Tell It if You Can: A Study of Post-Traumatic Stress Disorder in Newspapers and Military Blogs

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Lu Wu

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This thesis titled
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by
LU WU

has been approved for
the E. W. Scripps School of Journalism
and the Scripps College of Communication by

Ellen J. Gerl
Associate Professor of Journalism

Scott Titsworth
Dean, Scripps College of Communication
ABSTRACT

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Tell It if You Can: A Study of Post-Traumatic Stress Disorder in Newspapers and Military Blogs

Director of Thesis: Ellen J. Gerl

This study investigates the differences in the delineation of post-traumatic stress disorder in newspapers and in military blogs. Through thematic analysis of selected newspaper articles and blog posts, the research examines the different categories and themes that exist in newspapers’ and weblogs’ coverage of PTSD among military members and veterans. Marked differences are found among newspaper and blogs. It further discusses the function of both media in the PTSD “imagined community.” The content of newspaper articles is focused on the overall picture of PTSD in the military society, but overlooks the individual struggles. In addition, newspaper coverage tends to frame PTSD negatively. The blog contents are more personalized and emotion-driven, providing details of daily life and experience, but could not compete with newspapers on quality journalism.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>iii</td>
</tr>
<tr>
<td>Acknowledgment</td>
<td>iv</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Literature Review&lt;br&gt;The History of PTSD</td>
<td>4</td>
</tr>
<tr>
<td>What is PTSD?</td>
<td>5</td>
</tr>
<tr>
<td>The U.S. Military and PTSD</td>
<td>8</td>
</tr>
<tr>
<td>Traditional Media on PTSD</td>
<td>11</td>
</tr>
<tr>
<td>Theory and Shared Experience</td>
<td>14</td>
</tr>
<tr>
<td>Military Blogs</td>
<td>17</td>
</tr>
<tr>
<td>Research Approach and Questions</td>
<td>19</td>
</tr>
<tr>
<td>Method&lt;br&gt;Overview&lt;br&gt;Blog Sample&lt;br&gt;Newspaper Sample&lt;br&gt;Pretest</td>
<td>21</td>
</tr>
<tr>
<td>Results&lt;br&gt;Research Question 1&lt;br&gt;Newspaper Category One: Department of Veterans Affairs Inefficiency and Bureaucracy</td>
<td>29</td>
</tr>
<tr>
<td>Newspaper Category Two: The Stigma of PTSD</td>
<td>32</td>
</tr>
<tr>
<td>Newspaper Category Three: Post-deployment Adjustment Problems</td>
<td>34</td>
</tr>
<tr>
<td>Blog Category One: Daily Struggles</td>
<td>38</td>
</tr>
<tr>
<td>Blog Category Two: The Attitudes</td>
<td>41</td>
</tr>
<tr>
<td>Blog Category Three: Family and Other Support</td>
<td>42</td>
</tr>
<tr>
<td>Blog Category Four: PTSD Advice and Advocacy</td>
<td>44</td>
</tr>
<tr>
<td>Research Question 2&lt;br&gt;First Newspaper Theme: Medicalization</td>
<td>47</td>
</tr>
<tr>
<td>Second Newspaper Theme: Negative Stereotypes of PTSD</td>
<td>50</td>
</tr>
<tr>
<td>v</td>
<td></td>
</tr>
</tbody>
</table>
INTRODUCTION

Large-scale U.S. military action was finished in Iraq at the end of 2011, and it is scheduled to wind down in Afghanistan before the end of 2014. But at home, the war is not over for millions of veterans trying to return to civilian life. The overnight role switch might disconnect them from military service but couldn’t free them from the wounds they suffered in the brutal war zone, physically and psychologically. The data from the U.S. Department of Defense shows that more than 32,000 U.S. service members were injured during the Iraq War and 16,277 were injured in the Afghanistan War. However, these statistics do not count the invisible wounds, the mental health disorders associated with war that are prevalent.

Neurological damage, traumatic brain injury (TBI) and post-traumatic stress disorders (PTSD) have become the signature wounds of war. A landmark 2008 RAND study found that nearly 20 percent of Iraq and Afghanistan active duty members screened positive for PTSD, depression or other mental disorders and up to 37 percent of Iraq and Afghanistan wars veterans have PTSD (Tanielian & Jaycox, 2008).

The American Psychiatric Association (1994) defined post-traumatic stress disorder (PTSD) as a severe anxiety disorder that can develop after exposure to any event that results in psychological trauma. The disorder is a wasting condition with symptoms that include depression, sleep disturbances, flashbacks, suicidal tendencies, alcoholism, substance abuse, violence and a pervasive sense of isolation.

No other group is more vulnerable to developing PTSD than military personnel. Extreme combat experiences, numerous deployments in a short amount of time and repeated combat tours can increase the risk of combat stress (Williamson & Mulhall,
In addition, a study found that pre-existing characteristics, including psychiatric status, are important risk factors for the occurrence of PTSD among soldiers (Sandweiss, Slymen, LeardMann, Smith, White, Boyko & Smith, 2011).

The Department of Defense and the Department of Veterans Affairs have made major improvements to assist research and supporting programs. Thousands of new mental health care workers have been hired and mental health professionals have been placed in primary care facilities (Williamson & Mulhall, 2009).

However, geographic barriers and cultural obstacles are still standing in the way between veterans and the availability of care and help. Many veterans, particularly those in rural areas, still have difficulty accessing Veterans Affairs care. The cultural stigma of a diagnosis of mental disorders is still intimidating many soldiers and veterans. The concerns of showing weakness and possible damage to their careers keep them away from seeking help if they suspect they have mental health problems (Williamson & Mulhall, 2009).

Raising awareness of PTSD and providing treatment to military service members and veterans in need is urgent as millions of people are experiencing the illness and many are putting their lives and other people’s lives in danger. Because of these long-term effects, the estimated financial cost of the new veterans’ mental health crisis will reach billions of dollars (Tanielian & Jaycox, 2008).

Besides counting on help and assistance from government and military programs, military personnel and their family members are now using online communities to look for help and show support. Blogging is on the rise as a tool to deal with PTSD. It serves
as one of the most effective tools to protect users’ identity and privacy but also draws upon the efficiency of mass communication, exchange of information and opinions in the PTSD community. Unlike traditional media, blogs deliver the most personalized stories, and therefore the most emotional content on the development of medical treatment (Donovan, 2011).

Media attention on PTSD has increased year by year in the twenty-first century. Intensive media coverage obviously helps inform society with knowledge of PTSD, veteran treatment and other important messages. However, controversies have emerged as the traditional news media’s work on medical reporting, stereotyping, lack of individual voice and dehumanization of patients worries psychological and other experts regarding the actual influence of their reports (Wallington, Blake, Taylor & Viswanath).

This thesis primarily examined the PTSD blogs that were written by active service members, veterans and their family members. The focus was on how those blogs portray PTSD and how they contribute to the battle against the mental disorders of military personnel. Meanwhile, an analysis of newspaper articles on PTSD has also been included in order to compare the different content and approach that traditional media writers use to report about PTSD. Blog posts and newspaper articles were examined using thematic analysis. This qualitative method allowed a thorough look at how PTSD is presented by different media.
LITERATURE REVIEW

The History of PTSD

Before 1980, different names were given to the agony of post-combat psychological disorders such as depression, anxiety and alcoholism that many soldiers were suffering when they came back from the front line (Kinchin, 2007). The name post-traumatic stress disorder (PTSD) did not exist.

Old descriptive phrases of stress-related disorders are often connected with warfare. Among those historic names associated with what we now call PTSD, listed in Kinchin’s (2007) book, most are connected with war or combat. For example, “soldier’s heart” was used to describe Civil War soldiers’ homesickness; “war neurosis” was a name for World War I soldiers’ psychological issues.

Vietnam War veterans are a large group of people – 2.7 million Americans served in Vietnam during the years of active American combat – and many of them shared post-combat behavior and symptoms involving depression, alcoholism, substance abuse and violence. The pervasive negative behavior drew the medical world’s attention. Doctors began to realize that the behavior and symptoms displayed among victims of extreme traumatic events could be grouped into one diagnosis (Kinchin, 2007).

By the mid-1970s, extensive research was performed on psychiatric syndromes occurring as consequences of exposure to stressors (Andreasen, 2010). In 1980, the American Psychiatric Association added the name “post-traumatic stress disorder” to the third edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (Friedman, 2007).
The definition of a “traumatic event” was set as “a catastrophic stressor that was outside the range of usual human experience” (Friedman, 2007) in the disorder’s DSM-III formulation. The scenarios include war, airplane crash, massive natural disaster, etc., which were clearly separated from very painful but normal life experiences such as divorce, financial crisis, failure, and the like (Friedman, 2007).

The initial diagnosis of PTSD was quickly accepted clinically and also became the object of many research studies (Andreasen, 2010). However, clinicians soon broadened the narrow definition of PTSD and associated the name with expanded milder stressors that were not intended initially. As a result, the assumed-to-be relatively rare syndromes in peacetime became much more common (Andreasen, 2010).

In the next two decades after PTSD was included in the DSM-III, its diagnostic criteria were revised several times (Friedman, 2007). When DSM-IV (1994) was completed, the definition of PTSD was further modified (American Psychiatric Association Committee on Nomenclature and Statistics. 1994, cited by Andreasen, 2010).

What is PTSD?

Traumatic events usually are unexpected and are likely to cause physical and psychological distress or harm to people who experience the events. During the event itself, the world seems to be upside down and the brain goes blank. Later on, flashbacks, fear, regret and nightmares keep occurring.

Anxiety and depression may lead to post-traumatic stress, a classical waxing and waning illness that may exhibit periods of remission and return of symptoms [Institute of Medicine and National Research Council (IMNRC), 2007].
An early study of PTSD explained the formation of PTSD by introducing the five human phase responses after the experience of traumatic experience. These are outcry, denial, intrusiveness, working through and completion (Horowitz, 1983).

Horowitz (1983) discussed that an initial period of outcry may be followed by denial and intrusion because of the simulation of stressors. Although the two states have a general tendency to occur in phases, they oscillate confusingly at times. Phases of denial and intrusion may be followed by a period of working through in which both intrusive and denial qualities are noted, but the transition is time consuming. A period of relative completion can occur when the person returns to a level similar to what he or she experienced before the traumatic event.

However, people’s ability to handle stress and adjust on their own is different. Some people have a more brittle self-concept and more easily fail to control their emotions, and they lack coping strategies, which sometimes can lead individuals to be overwhelmed with intolerable emotional states and become vulnerable to suffer from PTSD (Horowitz, 1983).

Horowitz (1983) further suggested ways by which to evaluate the severity of a patient’s PTSD. The two most important symptoms, which can be examined quantitatively, are intrusive states of mind and denial states of mind.

Horowitz’s study identified the gap between academic study of PTSD and the actual treatment of patients. He noticed that the diagnosis of PTSD was still difficult compared with other mental diseases, partially because part of its definition is “generally
outside the range of usual human experience,” according to the Diagnostic and Statistical Nomenclature (DSM-III), and is too opaque for certainty (Horowitz, 1983).

The studies after Horowitz detailed the criteria of diagnosing PTSD. PTSD can be divided into three types: acute, chronic, and delayed onset. If symptoms last less than three months, it is acute PTSD. In chronic PTSD, symptoms last three months or more, while in delayed onset PTSD, symptoms appear at least six months after the traumatic event ([IMNRC], 2007). To be more specific, five criteria are needed to meet a diagnosis of PTSD (Kinchin, 2007):

1. The patient must have been exposed to a stressful event or situation (either short or long lasting) of exceptionally threatening or catastrophic nature, which would be likely to cause pervasive distress in almost anyone.

2. There must be persistent remembering or “reliving” of the stressor in intrusive “flashbacks,” vivid memories, or recurring dreams, or in experiencing distress when exposed to circumstances resembling or associated with the stressor.

3. The patient must exhibit an actual or preferred avoidance of circumstances resembling or associated with the stressor, which was not present before exposure to the stressor.

4. Either of the following must be present:
   - Inability to recall either partially or completely, some important aspects of the period of exposure to the stressor
   - Persistent symptoms of increased psychological sensitivity and
arousal (not preset before exposure to the stressor) shown by any two of the following: difficulty in falling or staying asleep; irritability or outbursts of anger; difficulty in concentrating; hyper vigilance; exaggerated startle response.

5. Criteria 2, 3 and 4 must all be met within six months of the stressful event or the end of a period of stress. (For some purposes, onset delayed more than six months may be included but this should be clearly specified.)

The U.S. Military and PTSD

Compared with earlier prolonged conflicts, the American combat in Afghanistan (2001-) and Iraq (2003-2011) has resulted in lower casualty rates. However, other damage from deployment experiences has emerged besides physical wounds.

About 2,413,000 young Americans have served in the Iraq or Afghanistan wars, so far. By July 2012, the Department of Veterans Affairs has formally diagnosed 207,161 Iraq and Afghanistan war veterans with PTSD, but the actual number of soldiers and veterans having PTSD and major depression is much bigger (Wood, 2012). Among service members who have been diagnosed with mental illness, 5 percent to 15 percent suffered from PTSD, which is the single most common diagnosis (Ramchand, Karney, Osilla, Burns & Calderone, 2010).

Military-related post-traumatic stress disorder is complex and persistent (IMNRC, 2007). Various studies found that the prevalence of PTSD and depression increases after the return from deployment, and service members who have been wounded and who have
experienced combat exposure are more likely to meet criteria for PTSD (Ramchand, et al., 2010).

Although the idea of the prevalence and severity of PTSD is gaining wide attention, limited data describing the mental health problems of individuals who have served in Afghanistan and Iraq has been collected. In addition, the evaluation of how the long-term effect of PTSD might affect veterans and their family members has not been done because the time since the veterans’ return has been too short for conclusive studies (Ramchand et al., 2010).

The mental health among military personnel has drawn public attention giving the fact that the suicide rate in the U.S. Army has increased dramatically in the past few years. The Center for a New American Security (CNAS) released a report last year, finding that from 2005 to 2010, once almost every 36 hours, a service member took his or her own life. Among all types of services, the U.S. Army and U.S. Marines have the highest suicide rates since 2004 and continued to climb steadily until 2009. Suicides in the Marine Corps kept increasing from 2006 to 2009, dropping slightly in 2010.

Among persons who have committed suicide, mental disorders are the most common contributing factors. Although a study showed that PTSD is associated less directly with suicide than depression is, persons diagnosed with lifetime PTSD were significantly more likely to report that they imagined themselves committing suicide, a medical symptom called “ideation,” and they also were more likely to commit suicide than patients diagnosed with other anxiety disorders. Other studies show that soldiers with multiple combat tours are at greater risk of committing suicide than soldiers who
have never been deployed. Studies have also listed combat exposure, misuse of prescription medications and personal financial problems as leading factors contributing to the increase (Ramchand et. al., 2010).

The same report released by CNAS suggests serious obstacles remain in the work of the military and veteran authority to reduce suicide rates in service members and veterans (Harrell & Berglass, 2011). These include:

- Frequent personnel transfers complicating efforts to provide consistent mental health services.
- Personnel transfers occurring quickly after return from deployments hampers efforts to identify mental health conditions in the post-deployment period.
- Commanders are not always aware when subordinates are the subject of investigation, an event which is sometimes a suicide trigger.
- Soldiers are sometimes encouraged to provide false answers in post-deployment mental health screening questionnaires to avoid being identified, and perhaps stigmatized, by a PTSD diagnosis.
- A cultural stigma against mental health care persists in the armed forces. (p. 3-5)

Although military organizations are taking steps to provide needed help to military personnel both pre-deployment and post-deployment, stigma still exist in military culture and is listed as one of the factors contributing to the failure of seeking for help (Gould, Greenberg & Hetherton, 2007).
Britt (2000) specifically examined the stigma of psychological problems in the military. Results showed that the subjects, United States peacekeepers, returning from Bosnia believed that admitting to a psychological problem was more stigmatizing than admitting to a medical problem. Over half expressed the concern of causing damage to their careers if they disclosed their psychological problem.

Veterans, on the other hand, are facing more challenges than active duty soldiers when dealing with PTSD. Their encounters with other post-deployment stresses such as unemployment and financial pressures may complicate their lives. Their dispersal all over the country could mean the absence of the readily available medical and psychiatric facilities. In addition, the loss of frequent contact with comrades and colleagues impedes the experience sharing and support seeking generally (Greden, et al., 2010).

Traditional Media on PTSD

The widespread diagnosis of post-traumatic stress disorder in soldiers and veterans of the U.S. troops has long caught the attention of the news media. But the high intensity of coverage of PTSD did not happen until recent years.

Media in modern life have become important sources for people to rely on for information. Barker (2002) said media stories affect people’s feelings, attitudes and behaviors toward health issues. One study on the media reportage on heart disease argued that all media stories on health topics and issues are framed to construct a viewpoint regarding what should be believed, and decided and acted upon (Clarke, 2006).

For almost 20 years after the initial medical definition of the diagnosis of PTSD, the media seemed to be indifferent toward this problem (Armstrong & Olatunji, 2009).
Not until the start of the Afghanistan and Iraq wars in the early 21st century, did media begin to devote significant attention to the topic.

Armstrong and Olatunji’s (2009) study of the quantity of newspaper and newswire coverage of PTSD found that from 1988 to 1998 the number of PTSD news stories fluctuated between 50 and 100 each year. Even the terrorist attacks of September 11, 2001 did not result in a notable increase in media coverage. However, during the first few years of the Iraq and Afghanistan wars, there was a notable increase of media coverage of PTSD, with the number of stories increasing dramatically from 2007 until the year of his study, 2009, when there were more than 585 articles.

Armstrong (2009) considered the content about PTSD in the mainstream media outlets in the United States to be generally unclear and shallow as well as too narrowly focused on the failure of identifying PTSD instead of discussing the specificity of the issue:

For example, a search of *Time* magazine dating back to 2000 returns titles such as “The Hidden Scars of Battle” (2004) and “Stigma Keeps Troops from PTSD Help” (2008), stories that both call for increased awareness of the disorder. However, the search did not return any articles critical of the PTSD construct, or the construct's application to combat responses and post-war adjustment. (p. 3)

The quality of health and medical journalism is affected by many factors. Lasson (2003) and his colleagues identified nine, such as deadline, space limit, lack of knowledge and difficulties with terminology. For instance, the complexity of many medical issues may cause journalists to take shortcuts as they provide information to their
audiences so they may process complex information. In an effort to be clear, and newsworthy, journalists may distort the news about mental illness (Holman, 2011). Studies also found that mistakes and inaccuracy often occur when media try to shape the discourse about mental health issues (Ray & Hinnant, 2009).

Various studies on media coverage of mental health come to a similar conclusion that media portray mental disorders in a negative manner (Ray & Hinnant, 2009). Wahl (1995) notes that mass media commonly link mental illness to violence and criminal activities.

Besides stereotyping mental illness coverage, the media often use extreme representations or examples to demonstrate the issue. This results from the news judgment and sense of newsworthiness, such as the oddity of extreme cases, but given the fact that audiences draw their information about this topic from what they receive from media, the influence is not promising (Holman, 2011).

Journalists’ portrayals of the psychological problem sometimes upset some people who insist that the voice should be given to people who are actually experiencing the illness. A psychiatry professor via his blog criticized one journalistic article reporting a doctor’s wrong diagnosis of PTSD (Bremner, 2009):

An example of one of his (highlighted) retarded statements is “misdiagnosed soldiers receive the wrong treatments and risk becoming mired in a Veterans Administration system that encourages chronic disability.” Since when does the Veteran Affairs want chronic disability? If anything they are invested in reducing their costs. And who is he to say who is “misdiagnosed”? Not everyone develops
PTSD, but for those who do, it is real, believe me, and it doesn’t matter what some pointy headed professors (or journalists) who are seeking attention with provocative statements say. (para. 5)

Theory and Shared Experience

This research takes its cue from the theory of Benedict Anderson’s concept of “imagined communities.” Anderson (1983) argued that the idea of community arises not from shared geography, because even in small communities it is impossible to know every member thoroughly, but rather from shared experiences and ideals. Soldiers in the armed forces share military ideals through indoctrination and combat experience. However, after leaving the battlefield, they disperse to their own scattered lives and their ties based on proximity are often broken. The internet, and particularly the advent of blogging in the last two decades, has created an opportunity for scattered populations to come together in imagined communities centered on self-selected, shared goals. Writers and readers can seek out and give advice, tell personal stories, and come together around key beliefs.

Anderson made this argument about newspaper readers in 1983:

We know that particular morning and evening editions will overwhelmingly be consumed between this hour and that, only on this day, not that . . . . The significance of this mass ceremony . . . is paradoxical. It is performed in silent privacy, in the lair of the skull. Yet each communicant is well aware that the ceremony he performs is being replicated simultaneously by thousands (or millions) of others of whose existence he is confident, yet of whose identity he
has not the slightest notion. Furthermore, this ceremony is incessantly repeated at daily or half-daily intervals throughout the calendar. What more vivid figure for the secular, historically clocked, imagined community can be envisioned? (p. 35)

What Anderson could not have envisioned at that time was the even greater ability of the digital media to create imagined communities where people who share interest in particular issues can gather for support and sharing of information. Those affected by PTSD form one such imagined community.

One of the most dangerous aspects of mental disorders is that patients try to keep the illness to themselves. Sharing personal experiences with other people enables the construction of a community for people who share similar interests, face similar life dilemmas and similar health issues. Community, and communication, provides the opportunity for people to share their own agony and begin to make friends, as well as to learn more about their illness and how to manage everyday life from others in the same situation (Bulow, 2004). As people start to tell their own stories, understanding the conscious attempt to remember what happened and give meaning to it, the pain begins to soothe (Rodriguez, 2012). Sharing experiences is a powerful remedy for personal struggle in many contexts and is popular in a modern world where disease has gained more and more attention and technology provides all kinds of communication platforms for people who have the intention to dedicate themselves to a particular issue.

Blogs differ from traditional media in the way that it represents its technological platform as well as its output (Garden, 2012). Unlike traditional media, weblogs can provide a way to share personal info without surrendering control of the conversation
thread. Blogging is a personal and direct opportunity for people to share their experience and understanding of illness, pain and needs, moreso than through the journalistic filter of traditional media. In today’s Internet age, blogs, and particularly illness blogs, are serving a big role in soothing the pain of people who are struggling with their lives. Nowhere is illness storytelling occurring more vividly and in such detail than in blogs (Heilferty, 2009). For nearly two decades of development and change, blogging has gained recognition as a completely new genre of authorship and readership, instead of a mundane online document of daily life (Heilferty, 2009). The unique feature distinguishing blogs from forums, message boards and newsgroups is that only the author is able to post entries, with readers restricted to commenting. Four main features are mentioned to distinguish blogging from other type of journalism (Resteigne, 2010): “a narrative style characterized by personalization; an emphasis on non-institutional status; audience participation in content creation; and fragmented story forms and interdependence with other websites” (p. 517). Free blogging software and the easy operation without requiring special computer knowledge offer a more flexible and simple approach to share experience and communicate with others (Gordon 2006).

Research on illness blogs recognized that the unique unsolicited and interactive features of blog writing could help to diminish the psychosocial side effects of illness. The content about illness in those blogs is broader, more vivid and realistic than anywhere else (Heilferty, 2009) because those people are describing a life that they are living, in rich detail, and more importantly they identify those elements of the experience that need to be improved. The ability of people writing and responding to blogs to remain
anonymous further encourages the participation and communication. Especially for military personnel, avoiding public exposure might help relieve their concerns regarding the stigma discussed previously.

**Military Blogs**

Military blogs (or “milblogs”) came into existence coinciding with the invasions of Afghanistan and Iraq. Because many people in the military are young, and embrace technology, it is easier for them to use the Internet as a tool to connect with the world. The number of milblogs was reported to be around 200 in May 2005, with researchers estimating that the number would increase dramatically in the next few years (Memmott, 2005).

Many of the current milbloggers tend to be openly critical of mainstream media coverage of the military. The creation of WikiLeaks in 2007 sent an alarm to warn the public of the transparency of government activities. Therefore, when the candid disclosure and documentation of military life and front line stories are presented in those milblogs, it offers Americans a chance to connect with soldiers in ways that mainstream media does not, and it constitutes a source that allows individuals interested in military topics to get access to information other than official news releases and media reports (Resteigne, 2010).

Without initial restrictions or models of how to blog about war, the arrival of military bloggers challenged the conventions in war communication where the military service’s public affairs specialists are usually charged with shaping and disseminating information to the mainstream news media. Starting in 2004, media attention began to shift to military blogs as sources of information and gave them unexpected authority (Wall, 2010).
The military soon felt that their authority had been challenged by those milblogs. The armed forces set boundaries to regulate soldiers’ use of social media, particularly blogging. In 2005, an order was issued by the U.S. Army that requires bloggers to officially register their blogs with their commanders. However, the action wasn’t effective because not all bloggers did so, and not all commanding officers bothered to monitor their subordinates’ online activity (Wall, 2010). But many milbloggers began to post disclaimers on their Web sites either voluntarily or to meet the policies (Bruce Anderson). The U.S. Army in 2007 further cracked down on the soldiers’ interaction online and ordered soldiers to stop posting to blogs or sending personal e-mails without first clearing the content with a superior officer, which concerned observers who thought that might mark the end of military blogs (Blackfive, 2007).

The content of military blogs varies from shared combat experience to personal lives. Since the blogosphere is a genuine reflection of military life, PTSD has been a widely discussed topic in the community. Some of the combat PTSD blogs are written by soldiers who are serving in the military, and some are by veterans who retreated from military life but are struggling with issues resulted from previous deployment. Many others are written by family members or friends of PTSD patients, who are witnessing their beloved ones dealing with agony. The PTSD blog community is active in encouraging more people to join them, sharing experience and exploring all aspects of the PTSD life.

However, no study so far has particularly examined those combat PTSD blogs for their characterization of PTSD. These blogs have their unique value of disclosing what
life is really like for military personnel who are facing mental disorders that are jeopardizing themselves and their families and are even life-threatening. Distinguished from traditional media, PTSD blogs also have certain journalistic values in reflecting the problems in media framing and stereotyping. Meanwhile, they also deserve the attention of policy makers who are concerned with making more targeted plans to help service members and veterans fight the longer and tougher war against PTSD.

Research Approach and Questions

This study used thematic analysis, a conventional practice in qualitative research, to understand how PTSD is portrayed in personal blogs and traditional media. Thematic analysis involves searching through data to identify any recurrent patterns. Aronson (1994) outlined four steps to perform a thematic analysis. The first step is to collect data. In this study, a sample of blogs and newspaper articles were selected. The next step is to read through the text and identify various topics embedded in the data. Thematic analysis allows themes to emerge from the data, rather than searching for pre-defined themes. The next step to a thematic analysis is to combine and catalogue related topics into categories where themes begin to emerge, and assign names and definitions to each theme. Units such as conversation topics, vocabulary, and meanings are studied. Finally, after a careful re-examination of the text, it is time for the final construction of each theme. Each theme is further illustrated with quotations from the original text.

Comparing newspaper and blog content about PTSD qualitatively provides a more in-depth picture of the different views people have toward this topic from different stands. The key point of this study is the comparison between the information of PTSD
delivered directly from people who experience it personally and from information translated and filtered by media. To be more specific, the following research questions were addressed:

[RQ 1]: How is PTSD characterized by Iraq and Afghanistan war veterans in their blogs and by journalists?

[RQ 2]: What are the significant themes in PTSD blogs and newspaper articles?

[RQ 3]: How might the differences in blogs’ and newspapers’ portrayals inform the decisions of audiences seeking accurate, useful information about PTSD?
METHOD

Overview

This study used thematic analysis to compare coverage of post-traumatic stress disorders in two types of media: blogs by people with PTSD or their immediate family members, and newspaper articles that discuss PTSD. This study chose appropriate articles for a purposive sample based on the knowledge of the researcher. The blogs were narrowed down to the ones written by military personnel, veterans or their family members because the purpose of this study is inspired by the fact that PTSD is prevalent among soldiers and veterans and could be devastating and even fatal to many who are struggling in current government and military assistance programs.

This study chose news articles from *The New York Times*, *The Washington Post* and the Associated Press as samples. The date range for newspapers in this study was March 1, 2003 to July 31, 2012, which covers the entire Occupation in Iraq and most of the period of the Afghanistan War. The date of blogs varied depending on how far each website allowed retrieval of archived posts. Overall, the oldest blog post was made in 2005. According to *Time* magazine, blogs became widely recognized as one part of major media in 2004. The date range for the blog posts was 2005 to 2012.

Blog Sample

To select blog samples for this study, the priority was given to blogs written by active duty military service members and veterans with PTSD and their spouses. This study referred to the website militaryblog.org, which lists 15 of the newest, popular milblogs shedding light on mental and physical illness, and the “40 Excellent Blogs for
PTSD Support,” selected by NursingSchools.net, to generate the blog samples. However, since the ranking by NursingSchools.net was done in 2010, and many of its selection were not focused on military PTSD issues, only two blogs were selected. To make the blog samples more representative, blog links that were posted on the already-selected blogs were also examined and some were included in the list based on their relevance and contents. Most blogs were updated regularly in the year of 2012, or at least a few times in 2012, which means the blogs were still active or had been active in the recent past. If the blog was created less than a year ago, the hits were used as criteria to determine its value. For each blog that was chosen, all the articles that can be seen on their websites including the ones in the archives were viewed. However, for a few blogs, the websites only allow visitors to trace back the record to the beginning of 2012.

Although the blogs are PTSD-focused, some of their posts are only daily stories about personal life because the author means to document the real moments of his or her life. Those less relevant posts were eliminated.

Blogs of authors talking about their own experience with PTSD are privileged in the selection process; therefore, most blogs use a narrative tone rather than news/advice content, which is also common in PTSD blogs. Each blog was further filtered using the tag “PTSD” or “post traumatic stress disorders.” All posts were carefully examined for less direct reference to PTSD, such as depression, suicide attempt and other related syndromes.

The final samples came from nine blogs:
Combat Veterans with Post-Traumatic Stress Disorder
(www.combatveteranswithptsd.com):

Max Harris, a discharged soldier from the Army and diagnosed with PTSD, is the author of this blog. He said on his website that he was inspired by the birth of his daughter in 2010 to find new ways to cope with PTSD, and therefore he created his blog to make changes.

Wife (Widow) of a Wounded Marine (www.widowofawoundedmarine.com):

The blog is written by a widow of an Iraq war veteran who died from accidental overdose of pain meds during his therapy for PTSD. She began her blog to heal her pain and memorialize her late husband. She saw it as her journey to find her place in the world and find happiness.

The Invisible Wounded (www.theinvisiblewounded.blogspot.com):

An author who gives her name only as Gina is also the wife of a wounded military member with PTSD. Her blog discusses the challenges and triumphs of daily life, especially how PTSD can affect family members.

Fighting PTSD (www.fightingpstd.org)

This blog is a community of various authors who are veterans suffering PTSD and family members who want to offer help. Created in April 2012, according to the website, the blog has already received more than 3,000 views in a three-month period.

Krippledwarrior (www.krippledwarrior.blogspot.com):

The anonymous Krippled Warrior is from Southern California. His blog contains emotional accounts of his experiences concerning PTSD.
PTSD Combat: Winning the War Within (www.ptsdcombat.blogspot.com):

The creator of this blog, Ilona Meagher, is the daughter of a veteran and an activist of public health. In 2005, she decided to pursue the then under-reported topic: PTSD. For seven years, she has contributed hundreds of commentaries on the topic of combat PTSD/reintegration to various online communities. Her blog has not been updated since February 2011, but the content of all the posts are still valuable to reflect her thoughts on this topic.

The PTSD Diary (www.ptsddiary.com):

The blog is co-authored by a seven-year Army veteran who has PTSD and TBI (Traumatic Brain Injury) and his wife. The couple shares their daily life in the blog, which has attracted the attention of different media including NPR.


The author of this blog is a wife of a combat veteran and mother of two children. She said her husband was injured in Iraq and has severe PTSD and a mild brain injury. She uses the blog to document the life moments she and her family encountered with PTSD.

PTSD: A Soldier’s Perspective (www.ptsdasoldiersperspective.blogspot.com):

Scott Lee is the author of this popular PTSD blog that had attracted more than 200,000 views by April 2013. He is an Army veteran who is dedicated to helping other veterans with Combat PTSD navigate their lives and to educating the public on PTSD by posting his stories, experience, advice and service information on his blog.

In total, 593 relevant blog posts were selected from these nine blogs.
Newspaper Sample

This study chose two high-circulation U.S. newspapers, *The New York Times* and *The Washington Post*, and also the Associated Press for study of their news content about PTSD. *The New York Times* is widely considered the most influential media outlet in the United States. According to the data of Audit Bureau of Circulation in 2011, it is the third-largest circulated newspaper in the United States; meanwhile, its website is the most popular American online newspaper website, receiving more than 30 million individual visitor per month (Adams, 2011). *The Washington Post* is the sixth-largest daily publication in the United States, and it particularly emphasizes politics and carries the political perspective of the capital. The Associated Press describes itself as the world’s oldest and largest news agency. The news collected by the Associated Press is published and republished by more than 1,700 newspapers, in addition to more than 5,001 television and radio broadcasters (Associated Press, 2005). It was chosen because its articles appear nationwide, and thus they are likely to appear in local newspapers whose audiences include veterans suffering from PTSD.

In all 644 articles containing the phrase “post-traumatic stress disorder” or “PTSD” and “military” or “veteran” were retrieved as a preliminary sample from LexisNexis Academic Database, and they were further filtered by relevancy. The time period of those articles ranges from March 1, 2003 to July 31, 2012.

Among those articles, some redundancy occurred because the Associated Press articles sometimes were also published by *The New York Times* and *The Washington Post*. After eliminating the duplicated articles, the rest were furthered examined for
relevancy. A few types of articles were excluded, including articles that only mention PTSD in a tangential way such as listing PTSD in a series of mental disorders without other acknowledgement or those that mention PTSD once in the whole article; this left 496 articles as samples to be examined.

Pretest

The pretest chose one post from each blog’s recent posts for a preliminary analysis. A few themes emerged. Veterans and spouses had their candid feelings revealed in their writings. Veterans who have PTSD called to build a strong “inner circle” that can unite them and remove the barrier of efficient treatment (FightingPTSD, 2012). Echoing this topic, the blogs also discussed the division among soldiers who have been through combat and developed PTSD and those who have PTSD but were never exposed to a war zone. Families, especially children, are the common themes of blogs written by spouses. Blogger Household 6 expressed her frustration about the unhappy household environment that was caused by her husband’s PTSD, “All the time I worry about how all this PTSD crap is going to affect my kids.” The blogs commonly described people with PTSD as depressed, irritated and sometimes having feelings of guilt (Meagher, 2011). To those bloggers, feeling joy is rare and they would write articles to value the moment. Finally, encounters with bureaucracy, keeping updated with medical research and sharing personal thoughts were among the common topics.

A random sample of 10 newspaper articles was drawn from the initial 496-article pool. One major theme in this small sample was the reports on mental health studies sponsored or conducted by the military and government. The sub-topics included the
increasing diagnosing rates of PTSD and the soaring medical cost used in psychological research and treatment (Nano, 2004, Ukman, 2011). The Department of Veterans Affairs was mentioned frequently in those newspaper articles. Suicide, substance abuse, insomnia, domestic violence and crimes commonly appeared in the articles describing the lives with PTSD.

Overall, the pretest showed that blogs and newspapers treat PTSD differently. The former is more likely to demonstrate personal perspective, and the latter are more formal and focused on spot news such as the release of a study or government report. The two media also performed different functions in forming the “imagined PTSD community.”
RESULTS

This study used thematic analysis as the research method and examined 496 articles published by *The New York Times*, *The Washington Post* and the Associated Press. The data was collected from LexisNexis Academic Database. The time period of those articles range from March 1, 2003 to July 31, 2012.

Meanwhile, 593 blog articles were selected from nine blog websites. The authors of those blogs are active duty military service members or veterans with PTSD and their spouses. The dates of those blogs vary from 2005 to summer 2012.

Newspapers, as one part of traditional media, have well-built standards to practice on. The obligation to tell the truth, the commitment to citizens, the importance in independence and balance have been seen as core elements of journalism (Kovach & Rosenstiel, 2007). Instructed by the elements of journalism, newspapers have put their eyes on monitoring the military society and reporting what they think the problems are and what the facts are.

Bloggers are generally candidly talking about their experience with post-traumatic stress disorder in their writings. The author is either the one who has the disorder or someone who directly deals with people who have the disorder. Overall, their blogs mostly document their daily activities and the feelings and thoughts that come along with them. But most differently from the journalists creating media content, bloggers sometimes also take over the duty as spokespersons of the PTSD community and even act as advocates.
Research Question 1

Using thematic analysis, the first research question seeks to discern how newspaper journalists and bloggers characterize PTSD. After retrieving the proper samples of blogs and newspapers, the next step of thematic analysis involves reading the material closely, reducing redundancy and seeing what categories will logically emerge (Aguinaldo, 2012).

Three major newspaper article categories and four blog categories were revealed after analysis. The nearly 500 newspaper articles reporting PTSD focused on military inefficiency and bureaucracy, the stigma of having the disorder and post-deployment adjustment problems. The blogs intensively discussed the daily struggle of PTSD veterans and their families, their different attitudes, family and other support, and advice to readers and PTSD advocacy. Each category is discussed below.

Newspaper Category One: Department of Veterans Affairs Inefficiency and Bureaucracy

Serving the role of watchdog for the government, newspapers have put the United States Department of Veteran Affairs under its scope. As the second largest government department in the United States, Veteran Affairs is responsible for administering programs for veterans and providing health care and benefits for those who seek service. However, with the start of Iraq and Afghanistan wars, the medical treatment requirement and compensation claims from veterans has flooded in; especially, the claims based on psychological injuries have increased dramatically.

As The New York Times reporter Dao reported in 2009, Veterans Affairs described its average time for processing veterans’ disability claims: “162 days, is better
than it has been in at least eight years. But it does not deny that it has a major problem, with some claims languishing for many months in the department’s overtaxed bureaucracy” (Dao, 2009, para. 4).

*The Washington Post* reported in 2007, “Hundreds of thousands of veterans, many approaching the winter of their lives, await Veteran Affairs disability claim decisions that will provide or deny a key source of income,” but “nearly 400,000 disability claims were pending as of February, including 135,741 that exceeded the Veteran Affairs’ 160-day goal for processing them. The department takes six months, on average, to process a claim, and the waiting time for appeals averages nearly two years” (Lee, 2007, para. 5,6).

Before service members and veterans can file for disability compensation, they have to gain access to the military medical service to have their illness examined. *The Washington Post* reported in early 2012 that Veterans Affairs has exaggerated how quickly it provides mental health care for veterans, based on an inspector general’s report. The article revealed that contrary to Veteran Affairs’ claim that 95 percent of new patients in 2011 got appointments to begin treatment within 14 days of their desired date, the actual number was estimated to be 64 percent of patients (Vogel, 2012).

In addition to putting the bureaucratic inefficiency into numbers, newspapers also reported what the real consequences of the deficiency of needed care are on veterans. Some of the stories ended tragically.

One Marine sergeant killed himself after he shot his brother to death. It all happened two weeks after he went to the White House and met President Obama with a group of Iraq war veterans. He left a note to his wife, saying his life began to spiral...
downward after his four deployments to Iraq. His wife later told the press the Veteran Affairs facility didn't provide enough care for him when he was diagnosed with PTSD, and his situation deteriorated after he was released from the facility (Rotstein, 2008, para. 25).

The limited medical resources service members can get access to through Veteran Affairs is frustrating to many as well. Reported by *The Washington Post*, a 25-year-old Marine survived a blast in Iraq but waited for two years until a doctor finally diagnosed his traumatic brain injury (Jaffe, 2010).

When President Obama visited a veteran in 2010, the veteran’s son told the president, “Sometimes, they cut you off, tell you there’s not enough time…There’s a lot of issues you’ve got to take care of when you only see them for a month, three months, six months” (Korte, 2010, para. 17).

In recent years, Veteran Affairs has intended to improve its services and change policies to propel the department to a right direction. Newspapers have watched closely on the movement. In 2009, Veteran Affairs proposed new regulations under the pressure from outraged veterans groups and the U.S. Congress, saying it will make it easier for noncombat veterans to seek compensation for post-traumatic stress disorder. The current rules required veterans who have received diagnoses of PTSD to provide evidence to prove that they experienced traumatic events during service that triggered the disorder. For veterans who did not serve in combat units, such proof can be difficult to find given that Veteran Affairs has also adopted other resources to help veterans battle with PTSD. The Department of Veterans Affairs center in Temple, Florida, brought in therapy dogs to
disabled veterans and conducted a two-year study looking at the progress and results. (Baker, 2012) Veteran Affairs also tested a program called VetSuccess on Campus at eight colleges across the country, offering personalized assistance to every veteran on campus and helping them succeed in the transition to civilian life (Hughe, 2011).

_Newsletter Category Two: The Stigma of PTSD_

The military was also reported as having neglected and failed to provide help to soldiers who have mental health issues. In 2008, the father of an Army member who committed suicide testified in front of Congress that Jason Schuerman, the 20-year-old private's superior largely ignored his signs of distress and his family's expressions of alarm in the days leading up to his suicide. “He (the father) told lawmakers that three weeks before Jason's death, the family contacted the Army about suicidal e-mails they received from the private. The family said it got no response from the Army” (Abrams, 2008, para. 14).

Until a few years ago, the military still held an ambiguous attitude towards PTSD. In 2009, the Pentagon decided not to award the Purple Heart, a medal given to soldiers wounded in combat, to soldiers suffering from PTSD because the disorder can be difficult to diagnose, and symptoms can arise later in life not linked necessarily to any one action or an enemy (Jelinek, 2009). Though government officials insisted this decision didn't reflect the military’s position in treating PTSD seriously and seeking to continue funding for research and treatment, the exclusion upset veterans, who thought the military had been making progress in recognizing their invisible wounds. “Recent veterans of Iraq or Afghanistan will tell you that the military stigma against mental illness
A soldier cried out her frustration towards the unfair treatment of physical and mental wounds she saw in the military in a *Washington Post* interview: “The amputees get the great treatment. Purple Hearts, money for losing their limbs. I have a lot of respect for them. But I lost my mind, and I couldn't even get a simple ‘thank you for your service’” (Hull & Priest, 2009, para. 17).

*The Washington Post* quoted another soldier’s comments, which echoes the same point: “I’d rather be an amputee than a psychological patient…. When you've lost a limb, people can clearly see what's wrong with you, what happened to you. When you're injured psychologically, people can't see it. They see a physically healthy person and wonder what the heck could be wrong” (Duke, 2004, para. 24).

One of the main characteristics of military culture is the hierarchical system of rank. Superiors’ attitudes towards mental illness, especially PTSD, affect a soldier’s choices about his or her health. A U.S Marine who disclosed his battle with PTSD to *The New York Times*, said the following:

I finally sought help. My superiors met me with neither resistance nor support. It felt like I lost their respect, that they forgot who I was and what I had done for the Marine Corps during my tours in Iraq and Afghanistan. It is something that some in the military do not accept or understand. Unlike physical wounds, it is invisible, intangible. I once heard a senior Marine say PTSD was ‘fake.’ In a way this
makes sense for a military institution that prides itself on toughness and resilience in the face of adversity. But the time has come to realize that all battlefield wounds must be healed. (Brennan, 2012, para. 7)

For years, the military has constantly addressed the importance of removing the stigma associated with mental disorders. However, the changes are slow and the price is high. After Sgt. Robert Bales allegedly shot 16 Afghanistan civilians in March 2012, Defense Secretary Leon Panetta ordered all branches of the military to conduct an extensive review of how they evaluate soldiers with possible PTSD. It was the first time that the Pentagon chief said publicly that he had requested the review by all the services (Cassata, 2012). In a speech to mental health providers in summer 2012, Panetta said commanding officers must make it understood that seeking help for the stresses of war should be seen as a sign of strength rather than as a sign of weakness. It was reported in the summer of 2012 that federal agencies have increasingly dedicated more resources to screen and treat PTSD in soldiers (Freking, 2012).

Newspaper Category Three: Post-deployment Adjustment Problems

The readjustment of veterans to civilian life is one of the major problems confronting the American veterans. Every returning service member has a readjustment to make, and many of them can succeed with little difficulty. However, to some veterans, the place called “home” can be seen as their second combat field, and the transition from a soldier to civilian is as unsettling as the war zone experience.

The firework display on July 4th means celebration to most people, but to some veterans, the similarity to an explosion can trigger the memory of a hostile environment,
develop in them a sense of increased awareness of their surroundings and cause emotional turbulence. Military members are trained to be vigilant and hyper-aware of their surroundings. Even when they return home, it's difficult for some to shut that off. One veteran told The Washington Post, “I get nervous and anxious and then I start thinking about mortars. And then the explosions - you start reliving it” (Jones, 2012, para. 5).

In a similar case, a nearby firing range can put soldiers who have returned home in a defensive mode. "My heart starts racing and I get all excited and irritable, it puts me back in that mind frame that I am actually there," a soldier said (Tyson, 2008, para. 4).

A soldier who took three tours in four years to Iraq began wondering when his luck would last after he saw a fellow soldier killed in a mortar attack, a young Marine die the first day in Iraq and a 9-year-old Iraqi boy mistakenly shot by U.S. troops. When he returned to New Mexico, he couldn't sleep. He drank heavily. He got angry easily. "I knew," he now says, "I was different” (Cohen, 2010, para. 5).

Newspaper reports frequently frame veterans’ difficulties in coping with PTSD as behaving erratically, unlawfully and sometimes deadly. In some articles, the author contributed the outburst of later crimes to the witnessing of death of combat buddies and other violent scenes. Substance abuse, alcoholism, domestic violence, crimes and suicides have always been associated with PTSD in newspapers.

The military base Fort Carson in Colorado came to public attention when a handful of its soldiers were accused of fatal crimes after returning from a deployment where they faced intense combat. Most of the soldiers had been arrested for domestic
violence, assault, illegal gun possession, and alcohol and drug charges before the slayings (Banda, 2009).

Deadly crimes mirror veterans’ struggles in the civilian world. As Joshua Pol, a former soldier convicted of homicide, told a judge in Montana in 2006, he wished he had died in Iraq (Sontag, & Alvarez, 2008).

*The New York Times* reported that it found 121 cases in which veterans of Iraq and Afghanistan committed a killing in this country, or were charged with one, after their return from war. “In many of those cases, combat trauma and the stress of deployment — along with alcohol abuse, family discord and other attendant problems — appear to have set the stage for a tragedy that was part destruction, part self-destruction” (Sontag & Alvarez, 2008, para. 12).

A former Marine drowned his girlfriend in a bathtub without any evident provocation or reason. *The New York Times* wrote a long piece on this story, which pictured the once “squeaky-clean” Mormon boy who came back from the battlefield in Iraq “a smoker and drinker, unsure if he believed in God” (Sontag, 2008, para. 2).

According to newspaper reports, in addition to violent crimes, substance and alcohol abuse is also a prevalent problem among PTSD veterans. Because they refused to seek help out of shame, many soldiers chose to rely on alcohol and drugs to elude their physical and psychological pain. Some of them eventually suffer lethal consequences from the abuse. *The New York Times* said, in one article, alcohol abuse also is rising among veterans of combat in Afghanistan and Iraq, many of them trying to deaden the repercussions of war and disorientation of home. And experts said, the problem is

The New York Times also published an article titled “Combat Trauma Takes the Witness Stand,” which told the stories of some veterans who were tried for murder and homicide charges and used their severe post-traumatic stress disorder diagnosis as a defense. Anthony J. Klecker, a former Marine, pleaded guilty to criminal vehicular homicide for a drunken crash that killed a high school cheerleader in Minnesota. James Allen Gregg, an Iraq war veteran shot a man five times over a dispute in 2004 (Alvarez & Songtag, 2008).

An elderly veteran who was turned down six times on his PTSD claims by the Veteran Affairs took a gun to a local VA clinic and shot himself in the head (Associated Press, 2009).

Some of the media reports connected the military’s negligence to soldiers’ suicides. In an AP report on the Marines’ tough situation dealing with the highest suicide rates in the military, the writer cited a case in which a Marine alerted Camp Pendleton officials after seeing a disturbing message on a fellow Marine's Facebook page. The Marine's command, not its mental health providers, contacted the young man’s father and told him his son was fine and was driving off base, heading home to Michigan. The next day, the Marine was found dead, hanging from an observation tower on base (Maurer & Watson, 2010).
In summary, this study found the following three newspaper categories:
Department of Veterans Affairs inefficiency and bureaucracy, the stigma of PTSD and
post-deployment adjustment problems.

_Blog Category One: Daily Struggles_

As described in some bloggers’ posts, PTSD patients can experience difficulties
in many aspects of their daily life. Their anxiety grows when they are in public places,
their nightmares deteriorate when they are nervous about future events, their depression
gets worse and they become short-tempered even when their babies cry.

One blogger had constant nightmares. He tracked them in his blog. “I was awake
and out of bed less than three hours later. The nightmares made a very strong visit”
(Harris, 2012, June 12, para. 1). “I woke up from the nightmares like clockwork, still
smelling blood and still tasting it” (Harris, 2012, June 27, para. 9). “July 30th is the big
anniversary. The one that feeds my nightmares the most. I have yet to make it through
this without the PTSD shoving me squarely on my ass” (Harris, 2012, July 22, para. 7).
“Good God. This is unreal. It has been eleven straight nights now that I have woken up
with the nightmares, smelling and tasting blood” (Harris, 2012, June 25, para. 1). “I
woke up from the nightmares a little after 0200 and it took me almost an hour to calm
back down enough to try to get more sleep. I really disrupted my night” (Harris, 2012,
May 12, para. 2). “Nightmares - The Reminder that it doesn’t Get Easier” (Harris, 2012,
March 25). “The other night I had a really strange nightmare” (Harris, 2012, March 05,
para. 1). “Two nights ago I had horrible nightmares, complete with nausea and hand
washing” (Harris, 2012, January 16, para. 1). “I woke up having partially aspirated bile
that came up the back of my throat while I was reliving my most horrendous experiences as nightmares” (Harris, 2011, April 24, para.1). “I had some bad nightmares last night” (Harris, 2011, February 23, para. 1).

For those who have to experience PTSD as a caregiver, the pain is visible. One military wife described how PTSD was haunting her entire family: “For those of us who live with PTSD everyday, the good times are good, but there is still always that question of when is it going to drop. We never know when something is going to trigger the PTSD and send the entire family slipping down a very slippery slope” (Gina, 2012, February 3, para. 1).

Another military wife echoed this feeling in her words:
Throughout the last year I have found myself in very deep, dark places. It’s hard to get out of bed and it’s hard to put one foot in front of the other, everyday. And my spouse is the one with PTSD, not me. But, as you’ll find reading this blog from the different perspectives, PTSD affects the entire family. Day in and day out. We all wake up not quite knowing “what kind of day it will be. (Fighting PTSD, 2012, May 16, para. 4)

Most bloggers described themselves as isolated and alone. They are sensitive to crowds, loud environments and the desire to be alone or at least indoors. Some of them frequently shut themselves down from the outside world. They view people around them as people who do not understand what they were going through.
A blogger talked about her preference for public places, “I like places that are not very noisy or crowded and I prefer to sit near a wall where I can minimize the activity around me” (Fighting PTSD, 2012, May 22, para. 8).

The author of Combat Veterans With PTSD described his fear to be in public as an allergy. “I just feel like everything is closing in on me… .So much so that I have to turn my home into an ‘allergy safe house’” (Harris, 2012, May 18, para. 2).

Depression is a common emotional crisis that bloggers talked about. Sometimes, they spoke out and said they felt depressed, but sometimes, they simply described their day, which sounds dark and hopeless.

One blogger talked about his dissatisfaction one morning after he woke up, “…My memory is shot...again. I feel like a pall of malaise is settling all too comfortably on my shoulders. I have been living like a hermit except when my wife forces me to leave the apartment. I haven't left by choice in weeks. Yup, I'm depressed again” (Harris, 2012, April 22, para.1). The other morning, he wrote he just simply felt complete apathy. “The apathy is probably the most insidious part of PTSD - it's the first step in closing yourself off emotionally and it's also the hardest feeling to fight. It's dangerous and destructive,” he wrote in the blog (Harris, 2012, April 14, para. 2).

In another article, Harris expressed his fear as the burden of his PTSD:

I thought a lot yesterday about what was causing the obsessive perfectionist behavior. What I realized is that it all stemmed from fear. Fear that I wouldn't be able to provide for my family. Fear that I wouldn't be a good father. Fear that the PTSD would ruin everything. Fear that I would scare my daughter. Fear that I
would scare my wife. Fear that I would scare myself. (Max Harris, 2012, April 28, para. 1)

**Blog Category Two: The Attitudes**

Since military members are aggressively trained to disassociate from their emotions and many tend to keep their emotions to themselves, blogging, however, opens a way to let them express themselves and communicate with others in a more comfortable way. PTSD as a mental disease can erode someone’s spirit, but despite their revealing depression and other negative feelings, most bloggers hold a positive attitude regarding their future with PTSD.

Max Harris wrote in a down-mood day:

The anxiety and the PTSD continually push me toward the cycle I was in all last year: gear up for work, exhaust myself, come home useless. It pushes and pushes...and shoves. So I push back with all my mind.

I will not let this happen again. I will continue to take my medication, I will continue to do things with my family, I will never stop blogging, and I will learn how to cope by attending CPT. (Harris, 2011, July 22, para. 3, 4)

One veteran talked about her solution to living the darkest days with PTSD and letting others help. “When we are in our darkest hours, those days where getting out of bed is a physically painful feat, that is when we need our silver lining the most. That is when we need to reach out to our supporters and let them help us. That is often the hardest part for veterans… letting someone else help” (Fighting PTSD, 2012, May 22, para. 2).
After four years’ recovery from physical wounds from the war, one blogger took a positive view towards his current situation. He wrote, “Some days I feel pretty crappy about where I am and what I'm currently going through. But when I take the time to put it in perspective, then it doesn't seem so bad” (Krippledwarrior, April 21, para. 4).

Another veteran wrote about her road to recovery: “…I have long ago conceded that there is not cure for PTSD; I have suffered too many traumas for there to be a cure. But…and there is always a but… this path will lead toward a better future… . I am choosing to step outside my comfort zone with the hope and determination to fight back against my PTSD. After all THIS is what this blog is supposed to be all about…fighting back” (FightingPTSD, 2012, June 1, para. 1).

Blog Category Three: Family and Other Support

Despite their hesitation and awkwardness of socialization, nearly all of the bloggers attributed their recovery and progress to their family and online and offline friendships. The love and care from family has always been essential for a PTSD patient to get through challenges everyday. The author of “A Soldier’s Perspective” gave full credit to his loved ones: “I have lost large blocks of my memory, so much so that I have to rely on loved ones to piece my life back together. The more people share with me, the more memory I am able to regain” (Lee, 2012, June 9, para. 1).

Another veteran viewed the relationship with family and others similar to the relationship with combat buddies: “That is often the hardest part for veterans… letting someone else help. We have been taught to work as a team, but the team members have changed; instead of battle buddies, we have spouses, friends and family. We have to find
even the minutest crack in the walls we have built around ourselves and find a way to let them inside” (FightPTSD, 2012, May 22, para. 2).

One female veteran disclosed to her friends and family, “Dear friends, I have PTSD…. I am writing this so you can better understand me and what it means and what I ask of you” (FightingPTSD, 2012, May 22, para. 1). The admission of having PTSD took a lot of courage and the candid request of understanding is another big step of moving forward.

A military wife wrote her blog the day after her husband mentally broke down, “We've hit a brick wall and unless I take it down we'll be stuck here forever, or worse, I will lose him.” She said all she was trying to do was to understand and to support (Wife of a wounded Soldier, July 9, 2012).

Life breaks its balance when one of the spouses was diagnosed with PTSD. One wife, frustrated on her overwhelming duty as full-time worker and a full-time mom of three children, admitted life was different when her husband was able to share household duties before his illness. However, she maintained her patience and hoped that life gets to go on (FightingPTSD, May 14, 2012).

One blogger said she and her boyfriend learned more about themselves during the journey of fighting PTSD together. “Tomorrow marks an important day in our recovery: It was a day we vowed to attack the PTSD head on, together. After the breakdown, the doctor’s visits, the family intervention, the heart-to-heart talks… we had to get away,” she wrote one year after the PTSD diagnosis of her boyfriend (Nicole, 2010, April 3).
Blog Category Four: PTSD Advice and Advocacy

Blogs, as part of social media, is a medium that is meant for social interaction, turning communication into interactive dialogue (Gupta, 2011). The large scope of readers enables bloggers to effectively share information and reach the targeted group.

Veterans and family members who have some experience fighting against PTSD can be very resourceful. Their blog posts give the clear picture about what is happening and what is new regarding all the aspects of life with PTSD. Speaking their own minds, they candidly tell the expectation of a strong inner community. “Veterans diagnosed with PTSD need a strong and unconditional support network in which to begin to heal,” wrote an individual in a popular PTSD blog, adding, “Unfortunately people mistake many PTSD and behavioral issues as character defects and not symptoms of a mental wound” (Lee, 2012, June 24, para. 6).

Some support comes from PTSD bloggers who have a few years’ experience with the disorder and are generous to offer tips for others on how to cope with anxiety and frustration:

I suggest learning coping skills, guided imagery to lessen anxiety, becoming familiar with your triggers, and mindfulness of thoughts and feelings to help process…. Learn your triggers, read up on your condition and brush up on coping skills to increase your ability to navigate society without setting off your personal landmines every time you walk out the door. (Lee, 2012, June 7, para. 2, 4)

A female veteran shares her improvement after getting a service dog:
I just finished spending three weeks training with my new service dog, Chauncey. He is a pure breed Golden Retriever and he has already begun changing my life. Before I left, I couldn’t even get through the grocery store without panicking and forget talking to someone, simply asking a sales associate a question had me stuttering and stammering until I was barely understandable. I can honestly report that I have not stuttered once since being partnered with Chauncey. (FightingPTSD, 2012, June 26, para. 1, 2)

She later provided the link to the “K9s for Warriors” program where she got her service dog.

Most bloggers aspire to help community life go well. Thus popular bloggers take the role of informing public and advocating for their inner group (Fanselow, 2008).

PTSD blogger Scott Lee frequently posts information on assistance program, or funds and benefits for veterans. On July 12, 2012, he posted the information on mortgage-free homes to combat veterans injured during wars. A few days later, on July 25, he posted another article introducing the USA Cares Program, which helps bear the burdens of service by providing post-9/11 military families with financial and advocacy support in their time of need. He also posts information to suicidal hotlines (Lee, 2012, June 21).

One blogger listed ten misconceptions about PTSD on his website. He said even nowadays, PTSD is commonly associated with soldiers who have experienced unthinkable tragedies while at war, and that it is still not fully understood by people with little experience dealing with it (FightingPTSD, 2012, May 24).
One blogger advocated strongly for online, anonymous PTSD support groups:
I cannot express to you enough how important this is. We need to afford people
the opportunity to come forward for help anonymously and without the fear of
recriminations from family, friends, or employers. My goal is to be the life
preserver you need and the rope that draws you to shore. Start taking control of
your PTSD and start living with it, not in it. (Harris, 2012, May 17, para. 5)

Military wives whose husbands are diagnosed with PTSD are taking a more active
and supportive role in their families and the whole community. They share and expand
their sympathy to a larger scope of PTSD community in their blogs, and more likely, they
advocate for the people they love. One blogger who is the wife of a PTSD soldier is an
active volunteer with an organization dedicated to eliminating the stigma of mental
illness, and she regularly posted events information in her blog.

The author of The Invisible Wounded, whose husband is a decorated veteran who
had severe PTSD, wrote in one post:

Today is National PTSD Awareness Day and I really want to make a difference
for people struggling with PTSD, their caregivers, and their families. One way,
we can all make a difference is by educating ourselves and by passing information
along through our social media sites. This is a very simple task and can be done
by anyone. There are so many great resources out there about PTSD that are easy
to understand and share. Below is a list of some of my favorites. (Gina, June 27,
para. 2, 3)
In summary, this study found four blog categories: daily struggles, attitudes, family and other support, and PTSD advice and advocacy.

Research Question 2

The second research question asks what are the significant themes in PTSD blogs and newspaper articles. To determine the themes of both newspaper and PTSD blogs, it is necessary to go through the content of articles and examine units such as conversation topics, vocabulary and categories again. Themes begin to emerge among categories that have already been named. The next step is to assign names and definitions to each theme and then study their meanings. Each theme is supported and further illustrated with quotations from the original text.

Overall, there are two newspaper themes, medicalization and negative stereotypes of PTSD; two blog themes, the individual and coping; and one shared theme, conflict.

First Newspaper Theme: Medicalization

While the modern military is seeing PTSD reaching epidemic proportions, a great deal of biomedical research studying the disease has been sponsored by government agencies and other institutions and groups. Over years, with the increased diagnoses and other issues coming along with PTSD, the attention and understanding of PTSD has become increasingly clinical and medicalized (Chamberlin, 2012).

As with other research, the funding for PTSD research comes from government-funded agencies or publicly funded groups. Therefore, the public has the right to be informed about the progress, results and value of research that they spend money on. In this case, general media usually take the role of helping researchers communicate their
works to others and of fulfilling the obligation to return research results to the public (Sly & Brand, 2011). With many Americans typically not reading studies by psychologists or psychiatrists, media might play a heightened and emphasized role in distributing this scientific information.

The massive scope of PTSD’s effect on the military’s popularity has not yet been precisely determined, but the media keep tracking studies that focus on the number of U.S. troops that are suffering from major depression and PTSD after having served in Iraq and Afghanistan. In April 2008, the Associated Press reported on the newest result released by the nonprofit RAND Corporation, stating that around 300,000 military members have mental health crises but only half have sought treatment (Jelinek, 2008). In October 2012, Veterans Affairs released a new report saying nearly 30 percent of the 834,463 Iraq and Afghanistan War veterans treated at Veterans Affairs hospitals and clinics have been diagnosed with PTSD (Remo, 2012).

Newspapers report closely on the government’s and public’s progress in the search for effective solutions in the diagnosis and treatment of the disease. The Washington Post reported on the first study that examined the timeframe for individuals’ developing PTSD and for medical screening for signs of the disorder. The study showed that soldiers were more likely to report PTSD or depression during military medical examination three to six months after leaving the combat zone rather than immediately after they return home (Tyson, 2007). The army also sent teams of soldiers who were also trained therapists to debrief other soldiers soon after they experienced an attack, firefight and so on. The point was to treat psychological trauma at the source (Finer, 2006, para.
A PTSD specialist from Veteran Affairs Medical Center researched how to break the nicotine-and-PTSD cycle, which had significant meanings in a tobacco-prone military environment (Neergaard, 2009).

Newspapers have also reported on some controversial studies. One research showed that post-traumatic stress disorder and traumatic brain injury can increase a person's anger and hostility and diminish his or her self-control. The Washington Post reported on this study but, after noting the results, carefully included the line “But the link between those disorders and outright violent behavior is weak and hard to pin down with certainty.” The article then followed with a quote from the director of the Veteran Affairs national center, "To pick PTSD and highlight it in the way it's been played out in the media is a gross distortion and contrary to what we know" (Brown, 2012, para. 1,14).

With troops returning home from Iraq and Afghanistan, the cost of research and medical care for veterans is expected to skyrocket in coming years. A report estimated that as much as $6.2 billion will be spent on the mental toll from 2009 to 2010 (Tyson, 2008). Disputes over whether government might seek to reduce disability costs by avoiding PTSD diagnosis or assigning a lower benefits rating have led to lawsuits as well as media reports over the years. The tension intensified when emails were leaked from an Army doctor who suspiciously suggested her staffers make fewer diagnoses of PTSD (Yen, 2008). In response to the reports that one forensic psychiatry unit at Madigan Army Medical Center may have reversed PTSD diagnoses to reduce the expense of providing care and benefits to members of the military, Defense Secretary Leon Panetta ordered all
branches of the military to conduct an extensive review of mental health diagnoses (Cassata, 2012).

Second Newspaper Theme: Negative Stereotypes of PTSD

The typical media portrayals use narrow definitions of mental illnesses, at odds with the much broader definitions of contemporary psychiatry (Sief, 2003). The media coverage of PTSD also fits into this situation because the language in those articles is sensational, vivid and stereotypical (Hallam, 2002; Sieff, 2002). As stated in the literature review section of this paper, the media did not pay much attention to post-traumatic stress disorder until the invasion of Iraq and Afghanistan. However, among the massive number of stories that appeared in traditional media since the attention began, many depicted PTSD in a negative manner, delivering the views that veterans with PTSD pose a danger to others and to themselves. It was rare to see positive frames or non-negative elements in those reports.

Most of the newspaper articles on individuals who have PTSD are likely to associate PTSD with violence, crimes, suicide, self-indulgence and other negative elements. Scholars see the extreme representations, or exemplars, of a particular subject area resulting from media’s nature of news judgment and newsworthiness (Holman, 2011).

Like the examples given in the Results chapter, Research Question 1 Newspaper Category: Post-deployment adjustment problems, the newspapers frequently and intensively reported on brutal crimes that were committed by former military members, and in many cases, PTSD was seen as the trigger of violence and the defense for those
accused. A former soldier was facing the death sentence after he was convicted of raping and killing a teenage girl in Iraq. An Associated Press article titled “Witness: Ex-soldier had PTSD, was unfit for combat” focused on testimony from experts that the soldier’s signs of PTSD and the “major difficulties” restraining his impulses were due to his brain damage (Barrouquere, 2009).

After the 2012 mass shooting, the media soon connected the soldier accused of killing 17 Afghans to PTSD. In an Associated Press report, the attorney of the accused soldier said he did not know if his client suffered from PTSD, but a possible defense linked the crime to repeated deployment in the war zone. The report included a lengthy introduction of PTSD and other information related to it (Watson, 2012).

Besides being reported in connection with horrific, serious crimes, veterans were reportedly often charged with misdemeanors, which was due to alcohol abuse or drug abuse. Veterans resorted to self-indulgence, it was noted in many newspaper stories, as a popular way to stay away from unpleasant combat memories. A staff sergeant started drinking heavily soon after his return from Iraq, buying cheap liquor but still ending up with $5,000 spent in restaurant and bars (Slevin, 2006). Another veteran just released from a PTSD treatment center soon ended up in jail for theft and then drug rehab (Orr, 2011).

*First Blog Theme: The Individual*

Herring et al. (2005) claimed that the main reason for bloggers to maintain their blogs was to express personal content and focus on individual stories, thoughts and
feelings. The self-narratives of personal experience provide the information of an individual’s unique situation.

A blogger said he experienced a stressful and exhausting day in New York City for a family event. His anxiety started with frustration with loud subways. He cried inside for some distance from the crowds. He later reached a point that he couldn't take the stress at all so he left the event and was grouchy the rest of the day. “For a little while, I thought I was having an anxiety attack. Then I realized it was the air quality that was making my lungs so tight. Ratchet up the anxiety a little more” (Harris, 2012, May14, para. 4).

Four days later, the pressure coming from daily experience continued to bother him. “I just feel like everything is closing in on me,” he wrote in his blog. “I am allergic to everything outside right now.” The upcoming surgery on his respiratory system kept him uptight and anxious. He complained that it was too much to process all at once; he was overwhelmed. “Deep Breaths, Max. Deep Breaths. Do what you do best,” he wrote in the end (Harris, 2012, May18, para. 4).

The personalized and informal way of presenting one’s thoughts in the PTSD blogs usually was constructed with plain language such as “Today is a pretty good day…. Yesterday was a bad day,” or “I have sciatica all the way down to my toes and it feel like I got a huge GG shot in my butt!” (Fight PTSD, 2012, April 15, para. 1)

PTSD has a general influence on people in the form of flashbacks, frustration and agitation, and the effect of getting the disease varies from people to people. Individuals interpret their illness differently. One veteran wrote the following in a blog:
Each person’s perception is personal, no two people experience the same event alike…. I know without a doubt that when it comes to PTSD, I’m lucky…. In fact, my personal theme song for several years has been Rodney Atkins ‘If You’re Going Through Hell. (Fight PTSD, 2012, April 20, para. 2)

Family is another topic that bloggers are likely to talk about. The topic could be as delightful as a family trip to Disneyland as one day of carefree fun or as serious as the loss of joy because of the husband’s PTSD. One wife admitted she had worried about PTSD’s effect on the growth of her young children. “I pray that they aren't going to need years of therapy and blame their mom for staying in an environment that isn't always probably the healthiest…. Our household is not really a happy one. Hubs is depressed all the time. I'm stressed out majority of the time” (Household 6, 2012, July 23, para. 3). A father said he was annoyed with himself that his depression kept him indoors, watching Netflix and that he missed out a lot of opportunities to play with his daughter (Harris, 2012, June 6).

_The Second Blog Theme: Coping_

Coping plays an important role in mediating the relation of PTSD and social functioning. Although individuals cope with problems differently, overall, psychologists describe two forms of efforts to cope: problem-focused coping and emotion-focused coping. The former one usually includes defining the problem and weighing alternative solutions, and following a plan of action. The latter one includes a variety of strategies such as avoidance, seeking emotional support and social support (Austenfeld & Stanton, 2004).
The return to civilian life is a big challenge for many combat veterans with PTSD. As one blogger admitted: “Coming back home is difficult, in some ways more difficult than the battlefield. At home, we have no reprieve from life, only what we steal in zoning out or losing minutes if not days a double-edged sword that is our relief.” He said it was nothing else but love threatened him the most because he was unable to connect on an emotional level (Lee, 2010, May 29, para. 1).

Fighting back, however, is some other people’s reason for blogging. As another blogger wrote:

I am choosing to step outside my comfort zone with the hope and determination to fight back against my PTSD. After all this is what this blog is supposed to be all about…fighting back… .We can fight PTSD. I choose to do so. You can also choose to fight, or you can choose to take the familiar path. (FightingPTSD, 2012, June 1, para. 2)

Bloggers shared their own knowledge and experience of effective ways to cope with PTSD. It could be to adopt a service dog, sing rap or join support groups. One blogger shared her experience using music as her coping mechanism. She said listening to self-reflecting songs allows her to think. Her situation turned out to be better as she was no longer living in a “very deep dark place” (FightingPTSD, 2012, May 16, para.1).

Communicating with people who matter is what many bloggers view as crucial in the coping process. The list starts with family members, friends, doctors, online community members and the public. The blogger of “Combat Veterans with PTSD” has constantly had conversations with his wife regarding the big obstacles and nuances that
bother him from time to time. “I don't know what to do yet, but I will figure it out. I will talk with my wife and my family. I need to discuss work, disability, life at home, everything… I am going to talk with my wife and set goals… So I will be spending the rest of the day thinking this all through and trying to come up with a plan to work through all of this with my wife” (Harris, 2012, May 12, para. 3; May 11 para. 4; June 7, para. 2).

The blog created by a married couple documenting their life after the husband’s diagnosis of PTSD is another good example. The wife wrote in a touching tone, telling about the change in their lives and what they had found was the best way to deal with the challenge:

PTSD is very much a part of our life… sometimes a part of our daily life. It never really goes away. But how we deal with it has changed. We don’t deny it, we don’t let it win, and we certainly aren’t going to let it put us into another breakdown situation. We became active in our own recovery. We did this as a couple – we attended therapy together, we went to support groups together, we went on several vacations together – we learned to communicate openly and with little reserve. (Nicole, 2012, May 17, para. 2)

Although many PTSD bloggers are positively confronting their problems, the emotional avoidance of their combat experience is still common. They are commonly shutting down thoughts of remembering the past or refusing to have related conversations. A woman wrote in a letter to a PTSD blogger that her boyfriend kept things within himself because he thought it would be wrong to share them with anyone who hasn't experienced combat. “He has a really hard time expressing emotions and
affection. He is by far the hardest person to communicate with I have ever know," she wrote in the letter. The blogger wrote in the response about his own experience after war. The fear and terror rushed upon him until he had to expel it from his body. After that, “it felt like I had crossed through a curtain into another reality” (Lee, 2010, April 2, para. 4 & para. 6).

Shared Theme: Conflict

One major theme associated with PTSD that both newspapers and bloggers shared was conflict. On one side, veterans are longing for a fast-speed military health system that can provide them the care they need. On the other side, the Department of Veterans Affairs keeps showing its inefficiency and failure in processing claims, issuing paychecks for veterans in need and providing stable housing for severe PTSD veterans.

Meanwhile, the conflict also arises from the profound influence of cultural stigmas in both military and civilian societies.

As early as 2004, the Washington Post had reported on the overburden on a benefits system that has to provide for thousands of U.S. troops returning from war zones in Iraq and Afghanistan who have physical and mental injuries (White, 2004). Over the years, the much-needed mental health care has been questioned about its quality and quantity. A Pentagon’s report in 2007 said that the military’s service of mental-health workers is “woefully inadequate” (Hull & Priest, 2007).

Veterans who return from overseas battle grounds have to go through the U.S. government reviews of the injuries or illness for the decision whether they will receive financial help and how much. A veteran paralyzed from the chest down due to the injury
he received in Baghdad said that the Veteran Affairs’ work on his claims was a slow process and that his whole family was struggling on his regular pay for months (White, 2004).

A blogger wrote after his compensation evaluation, “I really don't ever want to have to go through that again.” He said the process involved answering questions regarding how much he has messed up his life and how little control he actually has over his life. “Now I have to sit and wonder if I am even going to keep the disability compensation I have. It could be two to eight months before I hear anything” (Harris, 2012, May 21, para. 1).

Veterans are overloaded with the loss they might face if their diagnosis of PTSD goes public. Though Veterans Affairs is putting in efforts to serve veterans in need in a better way, obstacles still remain in their road to recovery. The diagnosis of mental disorders still contradicts with society’s traditional view of being a soldier and a warrior. In the military, PTSD has a stigmatized status. Not only is the search for help ignored or denied, the soldier may be seen as a coward or lacking resilience (Dao, 2009). “After all, a soldier is supposed to be strong both physically and mentally right? They may have concerns about being perceived as being down right crazy or weak, or someone who could no longer be counted on, maybe even passed up for a promotion” (Lee, 2010, May 20, para. 3).

Even though the U.S. government, the military and the media have devoted a lot of efforts to eliminate stigma against mental illness in military culture and the general public, the problems remained. One blogger put it this way: “There is a general lack of
education on the part of employers as to what this means. A lot of people believe that combat veterans are a danger to themselves and others. Add PTSD to the equation and veterans are likely to go 'John Rambo' on them” (Harris, 2012, June 4, para. 3)

Although life is tough for most veterans coming home, it is especially difficult for female veterans. Female veterans do not have a higher rate of PTSD than the population of male veterans, but they come back from war zones going through transitions that may be more lonely and difficult than their male counterparts. Pentagon statistics showed that in 2010, 7.9 percent of women in the armed forces got a divorce compared to 3 percent of their male counterparts. They also have a higher rate for military sexual trauma. However, the public sometimes more easily overlooks the female veterans’ struggle. They have been excluded from many social activities by their male counterparts only because of their gender. A female Air Force veteran who was discharged in 2005 with PTSD diagnosis was frustrated with a low Veterans Affairs disability rating and monthly payment. The agency mentioned her pregnancy in the paperwork, which she thought was an irrelevant factor (Hefling, 2009).

Research Question 3

The third research question put the readers under spotlight by asking how the differences in blogs’ and newspapers’ delineation of PTSD would influence their decision on where to go for accurate, useful information about PTSD. This study’s qualitative analysis of blogs and traditional media indicated that readers seek out information based on their personal needs and the strengths of each medium.
Distinct Nature of Traditional Media and Blogs

Today, the public has a variety of choices when seeking information. One can select broadcast or print media or go online. Meanwhile, journalism is undergoing a quiet revolution. The walls of traditional journalism are cracking, and readers want to be a part of the news process rather than merely being the passive receivers. The instant access and other online features such as being able to comment, discuss in forums and generate content encourage readers to go to blogs. In 2010, Nielsen reported that Americans spent 43 percent more time on social media than in the previous year, making social networking and blogs the top online activities (NielsenWire, 2010).

When blogging first gained popularity, many scholars insisted that readers would never be able to rely on Weblogs for dependable news and information because amateur bloggers were not following the news media’s rules and standards and therefore, didn’t cling to the same “established principles of fairness, accuracy and truth” that traditional journalists did. Bill Thompson, a journalism lecturer at City University, London, concluded, “Blogging is not journalism. Period” (Lasica, 2003). On the other hand, bloggers criticize the weakness of traditional journalists’ work. They call journalists arrogant and hyper-elitist, arguing that they spend too much time writing for each other rather than for the public and putting their own version of self-interest and economic survival above the societal responsibility of a free press (Regan, 2003; Lasica, 2003). PTSD bloggers, just like most cyber writers, are not journalists in pursuit of a story. They are not reporting on PTSD but simply talking about it. Rather than breaking a news story
or digging in deeper into this area, they take already published information from other sources and comment upon it, providing a link back to the original story.

*Emotional Support and Sense of Community*

Abandoning the neutral tone generally used by journalists, the bloggers are writing as if they are talking within a small group of people who they are personally connecting with. The nature of sharing personal feelings and emotions with the readers grounds the PTSD blogger’s voice, and the ways of talking to others creates a sense of connection among the cyber community. Thus, those readers seeking emotional support and a sense of community are likely to find information gleaned from blogs more useful than what they would read in newspapers.

Military wife and blogger Gina documented the troublesome sleeping issue her husband was going through:

He’s still not sleeping well at night and then he wants to sleep all day. I hate this vicious cycle. I talk to him and he agrees with me and stays awake and busy for a couple of days, but then goes right back to sleeping during the day again... He uses it as avoidance, as a way of isolating. I see it, talk to him about it, think he gets it, but then here we are again every couple of days. I begin feeling like a nagging wife constantly riding him about what he's doing or not doing and I hate it!! However, the other side is if I just leave him alone, he will spend his entire day in bed and then once again not sleep at night. I can't seem to find the balance in supporting him… Please continue to keep us in your prayers. (Gina, 2011, Dec.5, para. 3)
Including a personal request of asking for prayers builds the blogger’s image of a caring, worrying wife. Also, using first person and directly addressing readers as “you” lets the readers know their reaction to this post matters to the author and she appreciates it.

The Availability of Fast Interaction

In addition to the emotional bonding between bloggers and readers, the creation of software allows users to quickly post entries as a form of interacting with bloggers. Under the concept of online community, bloggers serve their community in a way that direct communication can be conducted instantly and the voice of the member of this community can be heard. Readers can leave comments reacting to the post or bring up questions. Bloggers choose to respond to whom they are interested in.

One blogger wrote a post responding to a reader’s concern regarding whether she made the right decision in leaving her boyfriend who has PTSD. “One thing I can tell you for certain, you are not going crazy,” he wrote as part of the response, adding, “You are facing the dilemma that so many have faced before you. … What I can do is draw off of personal experience to flesh out a given situation with the hope that added insight will allow a person to make an educated decision…. I also encourage the community to chime in on this post and offer support” (Harris, 2012, May 24, para. 5).

Blogger Scott Lee answered a reader’s comments, revealing the personal struggle of remaining “normal” and making the PTSD monster go away so he can keep his job and his family intact. Scott Lee wrote:
Go to the Veteran Affairs, yes they can suck big time sometimes. But, if you read in these sections under Resources for Soldiers, Veterans, Families and Loved Ones you will be able to get the help you need… I have been where you are… Your monster is not just your monster…it is the monster of all Warriors, we should carry it together. You are not meant to carry this burden alone, come home to your brothers and sisters. Seek us out in your community, we are there waiting for you. (Lee, 2010, August 19, para. 3-6)

Scholars think that hyperlink is fundamental to the practice of blogging (Blood, 2003). Since in many cases, bloggers use weblogs as a forum to present their opinions and react to certain events or phenomenon, they can put links to the sources and information they refer to. This offers readers a convenient way to learn background and determine for themselves whether the writer has accurately represented or even understood the referenced pieces. Bloggers are “actively highlighting and framing the news that is reported by journalists” (Blood, 2003, p. 62).

Many PTSD bloggers use hyperlinks to include different resources in their websites. So, the readers can easily get access to charity organizations, assistance programs and other useful information that was mentioned in the blog posts. This is a big difference between blogs and newspapers; it gives blog readers the opportunity check the blog’s accuracy against other sources. Unlike newspapers, access to support organizations is a click away.
Authoritative, Accurate News

After almost a decade’s development since the emergence of blogging, it is still unlikely that blogging will challenge the authority of traditional media and drive it out of business. Newspapers’ fact-based, rather than emotional, depiction of PTSD means readers still go to this medium for news and information.

The Wall Street Journal technology columnist Walter Mossberg wrote, “The good thing about them (blogs) is that they introduce fresh voices into the national discourse on various topics, and help build communities of interest through their collections of links” (Mossberg, 2003, para.2). But Mossberg also pointed out the downside of blogging as off the regulation of traditional journalistic standards and which doesn't have the luxury of “the professional editing and fact-checking that a first-class newspaper or magazine provides for its reporters.”

The vast majority of blogs do not provide original reporting, though they may treat reader comments as sources of information about the items they post. The experience and nature of bloggers may assure the public of certain authority in PTSD, but the credibility, fairness and balance is far less accountable compared to traditional media.

Readers will always turn to traditional news brands as trusted, reliable sources of news and information. One study named cable and Internet as alternative media and examined their relationship with traditional media (i.e. newspaper, TV and radio). It concluded that alternative media is a growing source of local news and information, but the increase has been small and does not come anywhere near displacing the traditional media as the dominant sources. Almost no one uses alternative media only as a local
news source (Lynn, Turner & Cooper, 2008). Nielsen, an American global information and measurement company, has conducted a large-scale survey about media usage for the Federal Communications Commission. In the results, more than 95 percent of respondents said they rely on traditional sources as their primary or secondary source for local news and current affairs. Meantime, 58 percent of the total time spent on news and information was on broadcast TV and newspaper (Lynn, Turner & Cooper, 2008). Generally, the alternative news sources are complements, rather than substitutes.

**News Media: Setting Citizen, Leader and Government Agendas**

News coverage of health topics has been shown to influence the agendas of citizens, community leaders, and policymakers and encourage political development. An important role news media play is defining priority health issues and reporting new research findings to the public (Wahl, 2003). For these two needs, this study’s analysis of newspaper coverage showed, readers would be best informed by newspapers, rather than blogs.

When it comes to the practice of current policies regarding PTSD issues, it is undeniable that the government is still facing some major problems. Media have constantly reported on the inefficiency of the work of the Department of Veterans Affairs and the stigma that is still impeding the acknowledgement and treatment of many military members who have to deal with PTSD secretly.

In early 2005, the Associated Press reported that Congressional investigators were questioning whether the Department of Veterans Affairs could adequately help troops who may return from Iraq and Afghanistan with post-traumatic stress disorder. The report
was requested by the House Veterans Committee's ranking Democrat, Illinois Rep. Lane Evans (Gamboa, 2005, February 16).

On February 18, 2007, the *Washington Post Magazine* carried a major story titled “Soldiers Face Neglect, Frustration At Army’s Top Medical facility.” The story disclosed the unsatisfactory and even disturbing situation soldiers were facing when they were sent to the Walter Reed Army Medical Center for treatment of physical and mental wounds (Priest & Hull, 2007).

The Pulitzer Prize-winning story together with its following reports ignited a firestorm in the U.S. Congress and the Defense Department and prompted a number of congressional and executive actions, including resignations of several high-ranking officers (*Washington Post*, 2007). In October of 2007, President George W. Bush appointed a commission to study the care of the nation's war-wounded. The panel came up with bold recommendations, including a complete overhaul of the military's disability system that compensates wounded soldiers (Hull, 2007). As multiple media outlets reported, Veteran Affairs soon announced an extensive analysis of the veteran's healthcare system and careful review of all of its medical facilities to ensure healthcare standards are being met. In 2008, Bush broke ground on a $1 billion project to replace the aging Walter Reed Center (Vise, 2008).

In another case, the *Washington Post*’s reporting described the financial hardship faced by a war veteran after his PTSD worsened and he was unable to hold a job resulted in the Veteran Affairs taking swift action to double his disability benefits (Hull, 2007).
**Reporting Style**

PTSD blogs defer from the traditional media in the reporting style. Despite the large impact traditional media have on public opinions and choices in various ways, their style of reporting still are criticized of being “hollow, flat, literally unhuman” compared to the voice of non-traditional media (Briggs, 2008, para. 6). This study found a few exceptions to this generalization, most notably *The Washington Post*’s 2007 series that contained graphic and emotional reporting on veterans’ hospital care. (Priest & Hull, 2007). However, this study’s results showed that different styles of reporting existed between traditional media and blogs that influence where readers turn to for information.

In a newspaper report, the journalist wrote about soldiers who are recovering from PTSD being disturbed by loud noise around their rooms. The reporter added background information by saying, “PTSD symptoms include flashbacks and anxiety, and noises such as fireworks or a car backfiring can make sufferers feel as though they are back in combat” (Tyson, 2008, para. 11).

One blogger also recorded his recent experience with a trigger of a similar cause:

I felt and heard a loud concussive explosion. My wife jumped and I immediately turned toward the source of the sound. My mind was no longer in Pennsylvania. The reaction and change in body language was instantaneous. My wife knew my instinct was to run directly at the source of the explosion. Her grip on my arm was like a vise. The only thing that kept me standing there was the absence of screaming. There was dead silence. No birds chirping and no cicadas sounding off. Even the sound of car traffic sounded far away. With every instinct screaming
at me, I turned away from the source of the explosion and continued on our walk.

(Harris, 2012, July 19, para.2)

Compared to the one sentence in the newspaper piece that simply mentions sensitivity to loud noise as a symptom of PTSD, the blogger wrote almost an entire article just to tell his readers how his confronting of a loud sound set off his demons.

Another difference that impacts readers’ selection of information relates to the originality and diversity of voices. Blogging showed advantages in alternative perspectives and different voices, which traditional media might be short of due to political agenda or space limitation (Regan, 2003). Most bloggers and their readers tend to see blogs as a better information source because blogging is a subjective way of writing, which expresses the individual’s attitude and opinions. It’s opinionated, independent, and personal (Johnson & Kaye, 2004).

However, the content and depth of a blog varies depending on the author and the topics. Blogs in diary style are normally less in depth and more subjective. But more deep conversation can be seen in blogs written by professionals and experts in certain areas. PTSD bloggers who have years of experience in coping with the illness and dealing with all kinds of situations often can offer insightful opinions and suggestions on certain areas, such as finding resources, community support and family relationships.

For example, the idea and practice of veterans courts has attracted attention of both media reports and bloggers. Veterans courts offer a second chance for current and retired service members who commit crimes while struggling with war-related psychological wounds, notably PTSD and traumatic brain injuries. The courts’ aim is to
identify and treat veterans before they get deeper into trouble with the law and their crimes become serious and violent. Newspapers followed state politicians who called for more federal money to build more veterans courts and reported closely when Buffalo, New York, California, Minnesota and Ohio passed legislation to open veterans courts or had the practice on the way. While newspapers are looking at this act as a political issue, the bloggers are treating it personally. One blogger wrote about his own thoughts based on his own experience with the system and gave some warnings:

I come from a correctional background, working in a jail and seeing veterans incarcerated without the proper treatment they need is a national disgrace... There are barely twenty veterans courts around the country, a woefully inadequate number yet still encouraging when compared to two years ago when the first one was started in Buffalo, NY. (Lee, 2010, May 20, para. 3)

Credibility

A survey in 2004 of blog users online investigated how credible they view blogs as compared to traditional media. Results showed that almost three-quarters of respondents viewed blogs as moderately to very credible and only 3.5 percent rated them not at all or not very credible. Providing more in-depth and more thoughtful analysis is an important reason users say they rely on blogs rather than traditional media. But the survey also showed that fewer than 40 percent thought blogs were fair (Johnson & Kaye, 2004).

In response to a Seattle Times article, PTSD blogger Scott Lee wrote about the financial pressure experienced by the Veteran Affairs as a result of the costs of treating
PTSD sufferers. This newspaper article reported a Madigan Army Medical Center psychiatrist said a soldier who retires with a PTSD diagnosis could eventually receive $1.5 million in government payments, and the rate of such diagnoses eventually could cause the Army and Department of Veterans Affairs to go broke (Bernton, 2012). The article then included a few lines on PTSD symptoms, diagnosis and compensation. Scott Lee expressed his view towards the controversy:

The system is overloaded not because of fraud which research shows is under 1% at the Veteran Affairs; the problem is not veterans or soldiers trying to work the system. The problem is not taking care of our soldiers and veterans when they become symptomatic, its not taking them seriously when they get home. This type of culture in the military and the Veteran Affairs effectively keeps soldiers and veterans from getting help in the beginning when it would do the most good.” He went on and told his own experience of being called a malinger while he was seeking PTSD treatment a few years ago. “We did not hit the lottery because we get this diagnosis, this in not a windfall or something special in terms of winning. (Lee, 2012, April 1, para. 5)

The blogger did not independently gather and report news but relied on traditional media as the main sources of his blogging ideas. In his article, there was no balanced reporting like that in the newspaper article of the official response and movement. He put in his own opinion and spoke from the perspective of a veteran, who is actually the main group the psychiatrist’s comment affected.
Before the rise of blogging, traditional media has long been the major and most reliable sources for news audience. But blogs are quickly challenging the public share of conventional media by providing a different form of news and information. However, replacing traditional journalism isn’t the objective and major function of the development of blogs and other online resources. They should be used by news organizations to maximize their social capital and marketability, by removing barriers to a more networked conversation and making their journalism transparent, authentic and collaborative (Briggs, 2008).
DISCUSSION

The PTSD Imagined Community

In the PTSD community, the members may have limited opportunity to meet, talk and share experience face to face with each other. The PTSD imagined community is not based on geographic boundaries but rather on shared cultural norms and ideals that root in daily life experiences documented by newspapers articles and blog posts (Anderson, 1983).

Audience and accessibility are important for the existence of any imagined community (Beetham, 2006). Before the digital age, the printing press was crucial in creating “imagined communities” because of the cheap cost and the ubiquitousness of newsstands. The ritualized reading of publications such as daily newspapers creates a sense of “imagined community” among readers (Anderson, 1983). The rise of the Internet provided a faster, cheaper and more accessible way for people to gather information, share knowledge and offer support in particular issues.

Based on this analysis designed to answer three research questions, the audience of newspaper and blogs are not distinctive groups of people. Newspapers produce the ideologies in social life, and the delineation distinguishes readers who are in the imagined community of PTSD and those who are not. Newspapers’ high quality journalistic reports are still the main sources where readers go for facts and useful information such as the newest updates on related scientific research, the latest policy changes on veteran healthcare and compensation.
PTSD blogs differ significantly from traditional media because of their autocracy and lack of practicing standards. The experience and nature of bloggers may assure the public of certain authority in PTSD, but the credibility, fairness and balance is far less accountable compared to traditional media. However, if readers are seeking personal accounts of PTSD stories and a platform to ask for or provide emotional support, they read PTSD blogs. This holds especially true for those people who have been through similar experiences and thus feel empathy for others. The blog is the place for community members to share experiences in groups, to gain mutual support and practical advice, and learn about one’s illness. But, as noted previously, bloggers rely on newspaper reports for credible information and then offer their insights to issues they want to discuss more.

Despite the differences in content and writing style of newspaper articles and blog posts on PTSD, the two still share a few common themes. They both reflect the reality that veterans with PTSD are facing obstacles either inside the military or in their civilian lives. One of the big obstacles is social stigma. Many veterans quit seeking treatment and some even commit suicide after they have confronted too much ignorance, misunderstanding and mistreatment.

However, compared to traditional media, blogs are better at maintaining the PTSD imagined community because they provide easy access to interaction and communication among community members. Bloggers and readers joined on the online forum to share common difficulties, ask questions and seek peer support.

A blogger wrote a post mentioning the possibility that he might have “agoraphobia,” an anxiety disorder in which people show intense fear and anxiety.
Reading of his post, a doctor who specialized in this disorder from the Veteran Affairs in Indiana contacted the blogger. He wrote about their conversation:

What became abundantly clear to me as we talked friend to friend is that my catastrophic thinking is what was out of control…. While making the realization that I was better equipped now than I have ever been to face allergies and irritants, I also got really frustrated with myself for letting it affect me this way and feed into depression. (Harris, 2012, May 25, para. 2)

In addition to offering information access and exchange, online communities establish emotional connections among members. This is partially based on the trust relationship in the PTSD community because people in the relationship are more willing to participate in cooperative interaction (Nahapet & Ghoshal, 1998). Also, the avoidance of face-to-face interaction reduces the burden on bloggers, who may not feel compelled to comply with advice or suggestions from blog readers, and blog readers, who may not feel obliged to provide support and post (Rains & Keating, 2011).

If bloggers’ attitude towards their own health condition is positive and confident, they will receive more support, empathy and encouragement from readers (Rains & Keating, 2011). This study’s analysis of PTSD blogs showed similar results. Blogger Max Harris, in a post entitled “Staying Positive and Focusing On What Matters: Family,” wrote the following: “I wanted to thank everyone for their warm wishes and prayers. It's no small thing to have the amazing support from all of you” (Harris, 2012, June 1, para. 1).
As some bloggers stated as their mission for writing their blogs, they wish to share challenges and discoveries and advocate for their community. Personal resources can also be important to help ease PTSD patients’ difficulty in social functioning (Tsai, 2012).

Conclusion and Limitations

U.S. Combat in Iraq is over, and in Afghanistan it is winding down. But many soldiers and veterans come back home traumatized by their combat experience. Over the years, millions of military service members have been diagnosed with post-traumatic stress disorders. Their struggle with illness and the military bureaucracy has been recorded by the traditional media and Weblogs.

This thesis looked into the difference in traditional media’s and military blogs’ coverage of post-traumatic stress disorder. Media portrayals of PTSD are the major resource for the general public to learn about this disease; therefore, they are crucial for determining how society will receive and treat the individuals who have this disorder. The Weblog, as a rising tool for information sharing and online community construction, is becoming more powerful and influential.

This study’s three research questions were formed to examine how PTSD is delineated by newspaper journalists and PTSD bloggers, the major themes reflected in their coverage of PTSD and how their differences affect audiences’ decisions regarding information seeking. The study adopted thematic analysis as the research method, examined journalistic articles and blog posts as text subjects, and studied the meanings of their content. The meanings were examined under a large social background.
This thesis focused on military members who have been diagnosed with PTSD. However, PTSD is a much broader issue. There exist other groups of PTSD patients besides veterans. The different groups of PTSD patients must have their own description and conflict with their media image and specificity in their own online community. For example, one study looked at media coverage’s negative impact on sexual assault victims by exposing them to the public.

Journalists, in particular, represent a group of people who are exposed to traumatic events and are at a high risk to develop PTSD as a result (Feinstein, Owen & Blair, 2002). But do they record their experience in their personal blogs, too? Does their PTSD experience change their reporting style and their view to their job and the events they covered? Future studies can expand the scope of subjects in order to have a better picture of PTSD in the entire society.

PTSD is not only frequently reported in news stories, but it also appears in the entertainment media. A number of film and television programs also feature PTSD in their shows, and most of the time, it is associated with violence and even crimes. However, no specific study has looked into this topic. It would be worthwhile to expand the study of PTSD coverage outside of news categories.

This study examined the content of newspapers and blogs in order to compare the difference in themes and categories of traditional and non-traditional media. However, the exclusion of radio, television and magazines is a significant limitation of this study. Meanwhile, the nine popular blogs selected for this study cannot be generalized to the entire PTSD society.
When it comes to mental disease, gender difference is another important factor that affects individuals’ behavior in their response to PTSD, and, therefore, this would be reflected in their blog writings. Future studies may consider including gender theory as a theoretical framework, analyzing the gender role in the imagined community of PTSD and examining distinctions in the massages communicated by women and men.

The results of this study show discrepancies between mainstream media coverage of PTSD and PTSD bloggers’ own words about their illness. Newspapers noticeably lacked personal accounts of experience and emotions, and they contained an extensive amount of negative reports. Bloggers’ accounts were self-involved, personalized and opinionated and showed a lack of balance.

Through this study, it can be concluded that mass media have a decisive role in providing information of PTSD to the public at large. The newspapers’ focus on violence-related stories in their news coverage influences public attitudes toward the PTSD patients, and this focus doesn't help reduce the stigma associated with it and other mental diseases.

Traditional media need to make some changes in their reporting on PTSD, along with other mental illnesses. Media should not neglect stories of recovery and achievement because the lack of expectation of recovery may lead to less resources being put into the treatment of certain diseases. It is also suggested that journalists should not solely rely on medical experts’ opinions about mental health matters but should add more personal perspective with people who are experiencing the illness (Wahl, 2003).
However, some descriptive and emotional coverage of PTSD by newspapers does exist that might provide a model for other journalists. *The Washington Post* won a 2008 Pulitzer for its work in exposing mistreatment of wounded veterans at Walter Reed Army Medical Center. The series of articles written by Anne Hull and Dana Priest put faces of wounded soldiers on the disappointing and frustrating issue, adding vivid description of their struggles and including large amount of direct quotes such as, “One desperate patient, a combat medic who broke down after her third tour in Iraq, said she begged her psychiatrist: ‘We are handicapped patients, too. Cut off both my legs, but give me my sanity. You can't get a prosthesis for that’” (Hull & Priest, 2007, para. 23).

The PTSD blogs written by soldiers and veterans can help reduce the civilian-military gap and offer the public a broader perspective of military and post-military life, especially the life of a veteran who has to fight against PTSD. The Weblog as a rising medium has a positive role in maintaining the “imagined community” of people with PTSD and it rivals traditional media as another important resource for readers looking for useful information about PTSD.

This study shows that newspapers and blogs focus on different aspects of PTSD. However, it is unknown whether the discrepancies in styles and content depend on the nature of the disease. It is suggested that future studies focus on other illnesses that have intense media coverage as well as solid online communities to examine whether there is a correlation between the nature of the disease and the media’s performance.

This study used thematic analysis as its research method and thus interpreted the lines of text out of the entire article but overlooked the subtle meanings, symbols and
metaphors writers used to express their feelings towards the nature of their experience. This suggests another area of future study.

Although this study is small in scope, it offers meaningful information on media studies. In today’s digital age, people with a disorder such as post-traumatic stress disorder are finding a community online to seek emotional support that is not provided by traditional media. Therefore, it is critical to understand the increasingly important role that blogs play in creating and maintaining the imagined PTSD community. Since mainstream media is still the primary source that the general public goes to for news, they may consider expanding their online platform, adding hyperlinks to some PTSD blogs and mental health care resources to provide more valuable information and reduce the limitation of being impersonal.
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