word. These results provide reasons people use certain channels, not just evidence that they use them.

Research Question Three. Finally, the results for research question three revealed that all three types (i.e., emotional, informational, and tangible) of social support messages were offered to participants via face-to-face as well as through a variety of new communication technologies from all types of relational ties. Emotional support was offered through cards,

CaringBridge, email, Facebook, phone, and text messaging. Informational support was offered through blog comments, email, Facebook, mail, and phone. Tangible support was offered through email, Facebook, the Internet, phone, and text messaging.

The results suggest that people are responding to and supporting those in need through new communication technologies. In addition, media multiplexity is evident in the social support process. Close ties use multiple channels when communicating social support. Again, new communication technologies are not changing the manner in which social support is offered to others, but they represent a variety of ways to accomplish goals. The results indicate that there are appropriate and inappropriate channels by which participants wanted to receive support from certain people, and this study provides insight into those norms. The norms are discussed below in the theoretical implications section.

Some of the support messages were considered helpful and some were not. Emotional support messages from those who *took time* were considered helpful. These came from significant others, parents, family members, close friends, best friends, and pastors. There was not a dominant preferred communication channel for these messages, although the physical presence of close ties was identified as particularly helpful. Participants also mentioned that knowing certain ties were *taking time* to communicate and offer support was meaningful, regardless of the channel. Emotional support *from the collective* was considered helpful. This mainly came from unspecified relational ties as the aggregate “people” who supported them especially through Facebook, CaringBridge, and blog comments. Finally, tangible support that met actual needs, such as financial gifts and meals, was considered helpful regardless of the source.

Unhelpful messages were those that entailed constant questioning and a barrage of prodding regardless of the communication channel. Those who received these types of inquiries via phone calls, text messages, or private messages on Facebook, felt overwhelmed and unable to answer. Some in-person visits for emotional support were considered unhelpful because participants felt trapped as though they could not politely ask supporters to leave. Last, unwanted and irrelevant support from acquaintances and strangers was considered unhelpful.

Theoretical and Practical Implications

This project took a multidimensional look into life stressors that significantly interrupted people's lives and daily routines. These events, lasting from about one week to no more than a few months, were situations where people needed social support from all levels of relational ties. While previous research has studied teenagers and college students (e.g., Lenhart et al., 2010; Wright et al., 2007) this project focused on adults ranging from their late twenties to mid-forties, an understudied demographic in new communication technology and social support.

This study took a *conversation-centered approach* (Kunkel, 1998) where social support was examined as an interpersonal transaction that included the recipients' thoughts and feelings and how these unfolded over time. It addressed the types of support messages that were solicited and offered via different channels of communication (e.g., phone, face-to-face, email), and comprehensively looked at the *context* of the situations and the strength of the relational ties during the social support process.

In general, the interviewees each had different characteristics and approaches to navigating when and how to seek support, consistent with Goldsmith and Parks' (1990) categories of "Cautious Disclosures," "Strategists," "Expressives," and "Gatekeepers."

Individuals weighed whether the costs of seeking support offset the potential benefits (Hill, 1991; Williams & Mickelson, 2008).

Broadly speaking, new communication technologies played several roles in the social support process. The first research question addressed these in general and the second and third research questions specified how those roles played out. Below are discussion points that incorporate the findings from all three questions and address the theoretical and practical implications of this research.

Social support and CMC affordances. The study revealed that people used a variety of new communication technologies to mobilize support and made active choices in determining what to say and how to say it (Eckenrode & Wethington, 1990; Gross & McMullen, 1983). People were aware of the dimensions of *synchronicity* and *audience scope* (Baron, 2008). People were also aware of the affordances (Rainie et al., 2006, Gibson 1979/1986, Wellman et al., 2003) and the extent to which new communication technologies overcame various constraints of time, location, permanence, distribution, and distance. For example, Linda, who broke her leg, demonstrated this when she said:

I think for a while, like for the first few days, I just texted people. I do remember I called my roommate the next morning 'cause I knew that she would be up...I called and talked to her and cried on the phone for a long time...then I think most everybody else, I just sent text messages to, because I was just a little too emotional to really talk to people. So it was easier just to send the text message out, and then I think the day of surgery, I posted something on Facebook, just to kind of let other people know that I may not think to text.

Additionally, the concept of *perpetual contact* had an effect on the social support process, in that people had simpler ways to communicate with others not physically present and had more opportunities to tether themselves to one another (Baron, 2008; Katz & Aakhus, 2002; Wellman, 2001). The subsequent paragraphs expand on these theoretical implications.

Synchronicity. Baron's (2008) dimension of synchronicity addresses whether communication happens in real time. Below is the way in which this dimension occurred in the social support process using new communication technologies.

People sought support instantly, in real time, from close ties via their mobile phone throughout different stages of the life stressor. In the initial stages, they were able to contact emergency personnel and close ties requesting their immediate presence such as "come now" through a phone call, or for immediate help such as "say a prayer for me" through text messaging.

Once the initial stages of the stressful situation settled down, they used the phone to *hold deeper, longer conversations* for emotional support from close ties. Participants considered it helpful and meaningful when supporters took extra time via any communication channel to support them, whether it was in-person visits, routine phone calls to and from work, or a simple text message saying, "praying for you" or "thinking of you" that occurred in real time, fairly instantaneously.

Because of the asynchronous nature of new communication technologies, participants were able to access messages on social media and blog sites at their convenience, when they needed it, knowing the messages would always be there for them. Once the stressful situations were over, the permanence of these messages in the text-based communication channels such as

email, Facebook comments, and CaringBridge comments, allowed participants to create memory books or scrapbooks and served as a record of what happened and who helped them.

Audience scope. Baron's (2008) dimension of audience scope addresses for whom the communication is intended. Below is the way in which this dimension occurred in the social support process using new communication technologies.

First, the findings indicated that when people intended to *send messages to the masses*, they used text messaging, email, social media, and CaringBridge. These channels enabled people to *tell their story* and *provide updates* in the midst of their life stressor. Providing updates was considered a way of soliciting support indirectly. Once updates were posted or communicated, that gave permission for supporters to offer support via the same communication channel by commenting or sending a private message. The participants considered these instances of emotional support, from the collective, helpful. The strength of the relational tie was not as important or as helpful as the aggregate support from "people" in general. There were times when a weak tie commented or posted an irrelevant response that was not helpful; however, for the most part, seeing the *evidence of quantity*—the number of people thinking about them—provided helpful, emotional support as a whole. It supplemented the emotional support from close ties who were available face-to-face or who communicated via more private, one-to-one channels. Elizabeth, the adoptive parent, said, "*So, just the support of people you don't even know, that they had been there, was amazing. You never could have that if you didn't have Facebook.*"

Second, these long-form updates via social media and CaringBridge were real-time storytelling and journal entries. The very act of journaling supports Pennebaker's (1997) research that writing can have therapeutic, beneficial, and positive impacts on health. In this case, participants

knew there was an audience. They knew they had “followers” and supporters who wanted the latest information. This awareness of audience may be creating an expectation and responsibility to provide these updates, in turn, encouraging them to engage in a consistent journaling practice.

Consistent with the literature on stigmas (Williams & Mickelson, 2008), participants who experienced stigmatized stressors were not willing to go public with their story, sharing it only via private channels such as phone, text messaging, and face-to-face. While they still received emotional support from close ties, it might be possible that by using new communication technology to *tell their story* to a larger audience—indirectly seeking support—unexpected helpful support might be offered. For instance, James found himself in a situation where he was embarrassed about having Bell’s Palsy, but wanted to let people know of his condition in case they saw him face-to-face. James was not directly soliciting support by posting his message, but in return he received informational and emotional support from his larger social network. By risking the embarrassment of his condition, he actually received helpful support. Lisa, James’ wife, even admitted, *“I guess that’s just the biggest thing is I feel, like, the more we would have got the word out, the more we would have gained—I mean just with information.”* Susan, the university professor who lost her job, admitted that she did not go around telling people about it. However, she said, *“I was still hurting, but nobody was asking ‘are you okay?’ You know, ‘are you really okay?’ and I kind of wish that they would have.”*

While risky, it is possible that by posting an informative, somewhat direct type of message regarding a stigmatized stressor to a social network, stronger ties not physically present might provide additional emotional, informational, and tangible support and be helpful. On the other hand, if a post is indirect and vague, it may lead to unhelpful, perpetual prodding and questioning, thus creating more stress. This happened to Marie, who was having trouble in her

marriage and her husband posted a photo associated with a negative incident. She said, “*I remember being shocked that he would do that because then it was kind of out there for everyone and everyone, of course, was asking what happened. It was really awkward because he didn’t want to tell everyone what had happened.*” Marie continued:

I had a lot of texts start coming in, ‘What is going on? What happened?’ So with most of them I was actually pretty honest...But I remember them all being very shocked and then, of course, as things have gotten better like now I’m definitely—it’s much easier to talk about it. So I was honest with my friends in the end and said, ‘Well we were in a really bad place.’ But at the time I just wasn’t willing to air it out for everybody.

Perpetual contact. Communication devices have led to an age of perpetual contact providing simpler ways to communicate with people not physically present (Baron, 2008; Katz & Aakhus, 2002; Wellman, 2001). Because of this, we have the ability to live in other people’s moments. This phenomenon was evident in the findings where the results suggested the *word spread* quickly and reached an extended number of supporters who were made aware of participants’ needy and stressful situations. Angela, whose daughter was in the hospital, said, “*We were able to tell those four or five family or key members in our life, and then because of social media, it could trickle down the pyramid of other people that mean the world to us, too, but we just didn’t have the time to do it, and there was a lot of people just through hearing the story or reading the story that showed up or traveled to see us.*” While this spreading led to speedy offers of social support, there were times when some participants found themselves losing control over the story, potentially adding even more stress to the situation. Several participants, however, used the same technology, to do damage control and *tell their story* first hand.

Along the same lines, new communication technologies certainly brought a variety of channels that provided *direct* communication between people. Baron (2008) calls this a *tethering* to each other. During the initial stage of a life stressor, that direct access from supporters may have been overwhelming. As evidenced, the constant questions for details added more stress to the situation itself. The solution to this overload was resolved in two ways by the participants. The first method was through a buffer or gatekeeper. The second method was by redirecting inquiries to a “one-to-mass” channel such as CaringBridge. Derek, whose wife was in the hospital, had a person who served both roles and attributed that tangible support as helpful. Derek said, “*So I found that writing it all down at CaringBridge and then having my mom and my grandma and Jenny’s mom start saying, ‘Hey, go to this website for updates, and leave him alone,’ and it actually worked.*”

Media multiplexity. Media multiplexity (Haythornthwaite, 2005) is the theory used to explain that strongly-tied relational pairs tend to use more and different media to communicate with each other than weakly-tied pairs. This study’s findings support this theory overall in that participants sought and received social support from strong ties via multiple modes of communication. There was evidence that media use and expectations of media use were associated with strength of the relational tie. This was demonstrated in terms of social norms and appropriateness of channel use.

Social norms. As indicated by the results of this study, there were *appropriate and inappropriate* channels by which participants wanted to receive support from certain ties. There was clear indication that only good friends or family were allowed to offer any kind of social support via any type of communication channel. In addition, participants did not think weaker ties should be contacting them through more private one-to-one channels such as phone and

texting. These findings support Haythornthwaite's (2005) table of "expectations for communication and media use by tie strength" (p. 136). Participants expected support from weak ties via the channel by which it was solicited. In this study, that channel was typically a one-to-mass channel like Facebook or CaringBridge. When weaker ties responded via the same channel, it was considered helpful. When they did not, and responded via a different channel, it violated social norms and was considered unhelpful. For instance, Tina, who became guardian of three children, did not like it when a weak tie sent her a text. She said, "*Most people would not text me if they did know me somewhat well. I did have one person that did, 'Why are you texting me? We're not friends.'*" In turn, participants redirected and *managed these types of inquiries* to one channel.

Physical presence or face-to-face support from close ties was still considered helpful and meaningful. When circumstances did not allow for participants to be near close ties, the next best helpful support was via a private, direct communication channel, most notably phone calls. This is consistent with the "unidimensional scale," where communication modes are ranked in order of importance (Haythornthwaite, 2005). Angela, whose daughter was in the hospital, summed this up when she said this about Facebook and CaringBridge: "*It's not just local and not physical support of an acquaintance that might be able to come, but that someone that really, really means a lot to you can still feel close to you through that, that wanted to be there but they couldn't.*"

Consistent with previous research (Fox, 2011; Rainie et al., 2006), those who chose to be "media multiplexers" and mobilized their social convoy (or "caravan," Hobfoll, 2009) of family members, friends, co-workers, and acquaintances via many communication channels had greater access and more diverse networks that could provide specialized support and access to novel

information and resources. More specifically, this study found that as the word spread about their stressful situations, new communication technologies were used to *orchestrate tangible support* from all relational ties, including the activation of latent ties (Haythornthwaite, 2005), which in turn, was considered helpful by participants. Several of the participants said they had a plethora of tangible support from strangers and friends of friends that they considered helpful. They claimed that sort of help could not have happened without new communication technology—at least on a large scale. Online donation sites, social media invitations to fundraisers, and meal organization web sites were all used to provide tangible assistance. These results do not suggest that social support would not be provided had they not used new technology to communicate. Indeed, those who were *not* “media multiplexers” said they still received social support. Rather, the results indicate that because many channels of communication were available, people had a greater and more instant access to an assortment of people from whom they could receive all three types of social support, especially tangible support.

One practical implication of this study is that the findings may provide insight for professional helpers such as counselors, social workers, pastors, and chaplains who advise people experiencing significant life stressors regarding which new communication technologies can be used to mobilize support and when.

Another useful implication of this study is its application in interpersonal communication and coping in general. The findings provide valuable guidelines for those going through life stressors and for those who want to offer support. For those experiencing life stressors, designating one or two people to serve as gatekeepers of social media or CaringBridge interactions is helpful. Once an update is posted, those in one’s social network will likely respond with questions. If a close tie can post and respond on behalf of the stressed person

during the stressor, this will help manage inquiries, continue to tell the story, and foster the social support process. This is especially beneficial in providing details as supporters orchestrate tangible support. Indeed, telling one's story and mobilizing support via one-to-mass channels, increases the chances for latent ties to be activated and provides access to additional informational and tangible support. As time permits, journaling via a blog site like CaringBridge or communicating regularly with close ties via a preferred communication channel may prove to be therapeutic and will give supporters permission to offer needed support. For people who want to support their friends, it is important to realize it is unhelpful to barrage those going through life stressors with questions via social media or text messaging even though it is easy and simple to do. The most helpful instantaneous messages are those that indicate one is thinking of them or offering to be there if needed. These are some of the practical ways in which this study can be applied to everyday life.

Lifespan of the stressor. For the stressors that are discrete events and have fairly defined starting and end points, this study revealed that new communication technologies are used differently throughout the lifespan of the stressor.

During the initial stages when the most urgent parts of the stressors were occurring, participants used new communication technologies such as calling and texting to contact emergency responders and those closest to them, requesting their presence. New communication technologies provided direct and instant access for them, and for those who wanted to support them. Supporters were able to ask questions directly and inquire about the status of the situation. While these types of inquiries were generally unhelpful at the beginning amidst the chaos of the stressor, they were considered somewhat helpful later, when participants had time to manage them. Also in the initial stages, participants and supporters used social media and other single-to-

mass channels to spread the word. They were able to redirect supporters to one particular channel, such as CaringBridge to handle the spreading and telling of their stories. Participants were accelerating the story, and, in turn, accelerating the support.

Throughout the stressor, participants provided updates via social media. This allowed them to present the whole story and also created an unfolding narrative. This not only was therapeutic, but allowed supporters to follow the story. The direct access to participants and to supporters provided a way to routinely and consistently provide support during the stressor. Through social media comments on Facebook and number of visits on CaringBridge sites, participants recalled that they felt an aggregate of social support through new communication technologies throughout the life stressor. They felt as if they were not alone. New communication technologies also presented opportunities for coping, whether it was through journaling on a blog, or socializing through Facebook throughout the stressor.

After the stressor was over and participants returned to a new normal, new communication technologies allowed them to have a record of the event, which, in some cases, presented the whole story in narrative format and reminded participants of what they had been through and who had supported them. The participants were clearly managing and manipulating the permanence of the messages.

Limitations and Future Research

While the semi-structured interviews provided qualitative, thick descriptions of the uses and roles of new communication technologies during a life stressor in the social support process, there were limitations to this study that warrant further research. First, the participants were recruited from a snowball sample and were a fairly homogenous group of Caucasian, Midwestern, and middle-class adults. More interviews could be conducted with different age

groups and ethnicities to discover possible differences based on demographics. Second, while the interviews were based mainly on self-report and recall of the use of technology, and the perception of influence it had on the social support process, further research could incorporate data of actual messages sent and received. This could include actual journal entries on a CaringBridge site, actual Facebook posts and comments, actual text message threads, and so on. With this data, the application of the diffusion of innovation, or the uses and gratifications theory could be applied. Because some of the participants were acquaintances of mine, social desirability bias might have been an influence on participants' responses and is, thus, a limitation of this study. Some of the participants recounted a stigmatized stressor, so they might have been embarrassed to share information with me, or they may not have been able to articulate their thoughts fully. Another limitation was that, although many of the participants were able to recall the experiences fairly well and had quite vivid memories during these traumatic events, most of the life stressors occurred more than two years before and they may have forgotten specific details. While it may be ideal for interviews to be conducted soon after a life stressor for best recall, it is important to consider the emotional nature of the information discussed and the psychological state of the participants. This was taken into consideration when establishing the operationalized parameters of the life stressor.

Conclusion

The purpose of this study was to explore the social support process across new communication technologies through a qualitative analysis of in-depth interviews. This project adds to the body of knowledge that addresses how we use new communication technology to access our personal networks of friends, family, and acquaintances through a variety of communication channels such as phone calling and text messaging (Lenhart et al., 2010) and

Facebook (Hampton et al., 2012; Wright et al., 2007). It examined how multiple channels of communication (including face-to-face) were used to seek and receive social support to/from different relational ties in the midst a life stressor, and shed light on media multiplexity within a social support context.

The study expanded insight into how people make use of the affordances of new communication technologies in this age of perpetual contact, adding this dimension to the social support literature. It found that offers of all three types of support—emotional, informational, and tangible—are communicated via new communication technologies. Not only did this study differentiate which channels of communications are used when and from whom, it also took a holistic, *conversation-centered approach* (Kunkel, 1998) in examining the social support process and the overall roles new communication technologies play and whether the messages are perceived as helpful.

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Appendix A: Sample Participant Recruitment Message

SEEKING INTERVIEW PARTICIPANTS

Social support and communication during a life stressor

I need to find people (ideally adults) that have experienced a “life stressor” for my dissertation. Below is a more formal description that explains the parameters. Interviews can be done via phone, Skype or in person so geography is no limit.

You’re welcome to forward the information below to those who may fit the guidelines. You can either a) have them contact me or b) ask them if they don’t mind if you send me their contact information, then I can follow up with them. Whatever you’re comfortable with. Let me know if you have any questions or need clarification.

Thanks!
Heather

PROJECT DESCRIPTION

I am looking for people to interview on social support and communication. Participants must have recently (within 2-3 years) experienced a moderately difficult event (known as a “life stressor”) and received any kind of support from friends, family or even strangers throughout the event via all types of communication technologies (phone, email, face-to-face, social media, text, etc).

More specifically, the life stressor experienced must have been:

- 1) Out of your control
- 2) Moderately to intensely negative
- 3) Affected you or an immediate family member (spouse, sibling, parent/guardian or child)
- 4) Interrupted your normal daily routine for at least one week, but no more than about three months and
- 5) Had an overall positive outcome or recovery.

One example might be a two-week hospitalization of a child or spouse who suffered an unexpected, non-chronic medical issue that resulted in a full recovery and release. Another example might be displacement of living quarters due to a natural disaster or fire, where a new home was found and settled into. Typically, cancer or other major chronic medical conditions, deaths, and divorces do not fit the criteria. The life stressor must be a one-time discrete event, not an on-going issue (as much as possible).

If you have experienced such a situation, please contact **Heather Attig** at hattig@ku.edu, or call **913-271-4604** to set up an interview. The interview will last 30-45 minutes and can be via phone, skype or in person. If you know someone who fits these qualifications, I would appreciate if you forwarded them this information. Interviews will take place January through May 2013.

Appendix B: Informed Consent Form

INFORMED CONSENT STATEMENT

Social Support and Media Multiplexity During a Life Stressor

INTRODUCTION

The Department of Communication Studies at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with this unit, the services it may provide to you, or the University.

PURPOSE OF THE STUDY

The purpose of this study is to examine how multiple modes of communication (e.g., face-to-face, phone calls, text messages, social network sites, etc.) were used to seek, receive and offer social support during a life stressor from strong, weak and latent relational ties. It aims to discover the perceived advantages and disadvantages, and to explore the perceived helpfulness of seeking, receiving and offering social support via multiple modes of communication from different relational ties.

PROCEDURES

You will be asked to participate in a semi-structured, individual interview regarding your experiences with the support-seeking process during a particular life stressor. You may be asked to provide and review records of communication (e.g., email, text messages, social network site posts, etc.) that were relevant to the support-seeking processes during this particular life stressor. These records will be saved to the computer as a password protected file. All identifying information will be removed from the file to protect your identity. If at any time you are uncomfortable with a question or the sharing any information, you have the option to skip that section and/or end the interview.

RISKS

Minimal risks are anticipated; if at any time the emotional nature of information discussed is too much, participants are free to skip that question and/or end the interview.

BENEFITS

Discussing instances that require social support can be seen as therapeutic for the participant, decreasing depression and increasing overall health. This study seeks to address a larger question to society in understanding and providing explanation for how we are able to seek, receive and offer support through multiple modes of communication with different relational ties.

PARTICIPANT CONFIDENTIALITY

Your name will not be associated in any publication or presentation with the information collected about you or with the research findings from this study. Instead, the researcher(s) will use a study number or a pseudonym rather than your name. Your identifiable information will not be shared unless required by law or you give written permission. Permission granted on this date to use and disclose your information remains in effect indefinitely. By signing this form you give permission for the use and disclosure of your information for purposes of this study at any time in the future.

REFUSAL TO SIGN CONSENT AND AUTHORIZATION

You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your right to any services you are receiving or may receive from the University of Kansas or to participate in any programs or events of the University of Kansas. However, if you refuse to sign, you cannot participate in this study.

CANCELLING THIS CONSENT AND AUTHORIZATION

You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use and disclose further information collected about you, in writing, at any time, by sending your written request to: Heather Attig, 102 Bailey Hall, 1440 Jayhawk Blvd., Lawrence, KS 66045. If you cancel permission to use your information, the researchers will stop collecting additional information about you. However, the research team may use and disclose information that was gathered before they received your cancellation, as described above.

QUESTIONS ABOUT PARTICIPATION

Questions about procedures should be directed to the researcher(s) listed below.

PARTICIPANT CERTIFICATION:

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 864-7429 or (785) 864-7385, write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7568, or email irb@ku.edu.

I agree to take part in this study as a research participant. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

Type/Print Participant's Name

Date

Participant's Signature

Researcher Contact Information:

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Appendix C: Demographic Form

HSCCL #19907, _____ Participant # _____

DEMOGRAPHIC INFORMATION

Social Support and Media Multiplexity During a Life Stressor

GENDER: ___ Male ___ Female

AGE: _____ (years)

Appendix D: Qualitative Interview Guide

Life Stressor

1. Tell me about the circumstances of a particular stressful situation in which you required your friends and relatives to support you. What happened? Walk me through the events and milestones that occurred during this experience.

Communication of the Life Stressor/Seeking Social Support

2. Who did you first tell about the situation, and how did you contact them?
3. How (i.e., through which communication channels) did you share the news of the situation with your family members?
4. How (i.e., through which communication channels) did you share the news of the situation with your friends?

Receiving Social Support

There are several definitions of social support that you'll need to understand as we talk and will try to identify: Emotional—refers to showing care and concern for people and/or being there for them if needed. Informational—refers to providing advice or resources. Tangible—refers to providing actual assistance (providing meals, taking care of chores, etc.)

5. Tell me about a time a family member offered social support (emotional, informational and tangible support). How did they communicate with you? What sticks out to you that seemed to help you? Was anything unhelpful?
6. Tell me about a time a friend offered social support (emotional, informational and tangible support). How did they communicate with you? What sticks out to you that seemed to help you? Was anything unhelpful?

7. As best you can recall, did, and in what ways did acquaintances offer social support? (emotional, informational and tangible support) What sticks out to you that seemed to help you? Was anything unhelpful?
8. Was there ever a time when a stranger offered social support? (emotional, informational and tangible support) How did they communicate with you? What sticks out to you that seemed to help you? Was anything unhelpful?

Communication Technologies

9. Let's review your Facebook page, email messages, text messages and other channels of communication to see if you remember other ways in which you were looking for support and whether others offered it to you.
10. Tell me about when someone communicated their support for you, how you know them, and what they said to support you.
11. Was there ever a time when you felt overwhelmed by the support? If so, how did you deal with that feeling?
12. What role do you think communication technology played in your ability to seek and receive social support? Can you think of examples to help clarify this?
13. What offers of support seemed to be the most meaningful? How and from whom?
14. What offers of support seemed to be the most helpful? How and from whom?
15. Looking back now, what advice would you give to others on how to use communication technology during a life crisis?
16. Anything else you'd like to add within the scope of this project?

Appendix E: Descriptions of Life Stressors

1. Angela

Angela's 2-year-old daughter suffered cardiac arrest and was rushed to the emergency room. She was in the hospital for three weeks, rehab for one week, and made a miraculous full recovery.

2. Bryan

Bryan is married to Angela. He experienced the same stressor as listed above.

3. Laura

Laura had an emergency divorce which was finalized within 10 days. In the process she had to move out of her house into another. She successfully moved and returned to a new normal within a couple months.

4. Derek

Derek's wife suffered a heart attack and was in the hospital in a coma for about three weeks. Within the next couple months she had recovered enough to come home but later needed care givers.

5. Chelsea

Chelsea's 13-month-old had what doctors' thought was tracheitis. She was in the ICU for 12 days, had to finish her antibiotics and was able to come home, fully recovered.

6. Chad

Chad is married to Chelsea. He experienced the same stressor as listed above.

7. Emily

Emily's house caught on fire in December during the Christmas season. The home was considered a complete loss so she and her family stayed with family and friends until the house was rebuilt completely and fully.

8. Andy

Andy is married to Emily. He experienced the same stressor as listed above.

9. Tina

Tina and her husband unexpectedly became parental guardians of three more children (nieces and nephews), in addition to their own three. The initial stressor was the integration of them into their family on such short notice.

10. Lisa

Lisa's husband woke up one morning with Bell's Palsy, a facial paralysis causing an inability to control facial muscles on the affected side. Symptoms continued for at least a month, but he soon after fully recovered.

11. James

James is married to Lisa and was diagnosed with Bell's Palsy as described above.

12. Mary

Mary was teacher and received notice that the school district would not be renewing her contract. Within a few months, her boyfriend proposed to her and they decided she would be a stay-at-home wife.

13. Linda

Linda slipped on ice, broke her leg and ankle and needed surgery. She was home bound for several weeks, but fully recovered and can walk again.

14. Elizabeth

Elizabeth had applied to adopt as son from China. When they went to pick him up, complications arose, and they came home empty-handed. Several months later, they were able to get him and bring him home.

15. John

John is married to Elizabeth. He experienced the same stressor as listed above.

16. Marie

Marie's husband was addicted to pain pills and suffered from anxiety attacks. The drugs affected his demeanor and their marriage. Marie had to stay with her parents for a week while they worked things out and got back together.

17. Susan

Susan was a professor at a university and was laid off due to financial difficulties.

18. Nancy

Nancy lived in a town that was hit by a tornado and made national news. Her apartment was hit and she lost most of her belongings.

19. Robert

Robert was Nancy's boyfriend at the time of the tornado. He lived in the same town, but his home was not affected.

20. Karen

Karen's sister was sexually assaulted, and it put her in the hospital with a head injury. She later recovered.

21. Donna

Donna came home one day to her home that had been burglarized.

22. Mitch

Mitch is married to Donna. He experienced the same stressor as listed above.

23. Ruth

Ruth was called to be on jury duty and had to serve for a week. It impacted her performance at her place of employment.

Appendix F: Tables**Table 1*****The Roles New Communication Technologies Play in the Social Support Process in the Midst of a Life Stressor (RQ1)***

Themes and Subthemes

Tell the Story

 Contact Emergency Responders

 Spread the Word

 Provide Updates

 Present the Whole Story or History of the Situation

Orchestrate Tangible Support

Provide Direct and Instant Access

Show Evidence of Quantity

Offer Coping Outlets

Table 2***Reasons and Communication Channels Used to Mobilize Social Support in the Midst of a Life Stressor (RQ2)***

Themes and Subthemes	Channels Used
Hold Deeper, Longer Conversations	Face-to-face, Phone
Send Messages to the Masses	Text Messaging, Email, Social Media, and Blogs
Save Face	Text Messaging
Manage Inquiries	Social Media, CaringBridge
Use What was Accessible and Easy	Preferred/Available Channel
Keep it Private Stigmatized Stressor Legal Implications	Face-to-face, Phone, and Text Messaging
Be Appropriate	No Specific Channel

Table 3

Types of Supportive Messages, Communication Channels, and Support Providers (RQ3)

<i>Channel</i>	<i>Types of Supportive Messages</i>		
	Emotional	Informational	Tangible
Blog comment		(1) Stranger	
Cards	(2) Acquaintances		
Caring Bridge	(2) "People"		
Email	(4) Family, friends, close friends	(4) Co-workers, acquaintances	(3) Co-worker, pastor
Facebook	(13) Family, friends, church communities, "people"	(2) FB Friends (advice)	(4) FB Friends
FtF	(16) Significant others, parents, close family friends, best friends, friends, acquaintances, strangers	(8) Experts, professionals (e.g., hospital chaplains, nurses, fire chief, etc)	(14) Family, good friends, co-workers, acquaintances, "people"
Internet			(3) Strangers (online donations, meal organizing)
Mail		(1) Anonymous	
Phone	(19) Parents, family, good/best friends, friends, co-workers, pastors, acquaintances, "people"	(3) Parents, co-workers	(6) Family members, acquaintances, strangers
SMS Text messaging	(13) Family, good/close friends, friends, "people"		(5) Good/close friends

Table 4***Helpful vs. Unhelpful Support (RQ3)***

Themes

Helpful

Emotional Support From Those Who Took Time

Significant others, parents, family, close friends, best friends and pastors

No obvious preferred channel for these messages, except for in-person visits from close ties

Emotional Support From the Collective

Tangible Support to Meet Actual Needs

Unhelpful

Constant Questions

In-Person Visits

Unwanted Support from Acquaintances and Strangers
