Make the Connection: Personal and institutional identity in the U.S. Department of Veterans Affairs PTSD campaign

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Entitled
MAKE THE CONNECTION: PERSONAL AND INSTITUTIONAL IDENTITY IN THE U.S. DEPARTMENT OF VETERANS AFFAIRS PTSD CAMPAIGN

For the degree of Master of Arts

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MAKE THE CONNECTION: PERSONAL AND INSTITUTIONAL IDENTITY IN
THE U.S. DEPARTMENT OF VETERANS AFFAIRS PTSD CAMPAIGN

A Thesis
Submitted to the Faculty
of
Purdue University
by
Staci B. Smith

In Partial Fulfillment of the
Requirements for the Degree
of
Master of Arts

May 2016
Purdue University
West Lafayette, Indiana
ACKNOWLEDGEMENTS

This thesis would not be possible without the help of my advisor, my committee, and my family. It has challenged me both personally and academically, and I am grateful for the help and encouragement from some amazing individuals.

First, I’d like to thank my amazing parents who both have Masters’ degrees and encouraged me from a young age to do the same. Also I’m grateful for them instilling in me that I didn’t need to be just like everyone else and that it was okay for me to be different, which helped me, a mother of four, pursue a Master’s degree at age 40.

Second, I would like to thank my advisor, Steve Wilson, for his continuous help and support. I am grateful for his tutelage and his encouragement to look at things in a different light. He challenged me in ways that helped me grow as a researcher and as an individual, and I will be ever-grateful for the time and attention he gave me through this process.

I would also like to thank the members of my committee, Stacey Connaughton and Bart Collins, for their help, guidance, and encouragement. They provided invaluable insight and suggestions on my research, and were instrumental in the completion of this thesis.

I would be remiss if I did not thank my crazy, fun, and animated boys Parker, Connor, Isaac, and Joshua. Thank you for sharing your mom with her desire to be better
and do something hard. Thank you for enjoying your boys’ nights with your dad and for
telling me when I would come home early that you were sad that the boys’ night had to
end. Thank you for doing your chores so that mom could stay up and study and not have
to clean. Thank you for listening to the new theories that I had learned and for telling me
I am a funny mom. Most of all thank you for being the reason I do hard things, so that I
can be an example to you when you face challenging things in life, you will remember
that we do hard things. That’s what we do. I love you and you are my greatest treasure in
this life. I am blessed everyday when I think of the individuals you are becoming and oh
how I love being apart of the process the person you are becoming.

Finally, I would like to thank you, Brian, thank for your constant support. Thank
you for taking over when things got too much for me and when the balancing act became
too difficult. Thank you for encouraging me to do and be something different than I was
previously. Thank you for your constant texts saying “You can do it” and “Don’t worry,
you’ll do great.” I could never have accomplished this goal without your continuous
support and without your constant supply of peanut butter. I am lucky to have married
someone who has always liked me just the way I am and yet has encouraged me to
always be better. I’m grateful for this crazy, messy, and fun life we have created and that
we call our family.
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ABSTRACT

Staci B. Smith, M.A., Purdue University, May 2016. Make the Connection: Personal and Institutional Identity in the U.S. Department of Veterans Affairs PTSD Campaign. Major Professor: Steven S. Wilson.

The common procedure in a health campaign is to use fear and guilt appeals to influence health behaviors among target populations (Mattson & Lam, 2016). The use of identity, identification, and reframing in a health campaign has been relatively underexplored. This study examines invitations to identification and reframing in a specific health campaign, the U.S. Department of Veterans Affairs (VA) “Make the Connection” campaign. With the issues of mental health and post-traumatic stress disorder (PTSD) reaching high levels of attention in media and society, the VA’s Make the Connection campaign encourages military veterans and their families to seek help for mental health illness. The campaign features videos from over 400 military veterans and their families depicting personal testimonials of their health illness and recovery process.

This study examines the strategies of inviting identification and reframing evident in Make the Connection campaign through a qualitative content analysis of 60 campaign videos. Findings show that efforts to invite identification and to reframe mental health illness and the VA were ample. Specifically, Burke’s (1972) concepts of association and dissociation were evident throughout videos. Furthermore, video content seemed to
reframe help-seeking so as to make it consistent with military values (e.g., help-seeking as a sign of strength rather than of weakness). Videos also reframed the VA as a caring institution.

Findings from this study suggest the need to consider identification and reframing as central concepts in health campaigns, which has previously received only limited attention in the literature. This thesis also applies these findings to public relations and communication management. Though this study did not examine campaign effectiveness, the campaign’s use of these strategies suggests that invitations for identification with an organization, and recognition of association between organizational members and the organization, may be an effective persuasive strategy. This thesis concludes with suggestions for future research, which include evaluating campaign effectiveness.
CHAPTER 1. INTRODUCTION

1.1 Introduction

As much as the military affects the many facets of American life, including opinions of foreign countries (Sheikh, 2012; Wald & Wilcox, 2006), approaches to health care (Tanielian & Jaycox, 2008), and disaster relief practices (Paulson & Menjivar, 2012), it may be on the American family life where it has the most direct influence, with effects on quality of family relations (Joseph & Alfi, 2010; Knobloch & Theiss, 2012; Merolla, 2010; Sahlstein, Maguire, & Timmerman, 2009; Wilson, Chemichky, Wilkum, & Owlet, 2014). In fact, research shows that the military’s influence on families occurs before, during, and after military deployment (Knobloch & Wilson, 2015).

In response to the military’s effect on families, the U.S. Department of Veterans Affairs launched the “Make the Connection” campaign (http://maketheconnection.net) to help veterans and their families cope with the effects of military service. The campaign showcases stories of veterans who have faced and overcome mental health issues and challenges, including post-traumatic stress disorder (PTSD). Its website (copyrighted in 2011) contains short one- to six-minute videos featuring autobiographical narratives of mental health services for military personnel and their families. Videos introduce the individual and tell the story of their mental health seeking experiences.
As a health campaign, Make the Connection is an interesting case to examine. On the one hand, the campaign assists military veterans in their health-seeking behaviors, but on the other, it imbues an identity on the Veterans Affairs (VA), namely that it is an institution that cares about its veterans and their families. In this way, the videos serve multiple purposes, 1) to inform individuals who need help with behavioral health issues related to military service and 2) to persuade veterans to use the VA services, and 3) to enhance the reputation of the VA.

The risk of the campaign, however, is in the way the Make the Connection campaign speaks openly about mental health issues that arose, at least in part, as a result of military service (e.g., combat deployment). The campaign’s videos depict autobiographical accounts of the negative effects of military service on veterans and their families, which stand to threaten the military’s image and recruiting efforts. The question, then, is how do videos navigate the stigma of mental health issues in a way that is consistent with military values so as to avoid sabotaging the military’s image and the VA’s effectiveness as a service provider?

The answer may be found in analyzing the reframing processes at work within the campaign. Though campaign videos may feature autobiographical accounts of mental health problems, the VA will also be careful to weave messages into video content targeted at building its image around mental health recovery. Given news stories in recent years such as “VA bosses in 7 states falsified vets’ wait times for care” (USA Today, 2016) and “Veterans poll: Most say the VA difficult” (Politico, 2014), the VA may be motivated to reframe its image as a caring, competent organization. This process
is a complicated affair that bears empirical investigation into the VA’s reframing efforts in the Make the Connection campaign videos.

Therefore, the purpose of this thesis is to analyze the Make the Connection health campaign and assess the identity construction and reframing processes at work in the videos. Chapter two provides background on the campaign and the context for this study. Chapter three outlines the theories of identity and reframing used to analyze the autobiographical accounts and their effect on the military’s identity, as well as the research questions that guide this study. Chapter four explains the study’s method, a qualitative content analysis, and the corresponding processes of sampling and coding. Chapter five outlines the findings of the study and analyzes them through the lens of identity and reframing theories. Chapter six presents the conclusions of this study, including the implications, limitations, and suggestions for future study.
CHAPTER 2. MENTAL HEALTH IN THE MILITARY

The negative health effects of military service have received increasingly significant attention in media and the greater public health community. Of particular interest has been the mental health illnesses associated with military service like Post-Traumatic Stress Disorder (PTSD), which has recently been at the forefront of news media and depicted in the critically-acclaimed movie American Sniper, a biopic of an American military veteran killed by a fellow veteran who was suffering with PTSD.

The real-life challenges of military personnel suffering from mental health illnesses have received attention in scholarship, though there have been few analyses of health campaigns that address mental health in the military. Research has shown that veterans face negative life effects as a result of service. Studies show that military veterans are much more likely to suffer from PTSD than the general population. A study of Vietnam veterans found that combat veterans are 20 times more likely to suffer from PTSD, and non-combat veterans 3.5 times more likely (Helzer, Robins, & McEvoy, 1987). Veterans from the Vietnam and the Gulf Wars also demonstrated higher rates of other psychiatric issues than the general population (Iowa Persian Gulf Study Group, 1997; Jordan et al., 1991).

Veterans from more recent operations in Iraq and Afghanistan—Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn
(OND)—reported similarly high rates of behavioral health difficulties (Milliken, Auchterlonie, & Hoge, 2007). Although the majority of post-9/11 veterans have transitioned smoothly to civilian life, immediate post-deployment screenings show that 8.5% of veterans from OEF (Afghanistan theatre) and other locations (e.g., Kosovo, Bosnia) described symptoms of psychiatric difficulties, while 19.1% of OIF (Iraqi theatre) veterans disclosed other difficulties (Milliken et al., 2007). An evaluation of delayed post-deployment screenings conducted three to six months after returning home suggested that 20% of active duty OEF and OIF veterans screened positive for symptoms for behavioral health treatment, and 42% of reserve or National Guard members required treatment (Miliken et al., 2007).

Although PTSD has received significant media attention, veterans report other reintegration challenges as well, including issues with depression, alcohol and substance abuse, and chronic fatigue syndrome (Kang, Natelson, Mahan, Lee, & Murphy, 2003; Miliken, et al., 2007; Prigerson, Maciejewski, & Rosenheck, 2002). Many veterans also express interpersonal conflict, family reintegration problems (including fighting with spouses, children being afraid of the returning veteran, and uncertainty about one’s role in the household), divorce, and partner abuse (e.g., Miliken et al., 2007; Prigerson et al., 2002; Sayers, Farrow, Ross, & Oslyn, 2009). A recent study reported that three-quarters of returning veterans suffer from issues with family reintegration (Sayers et al., 2009). Job loss and unemployment for returning service members only exacerbates the problem (Prigerson et al., 2002).

Some have linked these mental health and family relations challenges to suicide, though the Veterans Affairs (VA) department has determined that despite the rising
number of suicides in the United States, the percentage of veterans committing suicide has decreased compared to the general public in recent years, and non-fatal suicide attempts have also decreased (Kemp & Bossarte, 2012). Furthermore, suicide rates among active duty military personnel have also abated in recent years, and are comparable to general population rates, especially among the Air Force and Navy (Smolenski, Reger, Bush, Skopp, Zhang, & Campise, 2013). Reserve and National Guard suicide rates remain greater than the general population (Smolenski, et al., 2013).

Perhaps the most disconcerting issue of military veteran mental health is the low rate of help-seeking. One study reports that less than half of veterans who screened positive for mental health disorders (between 23% and 40%) sought treatment (Hoge, et al., 2004). Service members cite multiple reasons for not seeking help, including concerns that peers and unit leaders will view them as weak and lose confidence in them, hurting their career prospects (Hoge et al., 2004; Tanielian & Jaycox, 2008; Wilson et al., 2015). Other concerns include medication side effects, anticipated difficulties, with the military health care system, and the perceived efficacy of mental health care in general (Wilson et al., 2015). Those who do seek help often do so on their own, without the referral or assistance of the military (Hoge, et al., 2006; Miliken, et al., 2007).

Despite the military’s and the VA’s resolution to determine service members in need of help, the data show that mental health stigmas impede those efforts (Hoge et al., 2006; Miliken et al., 2007). This not only adds to the problem of help-seeking behaviors, but also reflects on the identity of the United States Military and their efforts to portray service as noble and rewarding. Complicating the problem of stigma in mental health
treatment is the tendency for the service members who require treatment to be the most likely to report apprehension about that stigma (Hoge, et al., 2004).
CHAPTER 3. THEORETICAL FRAMEWORKS

Help-seeking for mental health illness in the military is a significant problem, and is one that may be attributed to principles of identity (or how individuals think about themselves) and identification (or how individuals interact and associate with the world around them) among both military personnel, veterans, and the military as an institution. The accounts of veterans who suffer from mental health illness not only depict the identity reconstruction processes of those seeking to establish meaning in the face of the traumatic events of military service, but they also influence the identity of the military, itself. Therefore, a military campaign depicting mental illness and help-seeking behaviors also becomes an opportunity to enhance identification with veterans and reframe mental health stigmas and the VA’s identity. The following section establishes these concepts of identity and reframing for analyzing the military’s Make the Connection campaign.

3.1 Identity

Kenneth Burke (1937) argued that identity is a construct of context. Burke declared that identity is “not individual” but is made of “all sorts of manifestations beyond himself” (1937, p. 263). Identity is socially-defined, and is part “a collective texture involving language, property, reputation, social roles and so on” (1937, p. 265). Cheney and Christensen (2001) expanded Burke’s work to define identity socially,
arguing that identity may be both individual and collective. The military’s Make the Connection videos may represent this merger of the individual and the collective identity. Self-identity is emphasized through personal narrative that resonates with a particular health issue. Collective identity is brought about as one looks at the site as a whole message. In other words, the VA as a whole is creating an image for themselves through a series of individual narratives.

3.1.1 Defining Identity

Identity has been viewed as a multi-faceted but altogether vague concept (Ashforth, Harrison & Corley, 2008; Bullis & Bach, 1989; Burke & Zappen, 2006; Stephens & Dailey, 2012). This thesis defines identity as “a self-referential description that provides contextually appropriate answers to the question ‘How do I make the connection to the individual and the collectives?’” (Ashforth, Harrison, & Corely, 2008, p. 327). In this way, identity is both individually- and socially-defined, a premise maintained by Social Identity Theory, which proposes that individuals define themselves by associating with social categories somewhat to augment self-esteem (Hogg & Turner, 1985; Tajfel, 1978). Identity is constructed through the process of comparison and social identification, as the individual takes on the successes and status of the group vicariously (Ashworth & Mael, 1989). Confirming this hypothesis, studies have shown that self-esteem is affected by positive and negative intergroup comparisons (Oakes & Turner, 1980; Wagner, Lampen, & Syllwasschky, 1986). This intergroup comparison often takes place within the organizations, institutions, unions and work groups to which an individual belongs (Ahsworth & Mael, 1989). In the case of the military, this means that
an individual’s social identity may be derived not only from his or her military area of
service, but also from their particular unit and era of service.

Social identity theory (Tajfel & Turner, 1985) posits that people characterize
themselves, in part, based on social identities, or “those aspects of an individual’s self-
image that derive from the social categories to which he/she belongs, as well as the
emotional and evaluative consequences of this group membership” (Hornsey, 2008, p.
206). For the military, social identities are constructed through adherence to “military
culture,” including the military’s unique dress, rituals, values, and language (Wilson &
Chernichky, 2015) as well as to core military values like strength, self-discipline,
dedication to a larger mission, commitment to one’s comrades, personal sacrifice, and
adherence to the chain of command (Blaisure et al., 2012; Knobloch & Wehrner, 2014).
From boot camp forward, the military instills identification through socialization of these
values, as individuals assume the military identity through social expectations, and thus
transform from being “civilians” to members of the U.S. armed forces.

Military families (e.g., spouses, children) also are socialized into and defined by
their connection to the military (Ender, 2005). “Values such as personal sacrifice,
strength/self-reliance and leadership also appear central to the social identity of being a
‘military spouse’” (Wilson & Chernichky, 2015). Research with adolescents shows that
they also define their own social identity in terms of these same military values
(Chernicky, Robinson, & Wilson, 2015). Teens voice three values when they think about
what it means to be a military youth: service to others, an intergenerational tradition of
service, and self-discipline (Wilson & Chernichky, 2015). These examples illustrate how
individuals internalize organizational values as part of the process of defining and distinguishing themselves from others (e.g., civilians).

Social identities influence the ways individuals regulate their own behavior, and hence are important to understand for a campaign encouraging behavior change like the Make the Connection campaign. Social identity theory concepts like self-stereotyping and depersonalization, in particular, have relevance here. Through depersonalization, one becomes a detached observer of oneself, while self-stereotyping occurs as one adopts the characteristics perceived as prototypical of the group (Hogg & Reid, 2006). In this way, an individual adjusts behavior based on perceived reception of the behavior and how the behavior coincides with group norms and behaviors. For example, the military cultural values of strength and self-reliance may be seen as antithetical to asking for help, and, therefore, military veterans will be unlikely to seek behavioral healthcare because it contradicts the stereotyped identity the military member has assumed (Wilson et al., 2015). In contrast, if asking for help is redefined as a sign of strength, then those who identify strongly with the military may be less resistant to seek mental health assistance. Thus, it becomes important to explore how social identities are portrayed in the “Make the Connection” videos through the association of military values, which makes up one of the main research areas of this study.

3.1.2 Organization Identity and the Individual.

Social identity formation is not limited to peer group influence, but also extends to the influence of the identities espoused by an organization or institution. Organization identity comprises the “shared meaning that members have of an organizational entity” and answers the questions “who are we?” and “what do we want to be?” (D’Enbeau &
Buzzanell, 2012, p. 1449). Scholars argue that organizational identity "builds the foundation for identification processes as individuals’ identities emerge from these central and enduring characteristics" built into the organization values. Though it may be argued that organizational identity influences individual identity, it is also likely that individual identity influences organizational identity. This is especially relevant in the military's Make the Connection campaign as individual identities presented in each video are both a reflection of the military's identity and an influence on its identity.

The most effective organizational identities are stable, salient, and internally consistent (Ashworth, 1985). In fact, the more consistent the identity of the organization, the more members will identify with the organization (Ashworth, 1985). Challenging this objective is the possibility that an organization’s identity may actually comprise the loosely connected and varied individual identities of organizational members, and that individuals often have multiple identities within an organization (Allen, Wilder, & Atkinson, 1983; Hoetler, 1985; Thoits, 1983).

In sum, organizational identity has particular relevance for the Make the Connection campaign because it contains references to an individual’s experience and also to military service as well as experiences with the VA. Hence, organizational identity both influences and is influenced by the social identities of service members, and this complexity of identities may be used to encourage help-seeking behaviors while also reinforcing the organizational identity of the VA.

3.2 Identification

Identification is a process of interaction whereby individuals seek to overcome division and separateness by looking for shared values, interests, and experiences with
others, thereby building identity through communication and association (Burke, 1972). Identification can take place in political and cultural settings (Connaughton & Jarvis, 2004), and Make the Connection videos tap into this process by inviting identification by viewers through the stories of military personnel and their help-seeking behaviors. The stories use both direct and indirect invitations for identification, the latter of which include discussions of military, political and cultural values and contexts in the videos. As a result, this study’s coding will examine both the message and the scenes as a whole in the videos. The following section outlines the ways an organization like the military might seek to foster identification.

3.2.1 Strategies for Inviting Identification

According to Burke (1972), there are three ways in which rhetors may cultivate or “invite” (per Connaughton & Jarvis, 2004) identification. The first is through explicit identification whereby an individual clearly attaches or characterizes her- or himself. For example, a veteran may “state the era of service or the particular branch of membership” (Ashforth, 1989; p. 28). Burke’s second form of identification is through through antithesis, or by recognizing similarities that differentiate, as in when military veterans doubt that family members and civilians will understand what they have experienced. Finally, the third form of identification is implicit, a subtle approach in which the identification is implied. For example, the military uses the implicit identification when using the word ‘we’ is to include service members, civilians, and the military when helping a veteran seek help (p.28).

Using Burke’s theory of identification, Cheney (1983) details three strategies that invite identification. First, a speaker may use association, or an emphasis on the
similarities between her- or himself and the organization. Association is a strategy for creating a sense of identification between the speaker and audience by highlighting similarities that they share. In the context of the Make the Connection Campaign, one way veterans in the video may do this is by highlighting core military values that others who have served also are likely to share, or by citing their era or branch of service. In fact, military veterans may identify with their role in the military more than they identify with the military organization, itself. So association in the military may reflect an occupational, rather than organizational identity, which Ashforth, et al. (2008) assert is superior to organizational identity.

The second strategy is dissociation, which is a dividing tactic utilized to create an “us” versus “them” mentality, focusing on commonality between insiders and dissimilarity with outsiders (Cheney, 1983). In the military, this may include an individual’s effort to acquire the ideology of her or his occupation in order to justify the value of the occupation itself and her or his involvement in it (Becker & Carper, 1956). Core military values help connect military members as a group and distinguish them from civilians.

The final invitation strategy is to create the “affected we,” which is a rhetorical strategy used to transcend the differences that exist among a group in order to create connection despite differences (Cheney, 1983). This perspective would reflect efforts to classify the challenges that military veterans and families face as a unifying variable. An example could be that veterans from different eras of service are no longer separate groups but are a collective we that wants anyone affected with PTSD to receive help. In other words, the affected we conveys the idea that military members are fighting for the
same cause, despite their differences. Additionally, using affected we strategies may also be evident when discussing the VA individually or as a group. The VA is something that all eras and branches would have in common as it is the military’s preferred source of help-seeking.

Overall, organizations like the military provide a framework for members to construct a social identity around their occupation, roles, and membership in the organization. Therefore, it is likely that the military will use the Make the Connection campaign videos to foster psychological connections with veterans through the stories themselves. In this way, the Make the Connection videos may be consistent with the practice of using message appeals and visual images that resonate with audiences in the hopes of persuading the viewers to recognize similarities between themselves and the individual telling the story (Burke, 1972; Connaughton & Jarvis, 2004).

3.3 Reframing

Help-seeking among people with mental disorders is uncommon, as more than 50% of people with a mental disorder in the United States do not receive treatment (Alonso et al. 2004; Kessler et al. 2005; Wittchen & Jacobi, 2005; Thornicroft, 2007), which can be particularly damaging (Boonstra et al. 2012; Dell’Osso et al. 2013). Those with a mental illness face the effects of stereotyping, including social judgment, rejection, discrimination, shame and embarrassment (Clement et al. 2015), which makes it difficult to disclose issues related to mental health (Henderson, et al. 2013). As noted in chapter 2, military culture, with its emphasis on strength and self-reliance, can compound stigma associated with asking for help.
To avoid the consequences of stereotyping, individuals avoid disclosing health problems, mask symptoms, and forego help-seeking (Clements, et al., 2015). This can be particularly pervasive in that the military veterans may feel that mental health issues are a sign of weakness, and seeking help may not be compatible with military values and therefore not consistent with their individual values. Therefore, the challenge for the military is to change the perception that help-seeking is weakness to one that seeking help is strength. This effort to change the perspective of help-seeking in mental health issues is also referred to as reframing.

Reframing involves the transformation of the image or perspective of an issue. Through reframing, rhetors “unfreeze” past definitions of issues and reformulating new ones (Bartunek, 1984; Osiek, 1986). Reframing is more than just changing the understanding of an issue, but rather the development of a completely different view or understanding (Argyris & Schon, 1974). Reframing may occur in the Make the Connection videos through the personal narratives that paint the current frames as ineffectual, changing the perspective that help-seeking in the treatment of PTSD is weakness.

Reframing deals primarily with frames, which are defined as “a decision maker’s conception of the acts, outcomes, and contingencies associated with a particular choice” (Tversky & Kahneman, 1981, p. 453). Framing originates from how the individual defines a problem through his or her norms, habits, and personal characteristics (Neale & Bazerman, 1991). Prospect theory considers reframing as a product of gains and losses, or how the same outcome can be framed as a gain or a loss (Tversky & Kahneman, 1981). Research has shown people’s responses to a framed message may depend on how
the loss or gain is framed, and that a loss is more significant than a comparable gain (Tversky & Kahneman, 1981). For example, if seeking help means losing the ability to be strong and independent enough, then the veteran is likely to self-medicate. On the other hand, if seeking help is seen as a way of regaining strength to be able to help families and friends, then the veteran may be more willing to seek out services at the VA.

Reframing can also develop through the use of new metaphors or analogies to present a different story about a problem (Schon, 1979). Narratives can be particularly helpful as they can show a shift on an individual and personal level. Perhaps for this reason, the Make the Connection campaign uses veteran narratives to reframe help-seeking as well as the image of the VA. Individuals in the narratives tell their own story of how they no longer considered help-seeking as weakness, how it was difficult to fix PTSD on their own, and how help-seeking has also changed their perspective on the VA.

Framing can be multidimensional through separating or interlocking multiple tracks of activity, and splintering to modify and expand key issues (Putnam & Roloff, 1992). Reframing can also take place through embedding, where frames are nested within frames (Putnam & Roloff, 1992). This may happen in Make the Connection videos through the overlapping layers of reframing three areas with particular relevance to this study: life with PTSD, help-seeking, and perspective of the VA. Though reframing these three areas happens simultaneously, the framing themes may build on each other and reinforce each other. For example, the veteran may tell a personal experience about PTSD, but in that story, themes about help-seeking and the perspective of the VA may be embedded as well. The challenge for coding is to pull apart the embedded codes and look at each code individually before putting them all back together again to understand the
reframing process. Therefore, another purpose of this research is to examine reframing in the Make the Connection videos.

In conclusion, the Make the Connection campaign may use identification and reframing strategies to encourage help-seeking by veterans living with mental health issues. The effort may involve reframing help-seeking as strength and the VA as a beneficial and helpful institution. They may also use identification to encourage help-seeking. Therefore, this study analyzes the Make the Connection videos to explore the forms of identification and methods of reframing used to help Vietnam and Post-9/11 veterans overcome the stigma of help-seeking to overcome mental health illness.

3.4 Research Questions

Make the Connection is a behavioral health campaign produced by the U.S. Department of Veterans Affairs. The primary embodiment of the campaign is a dedicated website (www.maketheconnection.net) that comprises material pertinent to many behavioral health issues encountered by U.S. service members and veterans. Site visitors can search the site based on their connection to the military (i.e., a link on the homepage entitled “Who are you?” allows visitors to seek information relevant to veterans, family members, active duty personnel, guard/reserve members, clinicians, or partners/supporters), by life events and experiences (e.g., homelessness, spirituality), by signs and symptoms (e.g., guilt, dizziness), or by conditions (e.g., depression, suicide) (U.S. Department of Veterans Affairs, 2015).

The website (which at the time of this study has over 2.8M site visits) also features a large resource of videos recorded by veterans and their family members. Each of the 627 testimonials features a single individual, seated and speaking directly to
camera, telling his/her story of military service, returning home, and seeking help. The website contains an option that allows video searches based on gender of the speaker, era of service (e.g., Vietnam, Desert Storm, OEF/OIF), branch of service (including reserve and National Guard as separate options for each branch), combat experience, life events, signs and symptoms, etc. Other similar campaigns also feature video testimonials, however, Make the Connection appears to be the largest and affords the best opportunity for veterans to search for stories relevant to their own individual experiences.

The Office of Public and Intergovernmental Affairs states this about the website:

The campaign’s central focus is a website, www.MakeTheConnection.net, featuring numerous Veterans who have shared their experiences, challenges, and triumphs. It offers a place where Veterans and their families can view the candid, personal testimonials of other Veterans who have dealt with and are working through a variety of common life experiences, day-to-day symptoms, and mental health conditions. The Web site also connects Veterans and their family members with services and resources that may help them live more fulfilling lives. At MakeTheConnection.net, Veterans and their family members can explore information on mental health issues and treatment—and easily access support—in comfort and privacy, anywhere, anytime. Visitors to the Web site can customize and filter their online experience, directly connecting with content that is the most relevant to their own lives and situations.

The purpose of the site is also outlined on the Make the Connection website, as follows:
When troubled veterans access this page, they immediately realize they’re not alone and that their comrades in arms have their back once again. This is a place where they can get the help they need and, ultimately, give back when they’ve found a solution to whatever made them reach for that page in the first place.

Given that the Make the Connection campaign allows individuals to search videos based on service branch, era of service, active duty vs. Guard and Reserve status, sex, and so forth, it seems apparent that campaign developers realize that there are multiple military-related social identities, and that individuals are most likely to view others who share multiple military-related identities as “in-group” members who might share experiences relevant to their own lives. In this way, the VA invites identification through the connecting power of the unique shared values and experiences of military veterans. However, it is unclear whether identity theories were used as a framework for the videos, or whether framing help-seeking around core military values were objectives. Identity and reframing are, nevertheless, important to explore since veterans from different eras faced different returning home experiences, especially those who served in Vietnam (who were met with animosity on their return home) compared to those who served post-9/11 (who received significant support when returning home). To this point, a Gallup poll found that 72% of Americans had “a great deal” or “quite a lot” of confidence in the military as an institution in 2015, whereas only 58% did so at the end of the Vietnam conflict in 1975 (Gallup, 2015).

Having previously conducted a content analysis of 50 of the Make the Connection videos on a different topic, it was evident that identity and reframing theories were relevant to describing and assessing the campaign, which is the reason for using these
two concepts as lenses for further analysis. Hence, the current project addresses the following research question:

**RQ 1:** What invitations to identification are present in the “Make the Connection” videos?

**RQ 2:** How are the invitations to identify similar/different in Vietnam and Post-9/11 videos?

**RQ 3:** How do the “Make the Connection” videos attempt to recast or reframe the meaning of seeking help and/or the image of the VA? How do the individuals in the videos describe how their view of seeking help changed over time?

**RQ 4:** How are the recasting or reframing strategies similar or different for Vietnam and Post-9/11 videos?
CHAPTER 4. METHOD

Because this study explores how the Make the Connection videos invite identification via core military values, and how meanings associated with help-seeking are reframed, this study employs qualitative methodology. Qualitative research explores depth of meaning over breadth to explore questions of why and how (Cheseboro & Borisoff, 1997; Denzin & Lincoln, 2003). This study implements a qualitative content analysis of the Make the Connection videos.

4.1 Sampling, Data Collection, and Texts Chosen

Given the large number of Make the Connection videos that have been produced and posted online (i.e., \( N = 627 \) to date), the current project analyzes a sample of videos from this larger population. Specifically, videos were randomly selected using a random sampling generator (www.random.org) for inclusion in the sample. Each video on the Make the Connection website is introduced on an individual page with a unique numerical video identifier in the URL. Before randomly sampling 30 videos, first the search function on the campaign website was used to select only videos that: (1) featured veterans from the Post-9/11 and Vietnam eras, and (2) discussed PTSD symptoms. Of the 627 total videos only 182 met the two inclusion criteria, and 30 videos were randomly sampled from this smaller total. In this sample, 30 videos were randomly selected for analysis and I also sought to reach a saturation point in themes. Fifteen videos were
selected from the Vietnam era and fifteen from the Post-9/11 era. Within this selection, an equal number of Vietnam and Post-9/11 videos were coded. Examples of a complete transcript from one Vietnam and on Post-9/11 era video are shown in Appendix A, while sample screen shots from videos can be found in Appendix B.

Each of the 30 videos were testimonials whereby veterans discussed their military experiences, personal lives, and mental health challenges. The testimonials allowed investigation of “invitations for identification” because of the seemingly open discussion of experiences and personal narratives. Of course, each video was produced by the VA, so the videos should also be considered a reflection of the values of the VA as well as the values of the military veterans. Overall, the integration of personal military testimonial and the fact that the videos are distributed by the VA suggest that the videos serve as the VA’s invitation for identification as much as they are invitations for identification from individual veterans on the videos.

4.2 Data Analysis

To begin data analysis, I watched each of the 30 videos and also read the transcription of each video provided on YouTube to ensure that the transcript matched the video. Corrections were made to the transcript as needed. I also noted visual components of each video (including scene artifacts, clothing, non-verbal cues, tone of voice, and setting), as I considered the cut or scene of each video as a factor for inviting identification (modeling procedures initially used in Connaughton & Jarvis, 2005).

First, I read each transcript without taking notes or marking on the transcript. Once I read through the transcripts and understood each individual’s story, I reviewed each transcript again, marking notes on themes and narratives. The notes were written
thoughts that evolved throughout the analysis of the narratives. I recorded ideas, questions, concept relationships, and gaps in potential categories. I noted connections between the transcribed narratives and the themes in the literature, giving me an overall picture of the data. The interpretation evolved as I separated the two groups, Vietnam and Post-9/11, and analyzed the transcripts based on the research questions.

Following the preliminary review of transcripts, I reviewed the data again to code for themes. This analysis started with identifying key or repeating words and phrases, consistent with accepted coding practice (Birks & Mills, 2011). At this point, I used open coding to develop the core categories (Creswell, 2013), and assigned labels throughout the narratives. During this preliminary coding, I remained open to the variety of possibilities both reflected in the literature and those not represented in the literature while examining the data (Corbin & Strauss, 2008; Creswell, 2013). For example, in terms of invitations for identification I looked for strategies that been identified in prior literature including association, disassociation, and collective we while remaining open to the possibility of other forms of inviting identification as well. For each coding category that emerged, I noted the code, defined it, and assigned examples from the data for the results section (Charmaz, 2006).

With the core categories in place, I employed axial coding to find connections between the categories, consistent with coding standards (Birks & Mills, 2011). As a result, the categories became more developed and defined. I continually revisited the transcripts to fill in any and all gaps until the categories were richly developed, and I had reached a point of saturation of themes (Corbin & Strauss, 2008). Codes and categories found during the open and axial coding phase showed similarities and differences
between this study’s two groups: Vietnam and Post-9/11 veterans. Analysis showed evidence of identification strategies and reframing in both groups, though the precise ways in which both were done sometimes differed for the two groups.

I used the constant comparative method for data analysis throughout the coding process by comparing the transcripts to each other to find similarities and differences at each stage of analysis (Creswell, 2013; Charmaz, 2006). This way I was able to build and develop coding categories throughout the coding process, as I examined the data for similarities and differences to characterize and distinguish the categories (Corbin & Strauss, 2008). Looking at and comparing data and their corresponding labels and categories resulted in more centralized categories that allowed for increased understanding of each narrative and enabled me to identify themes across my sample (Birks & Mills, 2011).

4.3 Research Positionality

My views and experiences make up who I am as a researcher. This can contribute and influence how I view and interpret narratives in this context (Crewell, 2013). The purpose of this study was to understand the narratives from the point of view of the raconteur, which required me to withhold my own preconceptions to the best of my ability to represent the story from the veteran’s perspective (Birks & Mills, 2011). I had some preconceived ideas based on previous research and past conversations, but I wanted the storyteller’s narrative to guide the analysis. Being aware that my viewpoint could influence the study helped me to allow the data to speak for itself and code reflexively.

About eighteen months ago I was on a paid research project to develop a website for the state of Indiana that would help local veterans to access locally-available doctors
and services. As part of this research team, I analyzed the websites available to veterans. I also attended training alongside practitioners, veterans, and fellow researchers to understand military jargon, post deployment, and services offered by the VA. In addition, I also participated in two focus group sessions with practitioners, veterans, spouses, and those who provide services to veterans in Indiana, and attended weekly research meetings where focus group analysis occurred. Therefore, I come into this research with an understanding of the health concerns of veterans, the websites available for help-seeking, and the services offered from the VA.

My experience on the military research team led to my decision to immerse myself in this topic for my thesis. I wanted to increase my knowledge in the area, and understand scholarship on identification, reframing, and persuasive appeals in military health campaigns. However, it is important to note that I have never served in the military. My father served in the Army Reserves and I had a brother who served in active duty in Korea, but prior to my experience in my current military research initiatives, I had limited knowledge of the VA and the services it provides. For this reason, I cannot possibly understand what serving in the military or being a veteran is really like. In that sense, I recognize that I am a member of the out-group (Soliz & Rittenour, 2012). This lack of personal experience with the military could limit my interpretation of veteran narratives in this study, and I have relied entirely on the text and imagery presented in each video.

Throughout this study, I have followed standards for high-quality qualitative research. First, I wanted to accurately quote the narratives and incorporate their meaning into my data analysis. Second, I applied findings to theory to ensure transferability of
this study’s results (Krefting, 1991). By seeking to reach saturation in data (through the constant comparative method), I have fully develop categories to be transferrable. In addition, qualitative research must be dependable despite the recognition that interpretations may differ between researchers (Krefting, 1991). To facilitate dependability, I have outlined my data collection and analysis processes openly, and clarified my positionality. Finally, qualitative research needs to be confirmable. I recognize that a researcher cannot be free of biases or fully objective, but in my data analysis and presentation of findings, I have tried to allow the perspectives of the storytellers to be the focal point, which helps ensure truth-value and transferability of the data (Krefting, 1991).
CHAPTER 5. RESULTS

The qualitative data that emerged from the analysis of veteran narratives on Make the Connection website were used to answer four guiding research questions that make up the structure of this results section. First, I will explain strategies for identifying that are present in the videos (RQ 1). Then, I will discuss similarities and differences in the identification strategies for Vietnam veterans versus those for Post-9/11 veterans (RQ 2). Next, I will explain strategies for reframing help-seeking, PTSD, therapy, and/or the Veteran’s Administration that occur in the videos (RQ 3). Finally, I will compare and contrast strategies for reframing between Vietnam veterans and Post-9/11 veterans (RQ 4).

5.1 Visual Elements

Data analysis included both text and visuals of each video. To offer context, this results section begins with a description of the visual elements of the Make the Connection videos. Visuals refer to both the setting as well as the artifacts displayed by those depicted in the videos. Visuals can include clothing, nonverbal cues, tone of voice, the environment, and the video setting.

5.1.1 Vietnam and Post-9/11

Each video was filmed from the waist up, and speakers wore business casual attire (see the first two screen shots in Appendix B). Male speakers wear a button-down, one-
color shirt with a collar. Female speakers wore neutral-tone business casual shirts. Videos often show a photo of the Veteran in full military uniform as he or she discusses era and branch of service near the start of the video (see screen shots 3-5 in Appendix B). Veterans’ hands remained in a neutral position, in their laps or at their sides.

Service members in the videos rarely smiled, and their tones of voice tended to be neutral for most of the video, ending on upbeat tones at the conclusion of the videos. Stories were emotional in nature, but there was no crying in videos. The veterans spoke at a regular pace similar to a conversation, using simple words to describe the experiences they had with the VA. Speakers often used serious tones and spoke with forcefulness by looking directly into the camera and speaking passionately about their experiences. As veterans shared their stories they looked directly into the camera and rarely looked down or to the side. The camera angles varied, but only slightly. No outside sounds or distractions were evident in the videos, except for faint background sounds or passing cars. Most videos end with the veteran encouraging other veterans who are struggling to “get help” and then transition to a white background that shows the campaign’s name (Make the Connection), social media platforms, as well as the logo for the U.S. Department of Veterans Affairs (see the final screen shot in Appendix B).

The setting appeared to be dependent on the date of the filming. Videos with an earlier post date were filmed in empty spaces and a brick wall background, with the speaker sitting in a single chair. More current videos appeared to be in a hotel room, meeting place, or home, with couches, tables, and curtains or blinds that were often closed. Despite change of setting, backgrounds consistently depicted simple, solid colors.
Edits, or cuts, were evident in each video, but it was difficult to determine whether breaks occurred during natural breaks in conversation or not. The visuals in the video can influence the perception of the speaker. The viewer may be influenced by the background and hence simplicity of the setting and dress may be used to aid maximum emphasis on what is being spoken.

5.2 Strategies for Inviting Identification

Research question addressed strategies for inviting identification in the military narratives featured in Make the Connection videos. As individuals described their experiences, it was apparent that their experience with the military influenced their identity. Strategies for identification comprised ways the veterans in the videos conveyed the connection of the military as a core part of their self in order to connect with viewers. Identification strategies also included ways veterans conveyed their connection to the military as a social group to further communicate relevance. There were three strategies evident in videos: association, dissociation, and the collective we.

5.2.1 Strategy One: Association

Through association, speakers created a sense of identification with the audience by highlighting similarities that they shared. In the context of the Make the Connection Campaign, veterans highlighted commonly-assumed core military values, including strength, self-discipline, dedication, commitment, personal sacrifice, and adherence to chain of command. Vietnam veterans and Post-9/11 veterans used similar strategies of association to invite identification, with some variation.
5.2.1.1 Vietnam Era: Service

Veterans often expressed the desire to serve other veterans even after retiring from the military, marking the association with other veterans (past, current, and future). For example, one Vietnam Veteran said, “I want to help other Veterans. I don’t want to see anybody go through what I went through” (279). Veterans specifically cited wanting to help those of the younger generation, and those who were not part of their era. One veteran said, “I do hope that my generation can help these other guys. I think that’s our responsibility. If we survived combat, then we owe it to the next generations to help them survive the rest of their lives” (325).

Veterans’ spouses depicted in videos confirmed this feeling of wanting to help and serve others as well. One veteran’s spouse expressed it this way: “He truly wants to help other veterans, and especially ones coming back now, because he doesn’t want them treated like he was treated” (310). Therefore, veterans and their spouses shared a dedication to serving country, each other, and civilians, which is the core of what military personnel do each day. Speakers in each video related these feelings through personnel narrative, leaving the viewer to relate as they may have experienced these same feelings.

Though the dominant theme of videos was association with fellow veterans, another possible, though less explicit, theme was association with country. Images of veterans in uniform during their tours of duty were the most common form of association with service to country (see Appendix B). Another subtle association with country was the logo of the campaign, which features a star in the middle of the Os in “connection” (see Appendix B).
5.2.1.2 Vietnam Era: Sucking It Up

Strength, self-discipline, and sacrifice were commonly referenced in videos, otherwise colorfully labeled as “sucking it up.” One Vietnam veteran expressed it this way: “As a Marine and in the Navy we were told to suck it up and sucking it up was not always the easy thing to do” (476).

Vietnam veterans discussed how sucking it up continued after they had retired from the military. One Vietnam vet stated, “Back then, they didn’t have all these doctors for post-traumatic stress so I just had to deal with it” (380). This veteran felt as though he had to continue to suck it up even after he was no longer serving because the resources weren’t available for him to deal with what he was experiencing with PTSD. Another theme of sucking it up, was the expectation to stay on task during a mission, and that everything else would be resolved after the mission was over. One veteran explained, “I just sort of blocked things out” (83). In this way, viewers would relate to these same feelings of putting the mission first and sucking it up.

5.2.1.3 Vietnam Era: Camaraderie

Another military value evident in videos was sense of belonging or camaraderie, a core part of the military demonstrated in the ways the military divides personnel into subgroups, including era of service, branch, unit, and rank. At the beginning of each video, the military veteran identified his or her personnel group by stating era and branch of service, as well as unit and rank. In this way, veterans showed that they related to the idea of feeling a part of the team. One Vietnam Vet explained, “When I go the VA, it may sound strange, but it’s kinds of like being back at a military base. You’re not in New
York City anymore. Everybody says hello to each other. Everybody’s just friendly and understanding” (269).

Camaraderie included the feeling of “I’ve got your back” and “we support and help each other.” One veteran spoke to this feeling of trust and camaraderie when he said, “Trust your fellow veterans telling you that you need them” (569). It was possible that the veteran missed this feeling of being a part of a group. One veteran explained that he valued the camaraderie of group therapy. “Starting group therapy was a camaraderie for me, friendship with the other members” (519). Videos appeared to tap into that association of being a part of a group and those feelings of camaraderie from having served together.

5.2.1.4 Post-9/11 Era: Strength and Self-Discipline

Though strength and self-discipline are common military values, they may also prevent veterans from feeling that it’s okay to seek help. Videos addressed this conundrum of strength and help-seeking, perhaps inviting association with video viewers who might feel that same pull to always be strong. One post-9/11 veteran’s spouse related these feelings that her veteran was experiencing, “He was very worried about what the other guys would think and worried about how he should be strong enough to handle this” (361).

Videos appeared to seek identification with viewers by having veterans talk about their own feelings of strength while not denying the need to get help. One veteran admitted his own challenge in facing the need for help while trying to appear strong. He said, “I’m supposed to be mentally fit, morally straight, physically strong, and all these
other things. I never fail my comrades. I always keep myself ready to go on a moment’s notice” (113). Later in the video, this veteran explained that he was thinking about strength and help-seeking in the wrong way, and that he did eventually seek help. It is possible that the intention of videos like this one was to help other Vets to relate to the concern that seeking help might be interpreted as a sign of weakness.

5.2.1.5 Post-9/11 Era: Sucking It Up

Like their Vietnam era counterparts, post-9/11 appeared to relate to the value of sacrifice or having to suck it up and not deal with the issues of what they experienced, implying association through shared experiences and perspectives. One post-9/11 veteran shared his own experience of sucking it up:

I just sucked it up until we got back to camp, because it was a long night. We were in a bad spot and we knew it. So you just sucked it up. Did what you had to do until we extracted (23)

This veteran went on to describe the expectation to focus on the task at hand rather than focus on his own personal challenges. He said, “I was in pain the whole time there, but I had to push through it. And I pushed through it” (23). Another veteran spoke to this feeling of self-sacrifice, sucking up his own feelings and problems, and putting the mission first: “The problem was, I spent 20 years being evaluated on my performance for putting mission first and taking care of other, and not necessarily taking care of myself” (189). Other veterans may relate to these same feelings of putting the mission first and sucking it up.
5.2.2 Strategy Two: Dissociation

Dissociation represents the mentality of “us” versus “them”. Dissociation involves focusing on the commonality between in-group members and their dissimilarity from out-group members. In the military this could include referring to military veterans as a group that is separate from civilians (us vs. them), but it also could include veterans feeling like no one in their social network understands their situation (me vs. them). Viewers may relate to feelings of not being a part of the group.

5.2.2.1 Vietnam Era: Don’t Fit in with Civilians

Some veterans shared the difficulty of feeling a part of the civilian group. One Vietnam veteran said, “There was [sic] a lot of times where I didn’t feel like I was part of the It” (404). The “it” in this case, was his civilian social group. Another veteran said his experience in the military made him feel “ostracized from being with my friends as a group” (404). These feelings of separations likely communicated a connection with viewers who felt the same levels of separation in their transition back from active duty to civilian life.

Other veterans discussed the ways their experiences made them different from others. For example, one Vietnam veteran said, “It was obvious that I was different from the people that I was working with, none of whom were veterans” (325). Another veteran also talked about the difficulties of his transition, saying, “There was no transition for us now to my friends” (569). Veterans said they felt like they were different and didn’t fit in with their civilian friends following their service. One said, “It was like I would see people having a good time, and, honestly, I didn’t fit into that”
A viewer may relate as they may have these same feelings of not fitting in with the civilian group.

5.2.2.2 Vietnam Era: Mistreated

Vietnam vets often felt that they were mistreated and that other citizens who hadn’t served in the military didn’t care about their service. One Vietnam veteran shared these thoughts, “You heard stories of people spitting on Vets, and they did” (83). Vietnam veterans returned from service at a time when serving in the military was controversial. One explained:

It got to the point where if anybody would ask me if I had been in Vietnam, I would just say, no, because I didn’t want to hear what was going to follow if I said, yes. We just hid (269).

This sentiment was shared by many other Vietnam veterans, who were not certain how others felt about their service and often felt that what they had done for their country wasn’t valued. Another veteran who served during this time expressed it this way, “No one ever asked. No one ever cared” (269). The viewer listening may relate to these feelings of being separate from civilians and often uncertain about how others felt about their service. One vet expressed his feelings about the lack of jobs and being mistreated as follows, “When we got home we were faced with a lot of protesters and there were not a lot of jobs for us either” (476). Through these accounts, the viewer could relate to the feelings of being mistreated and hiding Vietnam service.
5.2.2.3 Post-9/11 Era: Don’t Fit in with Civilians

As with their Vietnam-era counterparts, it appeared to be difficult for post-9/11 veterans to feel a part of the civilian group. One veteran’s spouse shared these thoughts, “It’s still really awkward for him to be around people he used to be friends with and his family” (12). Veterans’ spouses often said that their veterans were not fitting in and felt awkward on a daily basis as they tried to adjust to civilian friendships. Though many veterans struggled to adjust after service, but one veteran said he understood civilians’ lack of understanding:

And you know, it’s not their fault. They have no way of knowing the sacrifices that the people in the Army and the people in the service make. But it’s just so hard to just to try to connect with them, once you know what you know. It’s almost kind of annoying in a way too, seeing your friends just be so carefree (12).

Often times veterans did not feel a part of the civilian group because of their military membership and experience. One spouse watching her husband trying to adjust to civilian life shared this, “All of a sudden he was thrown into the civilian world and he was completely lost and didn’t know how his skills translated to the real world” (321). Other veterans and spouses may relate to these same feelings of not fitting in or being married to a veteran who struggles to adjust back to civilian life.

5.2.2.4 Post-9/11 Era: Dealing with PTSD and No One Understands Me

Veterans dealing with PTSD said they felt that no one understood what they were going through. One veteran explained it this way, “I didn’t want to have to come associate with anybody because nobody understands me” (600). Some veterans even
doubted that other vets and family members understood their situations. One said, “I didn’t want to have to explain what I was going through individually” (189). In this way, veterans felt that they were suffering alone, and that no one else could possibly understand. One spouse concurred, “I think with PTSD or with any form of mental health depression, any of those things, it’s very hard sometimes for the spouse to just step back and understand” (361). Post-9/11 veterans may feel isolated from others while seeking to understand themselves and also realize that others don’t understand what they are going through. The viewer may be having these same thoughts and feelings as they are seeking to understand their own PTSD.

5.2.3 Strategy Three: Collective We

This third perspective would reflect efforts to classify the challenges that military veterans and families might face as a unifying variable. An example could be that veterans from different eras, or veterans and civilians, are no longer separate groups but form a collective we that wants anyone affected with PTSD to receive help or the idea that ‘we’ are fighting for the same cause of help-seeking. Additionally, this third strategy could also include discussing the VA individually or as a group. The VA is something that all eras and branches would have in common as it is the military’s preferred source of help-seeking for veterans.

Although all the above are possibilities, it was difficult to find examples of the ‘we’ that transcends the differences in these narratives. Some of the examples of Vietnam-era veterans wanting to help their post-9/11 counterparts might be viewed as inviting identification via the collective we, but in these examples, Vietnam vets appeared to be appealing to others in their own era who might feel the same way as opposed to all
veterans. In general, however veterans seem to be speaking to their specific area of 
service and their individual experiences rather than to the VA as something that 
transcends the differences that exist among veterans. Despite my expectation to find 
evidence of the collective ‘we’ in videos, no clear examples were found. Possible 
explanations for this will be discussed further in the discussion chapter of this thesis.

5.3 Similarities and Differences between Vietnam and Post-9/11 Vets for Strategies for Inviting Identification

Research question two asked about similarities and differences that existed in the invitations for identification present in videos made by Vietnam versus post-9/11 veterans. Examples of similarities and differences are assessed for the association strategy and then the dissociation strategy, below.

5.3.1 Similarities for Strategy One

Both Vietnam and post-9/11 Vets shared the idea of having to suck it up. Both groups related to the sense of self-sacrifice in the face of finishing a mission or focusing on the task at hand. Both groups used the words “suck it up” in their quotes, and similarly discussed how this was not an easy thing for them to do.

5.3.2 Differences for Strategy One

Differences between Vietnam and post-9/11 veterans were evident regarding sense of service, camaraderie, and strength. First, service to future generations was specific to Vietnam veterans, but might have been due to the time difference. Significantly more time has passed since the Vietnam war compared to post-9/11 conflicts, and post-9/11 vets may yet to be in the appropriate situation to “pass it
forward.” Perhaps with the passing of time this feeling will also develop for post-9/11 veterans.

Camaraderie also is only evident in the Vietnam veteran videos, as speakers communicated the deep sense of connection to fellow Vietnam veterans. Vietnam veterans spoke about the interaction in therapy groups as a new sense of camaraderie. One might infer that post-9/11 veterans felt this same need, but perhaps the need has been filled with the use of social media. Alternatively, this difference may also be generational, as sense of camaraderie with fellow peers might have been more valuable to those in the 1960s and 1970s than today.

Finally, post-9/11 veterans and Vietnam veterans differed on their reference to strength. While Vietnam veterans did not speak directly about strength, post-9/11 veterans did, and explained their desire to appear strong even when they didn’t feel strong.

5.3.3 Similarities for Strategy Two

Both Vietnam and post-9/11 veterans mention having a difficult time fitting in with civilians. Although the two groups served during distinctly different eras, they both have had a hard time transitioning back to their lives and friends that they had made before they served in the military.

5.3.4 Differences for Strategy Two

There were two primary areas of difference: perspectives of mistreatment and understanding of PTSD. The idea of being mistreated after having served in the military was unique to Vietnam veterans, who shared their experiences of their service not being valued by fellow Americans. This difference is likely also a product of era, as post-9/11
veterans returned home during a time in which serving in the military was honorable. As a result of the experiences that Vietnam veterans had after returning home it seems as though they felt a strong duty to ensure that this did not happen to future generations. Feelings of mistreatment stand to unify Vietnam veterans as a group because of the uniqueness of their experience. For this reason, it may be possible that this was one reason Vietnam veterans agreed to participate in the Make the Connection campaign, to ensure others don’t experience what they experienced.

Another difference between the two groups of veterans is the experience in dealing with PTSD. Post-9/11 veterans were the only ones to express the feeling that no one understood them in their efforts to deal with PTSD. This again may be due to the era and time in which they returned because of the environment of the United States. Although stigmas still exist for those dealing with PTSD, it is now more socially acceptable to discuss stigmas and mental health issues. Post-9/11 veterans likely felt more comfortable discussing their personal challenges with PTSD because it is more socially acceptable today to reveal struggles and personal challenges. When Vietnam veterans returned from service, it may not have been socially acceptable to discuss stigmas and symptoms of PTSD. As a result of that it might not seem natural for them to discuss their feelings regarding mental health. Post-9/11 veterans may have benefitted from previous generations’ struggles with PTSD and the changes that have occurred as a result of these struggles. This difference also could just be due to editing of the videos. Perhaps the Vietnam veterans also talked about PTSD, but the designers of the campaign chose to focus on different themes for Vietnam veterans.
5.4 Strategies for Reframing Help-Seeking, PTSD, Therapy, and the Veteran’s Administration

Research question three addressed reframing strategies in the Make the Connection videos. Analysis showed that there were three categories where reframing may have been intended for these videos: 1) what it means to seek help; 2) the nature or meaning of “therapy,” and 3) the image of the VA. Reframing efforts in these videos make help-seeking help for PTSD from the VA be consistent with military values, as well as something that is likely to help.

5.4.1 Category One: Reframing the Meaning of Help-Seeking

Videos showed that veterans viewed help-seeking as a sign of weakness. Help-seeking was avoided because it was not consistent with the military value of remaining strong while performing mission duties. In response, the campaign videos appeared to reframe the notion that help-seeking is weakness.

5.4.1.1 Vietnam Era: You’ve Earned It—So Don’t Wait

In the short narratives, military veterans discussed help-seeking as something veterans had earned. One veteran said, “It’s one of the benefits and you earned it. You earned it, so why not take advantage of it?” (380). By describing help-seeking as a “benefit,” Vietnam veterans implied that help-seeking was similar to getting a check at retirement. Vietnam veterans were especially vocal about their desire for the younger generation to not wait to take advantage of benefits. One veteran said of getting help, “Taking advantage of the benefits that are due, that you’ve earned, is very important. I
highly recommend that if you’re young, do it now. Don’t wait 40 years or 30 years like I did” (325). On veteran counseled:

Once you realize you’ve got a problem seek help right away. Try to see someone right away at the VA or your other doctors who know the treatment of different services available to you. You know you deserve it. You earned it (527).

5.4.1.2 Vietnam Era: Seeking Help is a Sign of Strength

In this theme, seeking help was described as doing the smart thing and getting healthy. Seeking help was also about being strong enough to ask for help when. Addressing other veterans, one veteran said, “If we’re going to live up to the creeds that we talk about, the values that we talk about, then that also means keeping ourselves mentally strong. Go get help” (113). In this way, “mentally strong” was used as a shared value from military service. Another veteran emphasized the ease of seeking help: “You can get this done. It ain’t gonna be simple, but there’s a lot of help out there. It’s just, you need to take care of yourself” (276).

Help-seeking was often referred to as healthy, being whole, and a responsibility of service. Another part of this theme stressed that no one could deal with PTSD by themselves, and hence seeking help was not a sign of weakness. These ideas were illustrated with this quote from a veteran: “You need to seek the help you need. I encourage all veterans who are not going to the VA—you cannot manage this on your own get help and you’ll see a whole new world at the end of the tunnel” (476). Videos shared stories about how veterans had to change their own thinking and how that process was not easy, but once they did, they were able to get help.
Vietnam veterans also spoke about help-seeking as a sign of strength indirectly. Vietnam veterans used the word “warrior” (which implies strength) when referring to post-9/11 veterans dealing with PTSD. One veteran illustrated this point in this way:

So guide your way in there if you want to. If you're a current warrior, you go to the Vet Center. The Vet Center is anonymous in their reports to the VA and to the military. So don't deny that you've got some problems. You're feeling that way for some reason. You need to ask for help (129).

Vietnam veterans seemed to be speaking to two audiences: first to fellow Vietnam veterans, and second to the younger generation. Their purpose seemed to be to reframe help-seeking from being weak to a position of strength in using the benefits available.

5.4.1.3 Vietnam Era: Now is the Right Time to Get Help

Time was a theme in many of the Vietnam-era narratives. Often the Vietnam Vets referred to this as being their time

years, for maybe 30 years, I was always told what to do. And I was fine with that. But being told what to do to figuring out everything on his own, and this opened up time to think about the past.

Vietnam veterans seemed to realize that, in the past, resources weren’t available, and it wasn’t the strong thing to do, but that now that things have changed, it is time to get help. One veteran explained that it is not too late to get help: “They got more treatment for post-traumatic stress. And you should get the help now” (380). His rhetoric also spoke to trusting fellow Veterans and seeking help like they did. Another talked
about how there are more treatment options today than there were 40 years ago, “The time to do it is now it’s not too late you have to have faith trust you fellow veterans telling you that you need them” (569). The message from these veterans was that they are at a point in their lives in which they are realizing the need to take care of themselves is now.

5.4.1.4 Post-9/11: Seeking Help Is a Sign of Strength

Post-9/11 veterans also used different words than they had in the past when referring to help-seeking. Veterans often spoke about the transition in their thought process from help-seeking as a weakness to help-seeking as a strength. Several Post-9/11 veterans used the “warrior” language to convey the notion that it might be difficult, but that’s the responsibility of a warrior. “If I'm going to be the best warrior I can be, I have to have the courage to be able to go in and talk to somebody” (113). “The warrior has to say, I am courageous and not let that stigma sit there saying, I'm a wimp because of this. No, you're going to be a better person because of this” (361).

The military veterans referred to help-seeking as best warrior by realizing what needs to be done no matter how difficult and continue until the job is done. Becoming healthy is the new mission, One veteran said, “It's not about courage, It's about being smart, doing the smart thing, not just the brave thing” (361).

5.4.2 Category Two: Reframing the Image of the VA

Aside from reframing the meaning of seeking help, veterans talked about their experiences with the VA as an institution. This may be a strategic choice to address the negative publicity the VA has received from long wait-times and poor quality of care.
Veterans seemed to feel the need to reframe the image that viewers may have of the VA as part of their appeals encouraging help-seeking.

5.4.2.1 Vietnam Era: The VA Cares

The Vietnam veterans in these videos referred to the VA by name and in a positive manner. One Vet explained how the VA cared about him enough that they would not allow him to quit until he was able to cope with what he was experiencing. He said, “I encourage veterans to go back and get in these training programs and continue. I wanted to quit my first time and they wouldn't let me they said you're not done yet and I stayed with it and that's the best thing did” (476). Another Vet shared similar feelings, “I can tell you, the VA has stepped up to care for the veterans” (129).

Vietnam veterans referred to problems in the past, but quickly following up with positive comments about the VA today. One said, “The VA will do anything for you that you need them to do. You gotta go to the right department and ask the right person and you will get what you need. I owe the VA a huge debt” (519). This veteran’s discussion about changing departments until he got the help he needed reframes the VA as a caring institution. Another vet explained that the VA cared enough to help him find the right fit: “You don’t know what to expect, but I was pleasantly surprised about how they helped me out with referrals to see different people” (547). Overall, veterans explained how the VA was part of their journey to becoming healthy.

5.4.2.2 Vietnam: The VA Can Be Navigated

The public may have a perception that the VA is terrible to navigate, and perhaps to counter this, military veterans retold their experiences about getting the help they
needed. They often spoke directly to the process that they went through in order to receive this help, including the amount of time it took to get the benefits. One veteran said it was as simple as walking in without an appointment:

I don't know, maybe stop in the Vet center. That's the street level entrance into the VA system as far as I can see. You can just stop in and talk. Set up an appointment. Start out with that. Or talk to somebody like myself who's been there. I've steered a lot of guys to that very Vet center over there. And just start out with the basics (404).

Veterans also discussed the specific programs relative to their particular era, branch, and health issue, including the organization and professionals available. One veteran described it as a maze, but attributed the confusion to himself, rather than to the VA. He said, “We guide you through what we call the VA maze. Now it's not a maze because they want it that way. It's a maze because combat veterans make terrible advocates for themselves” (129). In this way, he implied that the VA was easy to navigate, but that they needed to help each other.

Another veteran spoke to the idea that the VA was actually helpful. “Get some help. I don't care if it's at the VA. Hopefully it's at the VA, because they have some great programs. Don't listen to your buddy saying the VA's screwed up. They're not that screwed up” (129).

The veterans’ stories reframed the image of the VA from the way vets and their families thought of the VA in the past. Whether this campaign was intended to change the image of the VA was not evident. It’s possible that the VA was a natural part of the vets’ healing process.
5.4.2.3 Post-9/11 Era: The VA Cares

Like their Vietnam-era counterparts, post-9/11 vets discussed the ways in which they received help, and that they felt that the VA cared. One veteran shared the following experience about doctor at the VA.

And the doctors really sit there, they listen, and they really understand PTSD and how it affects people and how to get them out of it. They don't talk down to them. They don't say, you should do this, you should do that (149).

Post-9/11 vets often told stories of how they went in just to talk and were referred to a specific department. One spouse explained, “They really work with him in the program and helping him get through these emotions and feelings that he has” (149). Quotes like that one showed how the VA cares, and that it is not just a one time visit. The VA is there to help veterans work through their issues with time and care.

Post-9/11 veterans and their families stated that they felt cared about and even if they wanted to quit that the VA office would help them to keep going as it became more difficult for them to deal with their PTSD. They also spoke about the VA as a place for veterans’ families to receive help. In fact, one spouse gave a powerful testimony to the VA caring about her family:

It's nice to have a support person who can just kind of tell you, you're doing the right thing here, or back off a little there, and to help you to work through that. His VA counselor has been probably the single reason our marriage is still together and that we've made it to 18 years (361).

The idea that the VA cares about the vet and the vet’s family was evident throughout the narratives. Whether the VA was trying to intentionally manage their
image through these videos was not evident, but “the VA cares” was part of the stories the vets told about becoming healthy and managing their PTSD.

5.4.3  Category Three: Reframing Therapy and the Quality of VA Programs

As military veterans spoke to the process that they went through to manage their PTSD, they often discussed the services they received. In this way, the VA would be able to reframe the quality of its care around the expanded services it provides.

5.4.3.1  Vietnam Era: Reframing Therapy and Quality of Programs

Vets discussed a variety of therapy and techniques that were used to help them to deal with the symptoms. One Vietnam veteran explained it this way:

We went through an awful lot we were neglected for a long time so now these new programs are just that their new so we have the tools now by going over in these programs what we did how we did it and what we were doing at that time bringing things to the surface and in the early days the VA did not understand post-traumatic stress disorder (476).

Quotes like this show the way the VA has changed and improved therapy programs to better suit the veteran’s needs. Another vet described the therapy as “very multidimensional” (214), further reframing the VA therapy options as all-encompassing and more than a one-time event. Another vet shared his experience with the VA as having more treatment options. “They got more treatment for post-traumatic stress and that helped” (380). These treatment options included counseling, which some veterans discussed. For example, one said, “Counseling at the vet center is one-on-one counseling therapy just doesn’t cover just one specific area. It covers the whole me” (631).
As veterans speak to the services and therapy in particular they effectively reframed what the VA has to offer. Their narratives showed that the VA programs are uniquely designed for the personal needs of the veteran. Therefore, through these narratives one may conclude that the VA has expanded its services to include all eras and branches, and that benefits extend to families as well.

5.4.3.2 Post-9/11: Reframing Therapy and Quality of Programs

As military veterans discussed the process they went through to deal with PTSD they often cited the services they received. One veteran told how therapy changed her. She explained, “I've gone from where I was at one level into a more focused, business-oriented, goal-driven person. And I'm sure that the therapy had something to do that” (229). Other veterans and their spouses talked about the therapy and techniques used, including one spouse who said, “The VA put him through a brain training program and that program was actually pretty tremendous. His memory is a little bit better and he is able to focus a little bit more” (321).

Veterans also evaluated the different types of therapies and their benefits. One Post-9/11 veteran simply stated, “The programs that are available to Vets are incredible” (358). In this way, veterans reframed what the VA has to offer, by illustrating the various specialized therapy options available. Through these narratives, one may conclude that the VA has expanded its services to include all eras and branches including families.
5.5 Similarities and Differences with Reframing in Vietnam and Post-9/11 Veterans Videos

Through research question four, I examined the differences in reframing strategies contained within videos from the two eras of service. Data from the videos showed similarities around program quality and the image of help-seeking, and differences around the personal appeals of help-seeking and the VA’s image.

5.5.1 Similarities in help-seeking: Strength

Both Vietnam and Post-9/11 veterans reframed help-seeking as a sign of strength. The Post-9/11 veterans discussed the issue directly, whereas Vietnam veterans spoke more indirectly about help-seeking being a sign of strength. For example, Vietnam veterans used words such as “warrior” to refer to handling PTSD, which indirectly refer to help-seeking as strength. It is possible that this indirect approach in talking about strength is the way these veterans are used to talking about it. In fact, it may have been more socially acceptable to talk about their service in the military indirectly, and that tendency has transferred to discussions of help-seeking.

5.5.2 Differences In Help-Seeking: You’ve Earned It and Now is the Right Time

This theme seemed to be unique to Vietnam veterans, which suggests that this theme may be an issue of generation or time. Perhaps Vietnam veterans felt they had “earned it” more than post-9/11 veterans because they are older, or because they were more mistreated by fellow Americans than post-9/11 veterans. When the Vietnam veterans returned from service, civilians were unsupportive, and veterans may feel the need to communicate that they have earned the right to seek help. Post-9/11 veterans did
not experience this animosity when returning home, so they may not have felt the need to communicate the “you’ve earned it” theme. They are also younger than Vietnam vets.

Vietnam veterans also cited the component of time more often than post-9/11 veterans. This may be because of the passage of time. It may take time to develop the feeling that “now is the right time to get help,” and there may not have passed a sufficient amount of time for post-9/11 veterans to develop this feeling. The issue of time was specifically mentioned and discussed in the Vietnam veteran’s videos, as factors such as passage of time, age, era of service, release date, and retirement seemed to be common throughout many of their short narratives. The impact that time can have on an individual’s ability to cope with PTSD and the ability of a group of veterans to relate to shared feelings may come down to time.

5.5.3 Similarities in Reframing the VA: The VA Cares

Both Vietnam and Post-9/11 veterans in the narratives talked about how the VA now cares. This could imply that the VA may have had an image in the past that they didn’t care about veterans. Most discussed specific ways the VA had showed that they care, including how the doctors now listen and don’t talk down to veterans. Videos also illustrated how the VA worked with veterans to get the right and appropriate type of care, and how the VA would not let the veteran give up on therapy. Some attributed the VA’s level of care to their marriage staying in tact, and their ability to cope and function in the civilian world. Videos, then, served as testimonials to viewers about how much the VA cares about its veterans.
5.5.4 Differences in Reframing the VA: The VA Can Be Navigated

The theme that the VA can be navigated is one Vietnam veterans related to more than post-9/11 veterans. Vietnam veterans described the VA as a maze, but because of recent changes, the maze is now navigable. Vietnam veterans referred to the ability to walk in and talk without an appointment, reframing the VA’s identity around ease of access to services available. It may be that the VA was more maze-like for Vietnam veterans than today’s post-9/11 veterans.

5.5.5 Reframing therapy and program quality Similarities

Both Vietnam and post-9/11 veterans discussed the quality of therapy and programs offered through the VA. Although both groups discussed therapy, Vietnam veterans emphasized the new programs and wide-variety of offerings. Vietnam veterans spoke more broadly about the services than post-9/11 veterans, who emphasized type of therapy and specific programs they experienced. Post-9/11 veterans often discussed how programs improved them. As both groups discussed therapy through the VA, it was evident their efforts were designed to make viewers aware of the programs available, and their quality and impact.
CHAPTER 6. DISCUSSION

The goal of this thesis was to understand the identity/identification and reframing processes used in veteran videos on the Make the Connection campaign. To better understand social identification and reframing, I examined videos from two groups of veterans: Vietnam veterans and post-9/11 veterans. Discerning the central themes of campaign narratives, including the similarities and differences between the two groups, provided insight into veterans' perceptions about PTSD, therapy, and Veterans' Affairs (VA). Videos also revealed that the VA heavily relied on social identity, organizational identity, and reframing to encourage veterans suffering from PTSD to seek help. Namely, veterans in the videos appeared to use association and dissociation nearly equally, both implicitly and explicitly.

Overall, results demonstrate the role of identification and reframing as strategies for health behavior change, and suggest the need to consider identification and reframing as central concepts in a health campaign, which has previously received only limited attention in the literature. In fact, health campaign literature tends to focus on the quality and nature of the health appeal in a campaign. The following sections examine the theoretical implications of findings, and the implications of identification and reframing for health campaign research.
6.1 Theoretical Contributions

The theoretical contributions of this study relate to extensions of theoretical frameworks and the relationships between them (e.g. identity theory and reframing), and potential linkages to health campaign theories such as the Health Belief Model.

6.1.1 Identity Theory and Identification

When I started this study, I did not anticipate the centrality of identity in a health campaign like Make the Connection. Through the analysis of the videos it became clear that identity was a dominant theme throughout military veteran narratives. Make the Connection videos demonstrate two strategies that invite identification: association and dissociation. Association, which comprises an emphasis on the similarities between an individual and the group or organization (Cheney, 1983), was evident in the way veterans in the videos spoke to the shared experiences and understanding of their military service and era of service. Differences between eras—for example the differences in post-war experience between the two groups—may have only reinforced the association process within each group. In this way, the videos sought to connect veterans to each other and, inevitably, the VA, around their shared experience from their era. Videos from both eras spoke to core military values, but the ways in which this was done sometimes varied by group.

Dissociation, or the dividing tactic of “us” vs. “them”, was also evident in videos. The focus on the veterans as insiders and their dissimilarity from those outside of the military was a principle example of dissociation. In fact, in the videos, veterans referred to themselves as a group (“us”) that was separate from civilians (“them”). In this way, the military videos may have connected military veterans to each other, and then connected
the group to the broader issues that separate them from civilians, especially the challenges they face with PTSD and mental health illness. As veterans shared feelings of separation based on PTSD suffering, they were also reaffirming identity through dissociation.

It is likely that the VA would select videos that speak to association and dissociation in this way because of the connecting power of the military veteran experience. The VA invites identification through intergroup comparisons, betting on the likelihood that veterans will easily connect based on their shared experiences and values, and that messages about the VA in representations of association and dissociation will make the VA relevant to these shared experiences, thereby connecting the veteran to the VA.

Absent from videos was the “affected we” strategy. This might have been because of the coding process and themes used to analyze data. As quotes were separated and analyzed, it became apparent that “we” themes overlapped with reframing the VA, because quotes that reflected the affected we often referred to the VA. When veterans discussed the common experience shared by all military veterans, it was done in the context of reframing the VA as a caring institution that wanted to help all veterans. Therefore, from this study’s context, the affected we was more appropriately considered a reframing strategy.

Through the uses of association and dissociation, the Make the Connection campaign demonstrates the process of identity formation by helping video viewers build a connection between themselves and the collective, consistent with identity theory and the identification process (Ashforth, Harrison, & Corely, 2008, p. 327). Videos attempt to
connect viewers to PTSD and the help the VA can provide by invoking their connection to fellow veterans and their era of service. Social identity is invoked through the comparison process as video viewers may potentially compare their experience with those in the videos, which is also consistent with the identification process (Ashworth & Mael, 1989).

The differences and similarities between videos from the two eras studied (Vietnam and Post-9/11) also speak to the relevance of social identity theory. Though videos appear to be more similar than different, one principle difference is the roles, experiences and responsibilities of veterans between the two eras. Namely, Vietnam era veterans speak about being mentors to younger veterans (including Post-9/11 veterans) to make the younger veterans’ experience different than their own. This difference speaks to the social process of identity construction, whereby identity is developed by comparison between the self and the group, and the individual takes on the successes and status of the group vicariously (Ashworth & Mael, 1989). Perhaps the strategy here is to elicit feelings within viewers of the videos that associate them with those from their same era, and as the veterans in the videos discuss new ways to approach the health issues of military service, they redefine what it means to be part of their respective groups. Specifically, the strategy may be to make Vietnam vets feel like they have a special role to play as mentors of younger vets – a role that suggests they have a responsibility to get help and model that for younger vets. Therefore, the intent appears to be to encourage viewers to synchronize their intergroup behaviors, the Vietnam veterans playing the role of mentor and the post-9/11 veterans playing the role of mentee. These intergroup behaviors are explained by social identity theory, which posits that group differences (in this case
between the Vietnam vets and the post-9/11 vets) establish roles and statuses (Tajfel & Turner, 1985). In this way, the videos may become a conduit of the social identity evaluation process whereby viewers may take on the status of the group and act accordingly.

6.1.2 Reframing Theory

Results of this thesis show that the Make the Connection videos attempt to reframe meanings associated with seeking help as well as perspectives on the VA. One principle area of reframing that may have been intended in this campaign was the reframing of the VA as a caring and effective institution, which has not been true of its recent image according to the video narratives and many news reports. Reframing was realized through veterans’ narratives, providing personal and credible testimonies about positive experiences with the VA. On a surface level, this may have been an obvious and expected result. However, results show how identity and reframing may go hand in hand.

Videos may have intended to reframe the VA, but narratives also reframed what it means for a veteran to seek help, therefore reframing social and organizational identities. Reframing and identity overlapped in the video narratives as veterans redefined traditional military values, which include strength, self-sacrifice, and commitment to comrades (Wilson & Chernichky, 2015). In fact, the videos take military values and reframe them as applying to help-seeking in ways that may be considered antithetical to traditional military cultural. For example, strength, which may have meant overcoming difficulties on one’s own, was reframed to include having the strength to endure during the difficult process of seeking help. Commitment to comrades was reframed to include the duty to help fellow veterans through their mental health challenges through personal
narratives on recovery. Self-sacrifice, which previously may have comprised losing oneself for the mission, was reframed as a need to swallow pride and seek help for the sake of family and self.

Generally, then, videos reframe military values from only caring about others to caring about self as a way of helping others. Help-seeking is inextricably connected to helping oneself, and the themes of the videos speak to redirecting one’s focus from self-sacrifice to self-help, positioning it within the current military cultural values of strength, commitment, and honor (Wilson & Chernichky, 2015). This is consistent with the consideration that reframing is “unfreezing past definitions” and developing a revised understanding (Bartunek, 1984, p. 988; Argyris & Schon, 1974) of what the military stands for. Such a revised understanding does not mean that the military has changed its identity; rather, it simply shifts interpretation of core values that have always defined military culture. In this way, reframing becomes an easier option to swallow than a complete about-face on what it means to be a member of the military. It would be harder to accept that the military is no longer about self-sacrifice and serving others than it is to accept that self-sacrifice and serving others requires the veteran to take care of her- or himself for the benefit of others.

The simultaneous reframing of the VA and military cultural values demonstrates the effect of embedding, in which frames are nested within other frames (Putnam & Roloff, 1992). Embedding is evident in videos through the way the reframing of seeking help for PTSD is connected to the value of the VA in facilitating that help. In other words, reframing of the VA as a valuable and effective resource for help-seeking is embedded in the larger frame that the military values and supports help-seeking.
Embedding may be a natural phenomenon within personal narratives, because complex stories feature interpretations of multiple areas. In fact, it was often difficult to separate themes within the videos because reframing was occurring on multiple levels and sometimes the same quote reframed multiple areas. And yet, reframing may be most effective when narratives allow for veterans to relate to the craziness of their situation as having served and then reframe that experience in a new way, such as with positivity or by seeing the opportunity as a way to help others (Buzzanell, 2010). Rather than having the veteran look at what could have been had they not served, narratives allowed veterans to help others cope and manage emotions effectively through the reframing process, a phenomenon that is consistent with research on resilience (Lucas & Buzzanell, 2012).

Therefore, the effect of reframing is to create a process whereby military veterans craft a new sense of normal for themselves and their families. The process of reframing and establishing a new sense of normality is a continuous process and challenge (Masten & Coatsworth, 1998). With reframing of the VA, help-seeking, and therapy veterans can create a new normal, one in which they can remember and honor their military service while seeking help for the challenges incurred from their service without going against their military values. This is consistent with research that has shown that reframing can aid in the reduction of negative consequences as well as encourage well-being and growth (Lucas & Buzzanell, 2012).

6.2 Practical Implications: Identity and Reframing in Health Campaigns

The use of identification and reframing to change behavior is an under-explored strategy in health campaigns. In fact, much of the literature emphasizes messaging, and the effectiveness of persuasive appeals (Mattson & Lam, 2016), which seems to position
health campaigns as a one-to-many, we-to-you endeavor for stimulating behavior change. In other words, as organizations cite statistics or potential negative effects of health behavior decisions, they separate themselves from their intended targets by communicating their potentially elevated position as a source of knowledge. This may be odd considering a health campaign’s underlying objective to remove barriers to desired behavior change (Mattson & Lam, 2016).

My position here is not intended to suggest that emotionally stimulating messages (such as fear appeals) are ineffective in changing audience behavior; research has established their effectiveness (Mattson & Lam, 2016). However, health behavior change may be even more effective when combining persuasive message appeals with social identification processes like association and dissociation, which is a proposition worth testing in future research. In fact, findings from this study suggest how fear appeals may be incorporated with social identity. Throughout narratives, veterans cited the negative effects of avoiding help-seeking, creating a high level of perceived threat and providing recommended actions, both of which are critical for health advocacy campaigns (Mattson & Lam, 2016). At the same time, however, these appeals were encapsulated under the broader umbrella of social identity, or the veterans’ tie to other veterans and to the military as an institution. Therefore, social identity may be an important context from which to build the case for persuasive appeals in a health campaign.

Social identity in a campaign is akin to the relational strategies in public relations. By definition, public relations are the function through which an organization seeks and builds relationships with important stakeholders (Ferguson, 1984; Broom et al., 1997; Ledingham, 2003). From this standpoint, the Make the Connection campaign is not only
a health campaign, targeted to change behavior, but is also, more widely, a public relations campaign, for its focus on social identity and relationships. The social identities invoked in the campaign’s videos (including both social group and organization identities) suggests that the VA is not only seeking behavior change, but is also seeking to improve its relationship with military veterans.

What is more, this social process is under-recognized in public relations research, despite its focus on relationships. Public relations campaigns focus on relational strategies, including openness and transparency, positivity, social networking, and shared tasks (Broom, et al., 1997). Fortunately, some research has recognized the effect of invoking mutual connection and social identity as a public relations strategy (Bostdorff & Vibbert, 1994). Results from this study suggest the importance of tapping into the social and organizational identities that overlap between organization and stakeholder. In other words, communicating through social identity may be an effective relationship strategy. For example, in the case of the Make the Connection campaign, the VA invokes the social and organizational identities of the veterans and communicates the shared dedication between the military and veterans to seeking help for PTSD; indeed, the effectiveness of the Make the Connection campaign depends on the way that the VA communicates that shared connection.

A shift in emphasis on the relationship between organization and public (in this case the VA and veterans) in a campaign such as the Make the Connection campaign refocuses messaging and puts it within the context of a relationship. For example, invoking the veteran’s association with the military as an organization, and as a part of the veteran’s identity, suggests the need to change because the veteran belongs to the
military. The desire to change (in this case, seek help for PTSD through the VA) becomes a function of the veteran’s organizational identity as a former member of the military. In fact, that this may have been the purpose of the VA’s campaign all along is evidence in the title of the campaign—Make the Connection. It is clear that the VA sought to connect with veterans, which suggests a relational theme.

Therefore, this study’s results have specific implications for communication practitioners and managers. Specifically, organizations seeking to influence behavior and persuade people to act on a certain point should consider contextualizing persuasive messages within the bounds of identity, and the shared identity between organization and public. This might be particularly effective for internal campaigns directed at an organization’s employees. Social identity theory suggests that employment at an organization will form part of an individual’s social identity, both through the employee’s connection to the organization and the connection with the organization. Therefore, messaging that invokes and reframes what connection to the organization means may be more likely to reach and influence employees.

The narrative format used for reframing also represents a potentially beneficial implication for communicators. The Make the Connection campaign integrated reframing into the personal narratives of veterans, making the change of perspective of the VA arguably more personal, and therefore, perhaps more credible. By embedding the reframing in personal narratives, veterans may view the videos as narratives and forget that they are viewing a campaign. In fact, the narratives act in such a way that a veteran may relate to the experiences shared and not even realize that reframing is occurring for them. It may seem like a natural result of watching the videos is to seek help for PTSD at
the VA because that’s what other veterans are doing. Choosing to embed the reframing of
the VA and help-seeking within personal narratives is strategic and different than other
health campaigns that use fear appeals and guilt to persuade a change in behavior.
Therefore, it is possible that the use of personal narratives from people within one’s
social group may be particularly effective at changing behavior

6.2.1 Implications for Military Veterans and Their Families

The underlying objective of this study was to understand how the Make the
Connection campaign attempts to motivate behavior change for individuals suffering
from PTSD. Therefore, this study’s results have implications for helping those with
mental illness seek help. Perhaps the central result from this study is that health behavior
change may be most effective as a social process. Individuals suffering from PTSD and
other mental health challenges may seek help when considering that help is supported by
a group to which the individual identifies.

Personal narratives may help to facilitate this process as well. With so many
individuals living with mental illness (not just veterans), the Make the Connection
campaign suggests the importance of sharing personal narratives of health illness and
recovery. Through the sharing of personal narratives, the stigma of mental illness may be
overcome because the sharing of personal stories allows individuals like veterans to feel
connected and supported in their health challenges. Reading the descriptions or listening
to others share their experiences with mental illness can help with coping strategies. A
publicly available and distributed campaign like Make the Connection provides a space
for veterans and others to share their dilemmas, challenges, triumphs, and other
experiences, which might help those suffering from PTSD and other mental illnesses to
find a solution. Medical professional may be able to help individuals to navigate the options available for treatment and coping, but the process begins with social connection.

This study’s findings also suggest the importance of support groups. One underlying theme of videos was the feeling of being alone in one’s mental health challenges. Each one of the veterans in the campaign videos expressed their feelings of needing to “suck it up,” which led to isolation and loneliness. It is likely that this feeling of loneliness may dissipate if veterans can find a community of others suffering from the same conditions. In the narratives individuals speak about the need to find and connect with others who face similar challenges, which reflects more broadly on social identity theory. The need for social inclusion may drive behavior and also influence identity, and this lesson is clear in the Make the Connection videos. Veterans need the social connection, and this in-group identity or sense of community may be helpful to veterans who experience mental illness.

This study can be helpful for veterans because it provides a delineation of the dilemmas that one can experience after military service, but also what one might experience with a mental illness such as PTSD. The narratives help to put into words what veterans experience when facing the effects of PTSD. Providing terms can help create a feeling of belonging and understanding in the context of an ambiguous illness like PTSD. Moreover, just knowing that mental illness exists may help any individual navigate challenges.

6.3 Limitations and Future Research

The principle implication of this study’s results for a focus on identity and reframing to effect health behavior change hinges on the Make the Connection
campaign’s effectiveness, which was not assessed as part of this study. Evaluating the response and effect of the Make the Connection campaign was outside of the purview of this thesis, as I devoted this research to understanding the use of identity and reframing strategies in the VA’s campaign.

This study’s implications are inherently limited without an evaluation of the study’s results. Therefore, future research should examine the effectiveness of the Make the Connection campaign, and other campaigns that use social identity and reframing as strategies. For Make the Connection, this could be accomplished in part through an analysis of the likes and dislikes that each video earned. Videos are hosted on YouTube where responses are available for data collection. It is likely that analyzing the number of likes, dislikes, and shares, and the themes in comments on videos will provide a baseline for the success of the campaign. Viewer response surveys would also serve as a metric for the campaign’s effectiveness.

Research that takes this next step to evaluate the campaign’s effectiveness should test the hypothesis suggested here, that invoking social identity in campaign messages leads to a more persuasive messaging effect than alternative message strategies (e.g., fear appeals that do not establish connection via social identity). Hence, this effort could include conducting a quantitative content analysis comparing types of social identity and reframing strategies and assessing associations with the number of likes or dislikes of each video, comments, or shares. Alternatively, experimental research might manipulate different types of identification and reframing strategies and assess the impact on attitudes and behavioral intentions regarding help-seeking. Of course, studies to this effect would also have to isolate other effects, including visual, technical, and messaging
factors. Other recommendations for future research might include following in the footsteps of other analytical efforts on military-based campaigns. One such effort was a Rand Report (Acosta, Martin, Fisher, Harris, & Weinick, 2012) that evaluated the US Department of Defense’s “Real Warriors” campaign, which used an expert panel to identify best practices and suggested implementing an ongoing monitoring system whereby the needs of target individuals were consistently evaluated to improve campaign activities.

When examining a campaign with the magnitude and reach of the Make the Connection campaign (over 2.8M site visits to date), the natural inclination is to assume effectiveness. One of the challenges of this study was separate assumptions about effectiveness and examine videos for their content, alone. At the same time, however, it is possible to make assertions about the strengths and limitations of this campaign based on the theoretical frameworks used to analyze message content. On the one hand, this study implies that the campaign may induce behavior change because of its use of identification strategies, whereby the videos invite social connection between veterans and link the VA with the values and experiences that connect veterans to each other. On the other hand, however, the campaign may be ineffective because of its focus on mental health issues. Despite any positive messages that emerge in testimonials, the deep societal stigma associated with mental illness may overshadow any positive messages, especially for those struggling with mental illness. Furthermore, the campaign features no explicit call to action. Though each video ends with a link to the campaign’s Facebook and YouTube pages and an invitation to “Join the Conversation” (see Appendix B), the invitation is
subtle, and not a direct invitation to seek help (i.e., the videos often do not explicitly say “if you are struggling, then you should seek help from the V.A. now”).

Another limiting issue of this study involves the interpretation of the messages embedded in videos. Because this is both a public relations and health campaign developed and distributed by an organization (in this instance, the US Department of Veterans Affairs), the personal narratives should not be considered a complete or even accurate picture of the veterans’ experiences. It is likely that the campaign’s creators edited videos to reflect their own purposes, and this study’s themes should not be considered a complete portrayal of the veteran lived experiences. Rather, this study was limited to only analyzing strategies that actually appeared in the final videos used for the campaign.

6.4 Conclusion

In conclusion, this qualitative content analysis of the Make the Connection campaign videos has revealed important insights into the way narratives reframed PTSD, the VA as an organization and help-seeking. Results show how the campaign used invitations for identification and reframing to change the way PTSD and the VA may be viewed. Furthermore, results suggest that health campaigns may benefit from enhancing traditional persuasive appeals (including guilt and fear appeals) with efforts to invoke social identity, including group and organizational membership. By taking this approach, reframing the image of the VA and what it means to seek help from the effects of PTSD may have been more easily accepted by veterans viewing the videos. Future research should consider the effectiveness of these efforts to reduce the incidence and impact of PTSD in society.
REFERENCES


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APPENDIX A. SAMPLE VIDEO TRANSCRIPTS FROM
THE VIETNAM AND POST-9/11 ERAS

Video Transcript: Vietnam

Ed
U.S. ARMY
VIETNAM WAR
COMBAT VETERAN

0:01 My name is Ed.
0:02 I joined the Army in November of '68.
0:07 I was trained as a mortarman in the secondary MOS, was
0:11 infantry, 11 Bravo.
0:13 Served in Vietnam 17 days short of a year.
0:17 We're from a background of drinking.
0:20 Everybody drank.
0:21 You went to work.
0:22 And when you got off work, you drank.
0:23 And so that didn't seem like it was a problem.
0:26 That just seemed like normal way of life.
But I used to smoke a lot of pot.
And then one day, just all a sudden, I smoked a joint.
And I turned around and went back home.
I couldn't go out anymore.
I quit going out at night.
It was just I was going to get in trouble if I went out at night.
Once I got divorced, I was ostracized from being with my friends as a group.
My father and mother never said a word about it to me.
And they were very close with her.
I didn't react towards my family.
But there was a lot of it where I didn't feel like I was part of it.
People clammed up after Vietnam.
They never talked about it.
My dad never talked to me about it.
And he was combat infantry in World War II.
So it was just--
you came back and you went right back to where you were two years before that as if nothing happened.
I think that's part of the reason why things got buried,
for myself anyway.
It wasn't until after I retired things changed.
Once I retired, I just wasn't--
it's like I was always in a work crew.
I was never a boss.
So for all those years, for maybe 30 years, I was always
told what to do.
And I was fine with that.
But once I retired, it just all changed.
At one point, I says, I need to see somebody.
This guy that I saw, and still see, I tell people
he was my road map.
He says, this is what you need to be doing.
This is who you need to talk to.
Or this is your next step and stuff like that.
And so I contacted the VA.
But I could always go back to my Vet center and talk
one-on-one with this guy to where he was just my roadmap.
He kept me focused.
I found out that I wasn't alone.
I mean I wasn't the only one experiencing this.
And I didn't know anything about PTSD.
And when I saw this doctor, she told me, she says, well,
this is PTSD.
And I didn't know that.
I could deal with anger better.
I learned that I'm not the only person with problems. This other person might have a problem. So I just become more tolerant in a way. I don't let minor things bother me. So if you've got a little problem or you think you have a problem or a big problem, I don't know, maybe stop in the Vet center. That's the street level entrance into the VA system as far as I can see. You can just stop in and talk. Set up an appointment. Start out with that. Or talk to somebody like myself who's been there. I've steered a lot of guys to that very Vet center over there. And just start out with the basics.
My name is Hugh.

I retired as a Sergeant First Class from the US Army.

I experienced signs and symptoms of PTSD after my deployment to Panama.

I didn't realize it was PTSD.

I didn't have to acknowledge that it was PTSD.

But during that jump and in the following operations, I saw my first dead American soldier, which caused instant vomiting.

When I came back, I had difficulty sleeping.

I was really agitated, what people would call hyper-vigilant.

But I was able to channel all of that into Service.

So, within a year, I'm in the desert again for Desert Shield, and I was fortunate enough to be a driver of a truck that drove up the Highway of Death.

And I still have vivid recollections of that for no reason.

There's not necessarily a trigger.

There were a lot of events that I didn't realize that I remembered until I was out of Service.
I did choose to retire at a really expedited rate.

I wasn't--

we finished our tour in Baghdad in February of 2007,

and I was retired by June.

Now, you can't do that anymore.

And there's some really good reasons why.

I've waived my physical evaluation, I waived my mental health evaluation.

I didn't want to have to explain what I was going through individually.

And it never really surfaced easily for the first year and a half after I got out.

But the problem was, I spent 20 years being evaluated on my performance for putting mission first and taking care of others, and not necessarily taking care of myself.

My kids told me after I got back this time that I wasn't the same Dad that left.

I experience emotional moods for no reason.

I can be in the car by myself, driving from the house to the grocery store to pick up some insignificant item, and be overwhelmed with emotion.

I can come home with bloodshot eyes from bawling my-- from crying in the car.

I was noticing that I was having a really difficult time
staying focused at work, that I was having a hard time physically keeping up for an 8-hour to 10-hour day. And I had had some cardiac issues before I retired. I had been enrolled in and going through the Operation Iraqi Freedom program. And part of that program, you get to speak to mental health professionals. And I'll tell you, I'm the worst one asking for help myself. But when I was talking to a psychologist, she recognized the need for me to speak to a psychiatrist, who then became the best mental health advocate that I've ever experienced. I know what works best for me, which doesn't work best for everybody else. So if you have to find help, you need to find out what works for you and leverage that until you get to a better place. And it's to bring those people from the edge of their couch that are living in a really bad place, where I was, into the light to let them know that there are people and organizations out there that are willing to offer services and programs to help them find a better new normal. Because the end goal, the end state, is to
be a healthy Veteran.
APPENDIX B. SAMPLE SCREEN SHOTS FROM THE MAKE THE CONNECTION CAMPAIGN

Sometimes it's more than a physical injury
VITA
VITA

Staci B. Smith  
*Graduate Instructor*  
Purdue University, West Lafayette, IN, smit2073@purdue.edu, 801-420-8827

**RESEARCH VISION**
In my research, I seek to establish understanding of digital media influences and effects on health, risk, and crisis information seeking and processing. I am particularly interested in the convergence of global food security and online interaction, and the way individuals use digital social media to make decisions about health and wellness.

**TEACHING PHILOSOPHY**
My approach to teaching is to start with the firm belief that every student has the ability to acquire the information taught and be successful. The only barriers that stand in the way are the students themselves. As a teacher, I seek to remove those barriers through personal interaction and coaching, as I help them realize they are capable of learning and succeeding.

**EDUCATION**
**Master of Arts, Purdue University, 2016 (expected)**  
Health Communication

**Bachelor of Science--Brigham Young University, 1999**  
Dual Degree: Elementary Education and Special Education

**CURRICULUM**
**Graduate Instructor – Purdue University, West Lafayette, In, Jan 2014-Present**  
Com 318: Principles of Persuasion, Teaching Assistant  
Com 325: Interviewing, Instructor  
Com 320: Small Group Communication, Instructor  
Global Strategic Communication, Barcelona Spain (Com 325), Summer 2015

**EXPERIENCE**
**Research Assistant, $30K Grant, SBHP Communication Campaign, Purdue University, May 2014-Present**  
Conduct research on Military Families for Grant project with Marifran Mattson and Steve Wilson

**Graduate Instructor – Purdue University, West Lafayette, In, Jan 2014-Present**  
Teach upper level communication courses for the Brian Lamb School of Communication
**Teacher, Barbara’s Montessori School, Washington, D.C. 2007-2008**
Led instruction among preschool children

**Teacher, Mt. Loafer Elementary School, 2000-2001**
Taught 5th grade units in Math and Science

**SERVICE**
Volunteer, CGSA Conference, 2014

**REFERENCES**

**Steve Wilson**
Professor, Brian Lamb School of Communication

**Barbara Dixon**
Associate Dean for Administration in the College of Liberal Arts

**Jerri Ferris**
Continuing Lecturer; Director of COM 325
PUBLICATIONS


