Understanding the Unique Effects of Identity in Adjustment Among Veterans

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Introduction

• Reintegration into civilian life involves loss, maintenance, gains, and transformations of existing identity structures (Thompson et al., 2018).

• However,
  • Limited research has examined the unique impact of various relevant identity domains on mental health and substance use among veterans.
  • Addressing this gap, the current study sought to examine the unique effects of personal, U.S., and military identity on adjustment.
Personal Identity

• Personal identity research traces its roots to Erikson (1968) and has largely drawn on Marcia’s identity status paradigm.

• Marcia (1966) conceptualized identity development as emerging at the intersection of two processes:
  • Exploration: active consideration of various identity alternatives
  • Commitment: selection and adherence to one or more identity alternatives

• Prior research has shown that commitment is associated with positive functioning in civilian populations of young adults (e.g., Schwartz et al., 2015) and adults 40 years of age or older (e.g., Sneed et al., 2012).
U.S. Identity

• Research on U.S. identity has largely drawn on Phinney’s ethnic identity model (1989) which posits:
  • Exploration and commitment are viewed as two processes underlying U.S. identity development (Schwartz et al., 2012).
  • Drawing on SIT’s (Tajfel & Turner, 1986), U.S. affirmation (i.e., sense of pride) and U.S. centrality (i.e., importance) provide sense of meaning and significance of U.S. identity (Meca et al., 2020).

• In an earlier study using the dataset examined here, Meca et al. (2019) found
  • U.S. identity affirmation was negatively associated with alcohol use, drug use, and symptoms of depression and anxiety.
  • Whereas U.S. identity centrality was positively associated with alcohol use, drug use, and symptoms of depression and anxiety.
Military Identity

• Similar to U.S. identity, research on military identity has blended Marcia’s (1966) identity process and SIT’s (Tajfel & Turner, 1986) perspectives:
  • Exploration and commitment have been utilized in understanding how military identity is formed, whereas private regard and centrality capture the meaning and emotional significance of military identity for individuals.
  • Private regard has been positively associated with better psychological functioning (Lancaster & Hart, 2015).
Current study

• Despite these promising findings, to the best of our knowledge, no study to date has examined the unique impact of military, U.S., and personal identity on mental health and substance use among veterans.

• The goal of the present study was to examine the relationship between
  • personal, military, and U.S. identity dimensions (i.e., commitment, affirmation, and centrality) on
  • substance use and mental health symptoms (i.e., post-traumatic stress, suicidal ideation, anxiety, and depression)

• Towards this end, we utilized a non-random community sample of U.S. military veterans.
Methods

• Recruitment
  • Participants were recruited via online advertising (Facebook, listservs, etc.), word of mouth, and the psychology department participant pool at a public university in the southeast.
  • Eligible participants were 18 years of age or older and had previously served in at least one branch of the U.S. military.
  • Military occupational specialty (MOS) codes were used to verify military service.
Methods

• Study Sample
  • Final sample consisted of **195 U.S. military veterans**
  • Half of the participants were female (53.3%) and nearly half of the participants were veterans of the Navy (45.1%).
  • About a third of participants had completed some college education (32.8%).
  • Most participants were White (73.3%), followed by Latina/o or Hispanic (13.8%), Black/African American (8.7%), and Asian (2.6%).
  • Participants reported a mean age of 35.12 years ($SD = 9.60$).
Methods

• *Measures*

  • Personal identity dimensions were measured utilizing the commitment subscale of the Warsaw Management of Identity Commitment Scale (W-MICS; Karaš & Cieciuch, 2015).

  • U.S. identity dimensions were measured utilizing the affirmation, commitment, and centrality subscales of the United States Identity Scale (USIS; Meca et al., 2020).

  • Military identity dimensions were measured utilizing the private regard, and commitment subscales of the Warrior Identity Scale (WIS; Lancaster et al., 2018).
Methods

• Measures
  • Mental Health Outcomes were measured utilizing the
    • DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure (CCSM; American Psychiatric Association, 2013)
      • We utilized the 2-item depression, 3-item substance use, and the 1-item suicide ideation subscales.
    • 20-item PTSD Checklist for DSM-5 (PCL-5; Blevins et al., 2015)
Results

• We estimated a path model in Mplus v8.0 (Muthén & Muthén, 1998-2019) to determine the unique effects of identity domains on outcomes.

• Analysis controlled for the effects of key covariates:
  • Age
  • Gender
  • Combat experience, and
  • Years since separation from the military.
Results

• Personal identity commitment was negatively associated with
  • substance use ($\beta = -0.190$, $p = 0.026$), suicidal ideation (IRR = 0.874, $p = 0.003$) and symptoms of PTSD ($\beta = -0.351$, $p < 0.001$), depression ($\beta = -0.134$, $p = 0.003$), and anxiety ($\beta = -0.412$, $p < 0.001$).

• U.S. identity affirmation was also negatively associated with
  • substance use ($\beta = -0.388$, $p < 0.001$), suicidal ideation (IRR = 0.884, $p = 0.017$), and symptoms of PTSD ($\beta = -0.246$, $p = 0.032$), depression ($\beta = -0.264$, $p = 0.013$), & anxiety ($\beta = -0.366$, $p < 0.001$), and.

• Military identity was positively associated with symptoms of PTSD ($\beta = 0.230$, $p = 0.032$).
Discussion

• The current study sought to determine the unique influence of personal, military, and U.S. on mental health and substance use.

• Our findings suggest that a strong personal identity may facilitate the transition from military to civilian life.
  • Indeed, personal identity commitment was negatively associated with every indicator of mental health and substance use.
  • Veterans’ transition to civilian life is often marked by difficulty with finding meaning and purpose (Angel et al., 2018).
  • However, as conceptualized by Erikson (1968), a coherent personal identity provides individuals with a sense of purpose and future direction (Schwartz et al., 2015).
Discussion

• At the same time, U.S. affirmation was also negatively associated with every indicator of mental health and substance use.
  • Findings were consistent with our hypothesis and our previous study that found U.S. affirmation was negatively associated with substance use and symptoms of depression and anxiety.
  • The fact that U.S. affirmation was still associated with substance use and mental health, after controlling for personal and military identity, provides support for the notion that individuals’ capacity to maintain a positive self-evaluation is largely contingent on their capacity to establish or maintain positive attitudes toward the social groups to which they belong (Tajfel & Turner, 1986).
Discussion

• Results also indicated that military identity centrality was positively associated with symptoms of PTSD.
  • The degree to which military identities remain central may reflect difficulties in successfully establishing a veteran identity in the present civilian space (Atuel & Castro, 2019).
  • This finding may also support research by Brown et al. (2010), who found that placing trauma at the core of one’s identity increases veterans’ reports of PTSD symptoms.
    • It is possible that veterans with higher military identity centrality may more easily access vivid, intrusive memories which may result in more or greater salience of PTSD symptoms.
    • However, it is also possible that those who report more PTSD symptoms may be having trouble decentralizing their military identity.
  • Given the cross-sectional nature of our data, we were not able to establish the direction of the relationship.
Limitations

The findings of the present study should be interpreted with consideration of several limitations.

1. Given that half of the sample were women, and nearly half had served in the Navy, the sample was not representative of the overall composition of military.

2. We cannot establish directionality, which is critical for determining strategic points of intervention (Maxwell & Cole, 2007).
Conclusion

• Taken together, our findings provide preliminary cross-sectional support for the role that identity plays in mental health among U.S. veterans.

• Future longitudinal research is necessary to establish the directional relationship between identity (across various domains) and mental health and substance abuse across the transition to civilian life.
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