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Social identity and the mental health and wellbeing of male veterans

BACKGROUND

Previous work has linked disruptions in one's social identity to increased levels of depression and suicide among veterans. This study examines the relationship between veteran social identity (as measured by the public and private regard subscales of the Warrior Identity Scale) and mental health and wellbeing among male veterans.

PARTICIPANTS AND PROCEDURE

Male veterans ($N = 67$) completed the Warrior Identity Scale as well as various measures of mental health and wellbeing.

RESULTS

The hypotheses were supported in that more positive views of one's social identity (i.e., more private regard) predicted significantly fewer post-traumatic stress disorder (PTSD) symptoms, less depression, suicidal ideation, anxiety, stress, and more perceived social support. More public regard, on the other hand, was related to more PTSD symptoms.

CONCLUSIONS

This research adds to the growing work on the importance of social identity (as measured by public and private regard) in predicting mental health symptomatology among male veterans, which may act as important risk factors in clinical settings.

KEY WORDS

warrior identity; psychological wellbeing; anxiety; depression; veterans

BACKGROUND

Before the Global War on Terror, United States (US) veteran and active-duty service member suicide rates were 20% to 30% lower than in the US general population (Kang et al., 2015). However, recent US veteran suicide rates are approximately 40% to 60% higher than the US civilian general population (Kang et al., 2015). Furthermore, findings from Kang and colleagues suggest that male veterans have the highest risk of suicide within the first three years of transitioning out of the military, regardless of their exposure to combat. This indicates that the military to civilian transition poses fundamental challenges to veterans, which we are just beginning to understand (Ahern et al., 2015).

While suicide is a complicated multimodal phenomenon involving neurobiological, genetic, and psychosocial risk, many theories and empirical evidence focus predominantly on psychosocial factors that impact suicide risk. For example, the interpersonal theory of suicide (Joiner, 2005) suggests that the desire for suicide is a result of the simultaneous presence of two interpersonal constructs – "thwarted belongingness" (i.e., not feeling accepted by others) and "perceived burdensomeness" (i.e., the belief that one is a burden on others, not worthy of living). Joiner (2005) argues that the combination of these two social constructs, along with "acquired capability" to overcome one's fear of death, produces suicidal intent. Similarly, Klonsky and May's (2015) three-step theory of suicide suggests that social connectedness buffers the effects of pain and hopelessness to prevent escalation of suicidal ideation into suicidal intent.

Along with theories of suicide, social connection and belonging are important constructs in social identity theory. Social identity theory suggests that belonging to valued social groups provides social connectedness (Tajfel, 1978; Tajfel & Turner, 1979). In addition, social support is an important predictor of wellbeing among veterans, especially for those returning from military service (Mendrek et al., 2019). Membership of a valued group produces a shared sense of social identity among group members. This shared sense of a social identity is crucial in conceptualizing a self-concept, which has profound implications for overall wellbeing (Jetten et al., 2014). In past work, disruptions in one's social identity have been linked to increased levels of depression and suicide. Thompson and colleagues (2019) examined the relationship between social identity and suicidal ideation in a sample of Canadian Armed Forces (CAF) veterans and found higher rates of suicidal ideation, weak community belonging, and perceived difficult adjustment to civilian life in veterans who recently transitioned out of the military compared to those who transitioned earlier. Furthermore, weak group identity was identified in the majority of veterans who reported suicidal ideation (93.3%) (Thompson et al., 2019).

Members of social groups often engage in social comparison to distinguish their group from others, in an unconscious attempt for individuals to better conceptualize their identity or concept of the self (Festinger, 1954). Strong group membership exists among individuals affiliated with the military. However, there are individual differences in the degree to which one feels a connection to their group, as well as the value one places on that group membership, which often translates into how one feels about the self. For example, some veterans view themselves and other veterans as "an asset," "highly thought of," and "respected by others." Alternatively, other veterans may view themselves and other veterans as "contributing less to society than others," and "not worthwhile" (Lancaster & Hart, 2015; Lancaster et al., 2018).

The Warrior Identity Scale (WIS; Lancaster & Hart, 2015) is a measure of this self-concept in the context of one's military affiliated identity. The WIS is a multidimensional measure that consists of 7 subscales: private regard, public regard, identity exploration, identity commitment, military centrality, military as family, and military connection (Lancaster et al., 2018). Pertinent to the current work is the private regard and public regard subscales because of their relevance to social identity. The private regard subscale pertains to the value a veteran places on their social identity, and contains items such as "I feel that veterans have made significant contributions to our country/world." The public regard subscale pertains to the value a veteran perceives society to place on their social identity, and contains items such as "In general, other groups view veterans in a positive manner." It is likely that more negative views of one's social identity, judged by the individual (private regard) and society (public regard), are involved in the disruption of one's self-concept (i.e., self-image, self-esteem, and ideal self), which has been shown to be related to more negative mental health and wellbeing (Thompson et al., 2019). Private regard, however, may be more important than public regard for maintaining positive psychological functioning and wellbeing, as the internal evaluation of one's self may be more strongly linked to one's mental health than how one thinks a society evaluates them (Nguyen et al., 2019). Among other uniformed services such as police officers transitioning to retirement, a lack of private regard left officers vulnerable and without adequate resources to thrive during retirement (Bullock et al., 2020). Among firefighters, social identification with one's role as a firefighter was found to be a detriment in the stress and coping process (i.e., PTSD symptoms) (Robison et al., 2021).

However, there has been little work that links social identity theory to the veteran mental health crisis in the US. The few studies that have examined warrior identity find significant correlates among

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public and private regard and veteran mental health (Lancaster & Hart, 2015). In the original validation of the WIS, however, the researchers examined how mental health symptoms predicted each subscale separately. Instead, the current research aims to examine whether and how each of the subscales of the WIS uniquely predicts mental health and psychological wellbeing. In addition, these relationships have not yet been examined in a population of younger male veterans, which tends to have the highest rates of suicidality (Kang et al., 2015). In addition, social identity may function differently among males than females (Wood & Charbonneau, 2018); therefore we focus solely on the relationship between social identity and male veterans' mental health and wellbeing.

The purpose of the current research is to bridge the gap in the literature by examining the relationship between social identity (as measured by the public and private regard subscales of the Warrior Identity Scale) and mental health and wellbeing among male veterans. We hypothesized that male veterans with higher private regard would report more positive psychological wellbeing or mental health outcomes (PTSD symptoms, suicidal ideation, anxiety, depression, stress, social support, life satisfaction). We aimed to explore how the other subscales of the Warrior Identity Scale, including public regard, identity exploration, identity commitment, military centrality, military as family, and military connection, would uniquely relate to mental health and psychological wellbeing.

PARTICIPANTS AND PROCEDURE

PARTICIPANTS

All research was approved by the Institution Review Board at the University of Maine (approval number: 20200205). Male participants (N = 67) were recruited for a survey via an anonymous link provided on three separate online platforms: Facebook (n = 49), Amazon Mechanical Turk (n = 7), and Qualtrics (n = 11). Sample sizes were determined by financial capacity and logistical feasibility. Power analysis suggested that for the regressions described below, power to reject the null hypothesis at α = .05, assuming a medium effect size, was in excess of .92. We cannot report on recruitment rate, as it is not possible to determine how many veterans were contacted by the panel companies or how many veterans our Facebook post reached.

Participants from Qualtrics and Mechanical Turk were offered platform-specific credits of similar value as an incentive to participate in the study while those on Facebook were granted a $10 Amazon.com gift card upon completion of the survey. To be included, participants had to identify as a male veteran (combat and non-combat deployed included) between the ages of 18 and 36. Individuals who did not meet these

Table 1

Characteristics of veteran sample (N = 67)

Variable	M (SD)	Range
Age	28.88 (3.76)	22-36
	n	*%*
Sex		
Male	67	100.0
Race		
White/Caucasian	58	86.6
Other	7	10.4
Asian	2	3.0
Missing		
Hispanic or Latino background		
Yes	16	23.9
Military branch		
Marines	49	73.1
Army	12	17.9
Navy	5	7.5
Air Force	1	1.5

criteria or whose responses were suspicious (i.e., bots or non-military) were excluded from the study (n = 46; 41%). Table 1 shows the demographic characteristics of the sample. The sample comprised primarily Marines (73.1%) and Caucasians (86.6%) with a mean age of 28.88 (SD = 3.76).

MEASURES

Data were collected using the following validated self-report measures.

Warrior identity. The 27-item Warrior Identity Scale (WIS; Lancaster & Hart, 2015) measures military affiliated identity or veteran social identity. The WIS is a multidimensional measure that consists of 7 subscales: private regard, public regard, identity exploration, identity commitment, military centrality, military as family, and military connection. Participants were instructed to select a number for each statement on a Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Example items include "I believe that I have many strengths due to my military service," and "In general, others respect veterans and members of the military." The internal consistency for the full 27-item WIS was α = .81, with subscale consistency showing the following: private regard α = .74, public regard α = .82, identity exploration α = .76, identity

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commitment α = .84, military centrality α = .62, military as family α = .73, and military connection α = .68.

Suicidal ideation. Suicidal ideation was measured using a 4-item subscale of the Suicidal Behaviors Questionnaire (SBQ; Linehan & Nielsen, 1981), validated by Osman and colleagues (2001). Participants were instructed to select a number for the statement that best applies to them to indicate how often they experience thoughts of suicide with various responses ranging from 1 (*never*) to 6 (*very likely*). The four items were: "Have you ever thought about or attempted to kill yourself?", "How often have you thought about killing yourself in the past year?", "Have you ever told somebody that you were going to commit suicide, or that you might do it?", and "How likely is it that you will attempt suicide some day?" Internal consistency of this measure was α = .66. Recent research suggests that this measure shows consistency across branches in screening for suicidal ideation along with other brief screeners (Heath et al., 2022).

PTSD symptoms. PTSD symptoms were examined using the PTSD Checklist (PCL-5; Weathers et al., 2013). The PLC-5 measures the presence of PTSD symptoms and contains a series of 20 items on a Likert scale from 0 (*not at all*) to 4 (*extremely*). Participants were instructed to select a number for each statement to indicate how often they experienced each item during the past month. Example items include "In the past month, how much have you been bothered by repeated, disturbing, and unwanted memories of the stressful experience?". Internal consistency of the PCL-5 was α = .98.

Depression, anxiety, and stress. The Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) measures an individual's level of depression, anxiety, and stress. The scale contains 21 items on a Likert scale from 0 (*did not apply to me at all*) to 3 (*applies to me very much or most of the time*). Participants were instructed to select a number for each statement to indicate how often they experienced each item during the past week. Example items include "I felt that I had nothing to look forward to" and "I found it difficult to relax." Internal consistency for the whole DASS was α = .94, and slightly lower for each subscale: depression: α = .92, anxiety: α = .78 and stress: α = .82.

Social support. The Interpersonal Support Evaluation List (ISEL; Cohen et al., 1985) measures an individual's perceived level of social support. The scale contains 12 items on a Likert scale from 1 (*definitely false*) to 4 (*definitely true*). Example items include "I feel that there is no one I can share my most private worries and fears with" and "If I was stranded 10 miles from home, there is someone I could call who could come and get me." The internal consistency for this scale was α = .51.

Life satisfaction. The Satisfaction with Life Scale (SWLS; Diener et al., 1985) measures individual global cognitive judgments of life satisfaction. The scale contains 5 items on a Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Example items include "I am satisfied with my life" and "If I could live my life over, I would change almost nothing." Participants were instructed to select a number for each statement to indicate their level of agreement with each item. Internal consistency for the SWLS was α = .89.

PROCEDURE

A post on a private veteran Facebook page called "Mendleton" provided the link to participate in the study through Qualtrics. Recruitment administrators for Qualtrics and Amazon Mechanical Turk were provided the link to distribute to qualified participants for their respective platforms. After reading and agreeing to the informed consent, participants completed a series of validated self-report measures which took approximately 20 minutes to complete.

RESULTS

Means, standard deviations, and correlations for all measures are presented in Table 2. PTSD symptoms were significantly correlated with more symptoms of depression, stress, and anxiety and lower perceived social support. Furthermore, life satisfaction was negatively related to symptoms of depression, anxiety, stress, suicidal ideation, and more perceived social support. Several subscales of the WIS were significantly related to wellbeing (see Table 2).

To examine the unique influence of each WIS subscale on the psychological wellbeing variables, we conducted a series of linear regressions with all 7 WIS subscales entered as predictors and each psychological wellbeing variable as the dependent variable (Table 3).

In line with our hypothesis, more private regard (i.e., the value a veteran places on their social identity) predicted significantly fewer PTSD symptoms, less depression, suicidal ideation, anxiety, stress, and more perceived social support. More public regard, on the other hand, was related to more PTSD symptoms. The subscale related to viewing the military as a family was also related to more PTSD symptoms and more anxiety and stress. No other subscales significantly predicted any of the wellbeing variables.

DISCUSSION

The purpose of this study was to examine the relationship between social identity (as measured by the Warrior Identity Scale's public and private regard) and mental health among male veterans. Our main

Table 2

Means and correlations of identity and psychosocial wellbeing variables

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Private regard	24.36	3.19													
2. Public regard	9.97	2.49	.28*												
3. Connection	8.91	2.46	.24*	.09											
4. Family	9.13	2.30	.06	-.03	.44***										
5. Centrality	10.97	2.44	.21	.23	.20	.41**									
6. Identity commitment	10.12	2.06	.33**	.16	.27*	.36**	.29*								
7. Exploration	9.07	2.23	.03	.07	.16	.08	.17	.34**							
8. PTSD symptoms	13.19	17.72	-.26*	.31*	.06	.27*	.04	.06	.07						
9. Depression	14.71	6.26	-.38**	-.21	-.11	.25*	.12	.08	.11	.47***					
10. Social support	2.72	0.71	.46***	.29*	-.10	-.13	.03	.17	-.02	-.28*	-.58***				
11. Suicidal ideation	6.13	3.06	-.32**	-.06	.07	.21	.14	-.03	.08	.24	.63***	-.41**			
12. Life satisfaction	21.02	7.20	.24*	.18	.07	.23	-.12	-.03	-.03	-.04	-.39**	.37**	-.40**		
13. Anxiety	12.40	4.37	-.27*	-.03	.00	.40**	.13	.14	.02	.55***	.74***	-.41**	.47***	-.30*	
14. Stress	14.84	5.18	-.25*	-.12	.02	.39**	.17	.17	.16	.47**	.76***	-.42***	.46***	-.38**	.74***

Note. * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 3

Warrior Identity subscales as predictors of psychological wellbeing variables

	PTSD symptoms	Depression	Social support	Suicidal ideation	Life satisfaction	Anxiety	Stress
	β	β	β	β	β	β	β
Private regard	−.37**	−.39**	.38**	−.31*	.22	−.31*	−.27*
Public regard	.44***	−.14	.18	.01	.13	.06	−.06
Connection	−.03	−.18	.08	−.17	.15	−.15	−.13
Family	.37**	.24†	−.19	.26†	−.25	.43**	.39**
Centrality	−.14	.12	−.05	.13	−.11	.01	.05
Identity commitment	.01	.14	.01	−.05	−.03	.13	.11
Exploration	.04	.07	−.06	.09	−.02	−.03	.11
Adjusted R^2 (f^2)	.25 (.33)	.21 (.27)	.19 (.23)	.10 (.11)	.06 (.06)	.18 (.22)	.18 (.22)
F	4.13***	3.43**	3.26**	2.08†	1.60	3.13**	3.09**

Note. β is the standardized regression coefficient. †$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

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hypothesis was supported in that more private regard predicted significantly fewer PTSD symptoms, less depression, suicidal ideation, anxiety, stress, and more perceived social support. More public regard and more endorsement of military as family were related to more PTSD symptoms. While private regard was positively related to life satisfaction in zero order correlations, we did not find support for this relationship when the other WIS subscales were entered into the regression predicting life satisfaction. Future research should include a larger sample that is powered to examine this relationship in particular.

This research contributes to past work highlighting the important associations between components of one's warrior identity and mental health. We corroborated previous research by identifying that private regard was related to better mental health while military as family was related to poorer mental health. We found in our sample that public regard was also associated with poorer mental health. We believe this is an important new finding which suggests that when veterans' self-worth depends on what others think of their military identity, they are at greater risk for poorer mental health, and vice versa – that those with poorer mental health depend more on what others think of their military identity. Interventions should continue to focus on improving veterans' internal evaluation of their military identity (i.e., their private regard), in order to maintain and increase wellbeing. This has been done in workplace settings by fostering authenticity or ways that integrate one's identity and past experiences into the values and practices of their current life or work and drawing on these backgrounds as a source of strength (Moldovan, 2018). This allows for the dismantling

and defying of stereotypes or restrictive/simplistic expectations of their role and identity – with positive outcomes related to wellbeing and growth (Moldovan, 2018).

Limitations of the study include the small sample size and lack of racial and ethnic diversity. Our study also only focused on a male veteran sample, and we encourage future research to conduct similar studies among female and gender nonconforming veterans. Future research should examine how and under what contexts social identity relates to mental health and wellbeing so that interventions can be developed that promote mental health and reduce suicidality. This could be done by stratifying or examining moderating factors related to one's service such as comparing combat to non-combat deployed veterans, number of deployments/missions, country, branch of military, rank and status, as well as reason for discharge. We are also unable to make causal claims due to the cross-sectional nature of our data. Future research could manipulate warrior identity and examine outcomes or follow veterans longitudinally to examine how changes in warrior identity impact mental health.

Recruits entering the military undergo a thorough process to shape their identity from a civilian to a member of the respective military branch. However, current procedures for separating members of the military have proven to be insufficient and warrant reevaluation. Our data support the literature in that positive evaluation of one's identity (i.e., more private regard) is associated with better mental health. Therefore, it is necessary to consider developing methods to improve or maintain veteran private regard during the military-to-civilian transition.

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