



## Veterans' Identities and Well-being in Transition to Civilian Life – A Resource for Policy Analysts, Program Designers, Service Providers and Researchers

Report of the Veterans' Identities Research Theme Working Group, Canadian Institute for Military and Veteran Health Research Forum 2016

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**Veterans’ Identities and Well-being in Transition to Civilian Life –  
A Resource for Policy Analysts, Program Designers and Service Providers  
(Report of the Veterans’ Identities Research Theme Working Group,  
Canadian Institute for Military and Veteran Health Research Forum 2016)**

## **Plain Language Summary**

Transition from military life to civilian life is challenging for all military personnel to some degree. Although most do well, the changes are quite difficult for some. In the wake of the Second World War, researchers began to understand the importance of “identity” in transitioning successfully to civilian life from military service. Since then, researchers have been working hard to understand what happens to serving members’ sense of who and what they are and how they relate to society after they leave the military. The goal of their work is to support the well-being of Veterans (former military members) and their families.

Identity theories have been standing the tests of time for over a century. They are increasingly relevant in today’s complex social world. However, most identity research has been done in populations other than Veterans, such as immigrants, racial/ethnic minorities, students, civilian employees and people of various gender preferences and sexual orientations. We were not able to find any summaries of identity research in Veterans. So, Veterans Affairs Canada (VAC) partnered with the Canadian Institute for Military and Veteran Health Research (CIMVHR) and Health Canada to form a Research Working Group of ten experts from four nations. This report summarizes their findings.

People form social identities based on their memberships in various social groups and the value that they attach to those memberships. People draw their values and sense of what is normal from the groups they identify with, their “in-groups.” Their identities make them predictable to others and enable them to get along in society. Their identities impact their well-being in terms of employment, finances, health, life skills, social integration, their homes and the society in which they live.

Identity researchers are helping us to understand why some Veterans are more successful than others in adjusting to life after military service. Researchers believe that identity challenges can explain much of the distress people feel during major life transitions. Military personnel tend to identify strongly with the military, adopting the norms and values of military life during shared experiences in training and on operations. When they leave military service, they lose their intimate connections to the military world. This loss of in-group status leaves them seeking new preferred in-groups. They do better when they are accepted by civilian social groups and identify with them. Transitioning Veterans who also have minority identities can have added challenges, like female Veterans, Veterans released involuntarily and Veterans with chronic physical or health problems. Identities can be injured or nurtured during military-civilian transition. Reactions to identity challenges in transitions are normal, but sometimes they can contribute to health problems and even play roles in suicide.

This Technical Report highlights important implications for policy and program development, service delivery, communications, commemoration and societal recognition. Transitioning Veterans can have a more difficult time adjusting if they do not form identities with groups outside the military and integrate them into their military identity. During participation in the Invictus Games, Veterans with chronic health problems identified as athletes rather than ill or injured. Identity research explains why Veterans helping Veterans (peer support) is important in helping Veterans deal with identity challenges as they

adapt to civilian life. The research shows how civilians can become sensitive to Veterans' identities. It is important, for example, to ask Veterans what works for them in recognition, rather than making assumptions about how best to recognize and commemorate them. Finally, the report suggests priorities for research needed to answer remaining important questions about Veterans' identities and well-being.

## Executive Summary

It is important to understand "Veteran identity" and to understand how and why identity issues are implicated in the work done by Veterans Affairs Canada (VAC) and other public and private agencies that support the well-being of Veterans and their families. Although there is a rich, complex research literature on identities and its connection to well-being, we could not find easy-to-understand explanations of (1) the concept of "Veteran identity", (2) the ways that Veterans' identities relate to well-being in military-civilian transition (MCT) or later life; and (3) most importantly, ways to influence good well-being in Veterans through an understanding of how Veteran identity works.

To address this important knowledge transfer gap, VAC partnered with the Canadian Institute for Military and Veteran Health Research (CIMVHR) to establish a Research Theme Working Group for the November 2016 CIMVHR Forum, with funding from Health Canada. The 2016 workshop at the Forum brought together academic clinical experts from Canada, the United States, the United Kingdom and Estonia. These Working Group members met with the VAC team in the months leading up to the Forum workshop and were engaged in developing this report.

This Technical Report was prepared following the November 2016 workshop based on notes taken during teleconferences with the experts, the Forum 2016 presentations and a review of the published scientific literature. The objectives are to:

1. synthesize basic knowledge about Veterans' identities;
2. synthesize knowledge about the connection between identities and well-being.
3. demonstrate practical real-world applications of knowledge about identities in supporting adaptation to civilian life, service delivery, policy and program development, communications, commemoration and measuring outcomes; and
4. engage researchers in studying Veterans' identities.

Identity theory has been developed and tested for over a century in a rapidly evolving body of complex scientific literature. Although the first theories were developed by researchers working with civilians, some work was done with Second World War and Vietnam War Veterans. Most of the research since then has been conducted in larger civilian subpopulations, including adolescents, immigrants, employees of civilian businesses and minority gender and sexual identities groups. Identity researchers are now increasingly turning their attention to military Veterans. A worldwide community of identity researchers and clinicians is beginning to network to inform support for transitioning military personnel and their families.

Humans are social creatures. People form social identities based on (1) their memberships in various social groups and (2) the value that they attach to those memberships. Major life transitions like MCT challenge people's identities because they must interact with new social groups that have different norms, values and beliefs. A person's ability to manage his or her identities during major life transitions like MCT is crucial to sense of self, functioning in society and achieving good well-being in the domains

of employment or other activity, finances, health, life skills, social integration, housing/physical environment and cultural/social environment. Successful transition requires learning to identify in a positive way with civilian social groups and integrating those identities so they become an integral part of the self.

Development of post-military identities that allow Veterans to have good well-being is viewed as a key issue in supporting military personnel through military-civilian transition. Military training and service life promote powerful military identities that serve military personnel well during service. Managing the inevitable shifts in their identities as they adjust to life after service during MCT can be challenging, with potential consequences for their well-being both psychologically and more globally across multiple well-being domains. Leaving military services leads to challenging decisions like: *“Where will I find work?”*, *“What is my purpose?”*, *“Where do I get health care?”*, *“Who will help me?”* and *“Where will I live?”*

The recent resurgence of military Veteran identity research provides useful directions for policy analysts, program designers, communicators and service providers. Identity researchers view major life transitions like MCT as shifts in identity, hence managing identities in transition is crucial. There is evidence that Veteran identity formation is a determinant of well-being in all domains. Reactions to identity challenges in transitions are considered to be normal, but can be complicated by pathological reactions. Some identity researchers conceptualize mental health problems like depression as reactions to identity challenges.

The findings in this report inform ways to support and communicate with Veterans and shape civilian societal attitudes toward them. It is important for out-group helpers to ask transitioning members about language and forms of recognition that work for them, rather than make assumptions that could inadvertently harm. Community-based peer support (Veterans helping Veterans) leverages the benefits of in-group identity sensitivity.

There are a host of opportunities for further research into Veterans’ identities including identity formation; identity changes during major life transitions; relationships between identities and the domains of well-being; personal and societal factors influencing identities; the role of recognition in fostering healthy identities; and ways to measure program, service and research outcomes in terms of sense of self and identity. More research is required to understand the roles of commemoration and recognition activities in promoting recruitment and retention and fostering the well-being of serving military personnel and Veterans across MCT.

**Identité et bien-être des vétérans dans la transition à la vie civile – guide pour les analystes des politiques, les concepteurs de programme et les fournisseurs de services**  
*(Rapport du Groupe de travail sur des thèmes de recherche sur l'identité des vétérans, Forum 2016 de l'Institut canadien de recherche sur la santé des militaires et des vétérans)*

## Résumé en langage clair

La transition de la vie militaire à la vie civile est difficile, dans une certaine mesure, pour l'ensemble du personnel militaire. La situation se déroule bien pour la plupart des vétérans, mais les changements sont assez difficiles pour certains. À la suite de la Seconde Guerre mondiale, les chercheurs ont commencé à comprendre l'importance de l'« identité » pour une transition réussie de la vie militaire à la vie civile. Depuis, ils travaillent ardemment à comprendre ce qui se produit dans la façon dont les militaires perçoivent qui ils sont, ce qu'ils sont et quel est leur lien avec la société à leur libération. Le but de ce travail de recherche est de favoriser le bien-être des vétérans (anciens militaires) et de leurs familles.

Les théories sur l'identité résistent à l'épreuve du temps depuis plus d'un siècle et sont de plus en plus pertinentes dans le monde social complexe d'aujourd'hui. Toutefois, la plupart des recherches sur l'identité ont porté sur des groupes autres que les vétérans, comme les immigrants, les minorités raciales ou ethniques, les étudiants, les employés civils et les personnes ayant diverses préférences et orientations sexuelles. Nous n'avons pas pu trouver de résumés de recherches sur l'identité dans le cas des vétérans. Par conséquent, Anciens Combattants Canada (ACC) a travaillé en partenariat avec l'Institut canadien de recherche sur la santé des militaires et des vétérans (ICRSMV) ainsi que Santé Canada afin de créer un groupe de travail sur la recherche composé de dix spécialistes provenant de quatre pays. Le présent rapport résume les constatations de ce groupe de travail.

Les gens forgent leur identité sociale selon leur appartenance à divers groupes sociaux et la valeur qu'ils accordent à cette appartenance. Leurs valeurs et leur perception de la normalité découlent des groupes auxquels ils s'identifient, leurs « intragroupes ». L'identité d'une personne la rend prévisible pour les autres et lui permet de fonctionner dans la société. Il existe des liens entre l'identité d'une personne et son bien-être sur le plan de l'emploi, des finances, de la santé, des aptitudes à la vie quotidienne, de l'intégration sociale, du domicile et de la société où elle vit.

La recherche sur l'identité nous aide à comprendre pourquoi certains vétérans réussissent mieux que d'autres à s'adapter à la vie après le service militaire. Les chercheurs sont d'avis que les difficultés sur le plan de l'identité peuvent expliquer en bonne partie la détresse que des gens ressentent pendant les grandes transitions de la vie. Les membres du personnel militaire ont tendance à s'identifier fortement à l'armée, et adoptent les normes et les valeurs de la vie militaire dans le cadre d'expériences communes lors des activités d'instruction et des opérations. Au moment de leur libération, ils perdent leurs liens étroits avec le milieu militaire. La perte de leur statut dans cet intragroupe fait en sorte qu'ils doivent chercher d'autres intragroupes qui leur plaisent. Ils s'en tirent mieux lorsqu'ils sont acceptés par des groupes sociaux civils et s'y identifient. Pour les vétérans en transition qui font partie de minorités, comme les femmes, ceux qui doivent involontairement quitter l'armée et ceux qui ont des problèmes de santé ou physiques chroniques, le défi peut être encore plus grand. Pendant la transition de la vie militaire à la vie civile, l'identité peut être altérée ou enrichie. Il est normal d'avoir des réactions aux problèmes d'identité pendant les transitions, mais parfois elles peuvent entraîner des problèmes de santé et même entrer en jeu en cas de suicide.



Ce rapport présente d'importantes implications pour l'élaboration des politiques et des programmes, la prestation de services, les communications, la commémoration et la reconnaissance sociétale. Les vétérans en transition peuvent avoir plus de mal à s'adapter s'ils ne se forment pas une identité avec des groupes à l'extérieur du milieu militaire et s'ils n'intègrent pas celle-ci dans leur identité militaire. Lors des Jeux Invictus, les vétérans ayant des problèmes de santé chroniques s'identifiaient comme athlètes plutôt que comme personnes malades ou blessées. Les travaux de recherche sur l'identité expliquent pourquoi l'appui d'autres vétérans (de pairs) est important pour aider les vétérans à gérer leurs problèmes d'identité dans leur adaptation à la vie civile. Également, les recherches montrent la façon dont les civils peuvent être sensibilisés à l'identité des vétérans. Il est important, par exemple, de demander aux vétérans ce qui fonctionne bien pour eux aux fins de reconnaissance, plutôt que de faire des hypothèses sur les meilleures formes de reconnaissance et de commémoration. Enfin, le rapport propose des priorités quant aux recherches nécessaires pour répondre à d'importantes questions non éclaircies au sujet de l'identité et du bien-être des vétérans.

## Sommaire

Il est important de bien comprendre l'« identité des vétérans » et de savoir pourquoi et en quoi les enjeux d'identité font partie intégrante du travail réalisé par ACC et d'autres organismes des secteurs public et privé qui favorisent le bien-être des vétérans et de leur famille. Malgré l'existence de documents de recherche riches et complexes sur l'identité et son lien avec le bien-être, nous n'avons pu trouver d'explications faciles à comprendre à propos : 1) du concept de l'« identité des vétérans »; 2) de la façon dont l'identité des vétérans se rattache au bien-être dans la transition de la vie militaire à la vie civile ou à une étape ultérieure de la vie; et 3) plus important encore, de la façon d'influencer le bien-être positif chez les vétérans par une bonne compréhension du fonctionnement de l'identité des vétérans.

Pour régler cette importante lacune touchant le transfert des connaissances, ACC a travaillé en partenariat avec l'ICRSMV en vue de mettre sur pied le Groupe de travail sur des thèmes de recherche pour le Forum de novembre 2016 de l'ICRSMV, grâce à un financement de Santé Canada. L'atelier de 2016 au Forum a regroupé des spécialistes cliniciens du milieu universitaire du Canada, des États-Unis, du Royaume-Uni et de l'Estonie. Les membres du Groupe de travail ont rencontré l'équipe d'ACC dans les mois précédant l'atelier au Forum et ont participé à l'élaboration du présent rapport.

Le présent rapport a été produit à la suite de l'atelier de novembre 2016 à partir des notes consignées lors des téléconférences avec les spécialistes ainsi que des exposés au Forum 2016 et d'un examen des documents scientifiques publiés. Les objectifs sont les suivants :

1. Résumer les connaissances de base à propos de l'identité des vétérans;
2. Résumer les connaissances à l'égard du lien entre l'identité et le bien-être;
3. Démontrer une application pratique et très concrète des connaissances au sujet de l'identité en favorisant l'adaptation à la vie civile, la prestation de services, l'élaboration de politiques et de programmes, les communications, la commémoration, et la mesure des résultats;
4. Mobiliser les chercheurs dans l'étude de l'identité des vétérans.

La théorie relative à l'identité est mise au point et à l'essai depuis plus d'un siècle dans un ensemble de documents scientifiques complexes qui évolue rapidement. Bien que les premières théories aient été conçues par des chercheurs ayant collaboré avec des vétérans de la Seconde Guerre mondiale et des vétérans de la guerre du Vietnam, la plupart des recherches effectuées depuis l'ont été au sein de plus

grands sous-groupes civils, notamment les adolescents, les immigrants, les employés d'entreprises civiles ainsi que les groupes appartenant à des minorités sexuelles et de genre. Les chercheurs qui se consacrent à l'identité se tournent maintenant de plus en plus vers les vétérans. Des chercheurs et des cliniciens de la planète qui s'intéressent à l'identité ont commencé à faire du réseautage dans le but de contribuer aux mesures de soutien visant à faciliter la transition pour les militaires et leur famille.

Les humains sont des créatures sociales. Les grandes transitions dans la vie comme la transition de la vie militaire à la vie civile sont difficiles pour l'identité des gens parce que ceux-ci doivent interagir avec de nouveaux groupes sociaux dont les normes, les valeurs et les croyances sont différentes. La capacité d'une personne de gérer son identité au cours des grandes transitions dans sa vie, comme la transition de la vie militaire à la vie civile, est essentielle à une image saine de soi, au fonctionnement dans la société et au bien-être dans les secteurs de l'emploi ou des autres activités, des finances, de la santé, des aptitudes à la vie quotidienne, de l'intégration sociale, du logement et de l'environnement physique ainsi que de l'environnement culturel et social. Une transition réussie nécessite un apprentissage positif de l'identité auprès de groupes sociaux civils ainsi que l'intégration de cette identité de sorte que le vétéran puisse en venir à avoir une image saine de lui-même.

Le développement d'une identité d'ex-militaire, de sorte à favoriser le bien-être des vétérans après leur carrière, est considéré comme un élément clé pour aider les militaires à faire la transition à la vie civile. La formation militaire et la nature de la vie militaire promeuvent l'acquisition d'une identité militaire forte qui est grandement utile au personnel militaire pendant le service. Il peut être difficile de gérer les changements inévitables sur le plan de l'identité lors de l'adaptation à la vie après le service au cours de la transition de la vie militaire à la vie civile. Cette situation peut avoir des conséquences sur le bien-être psychologique des vétérans et, de façon plus globale, dans de nombreux secteurs touchant le bien-être. La libération entraîne la prise de décisions difficiles comme les suivantes : « *Où vais-je trouver un emploi?* », « *Quel est mon but?* », « *Où puis-je obtenir des soins de santé?* », « *Qui va m'aider?* » et « *Où vais-je vivre?* »

La reprise récente des recherches sur l'identité des vétérans présente une orientation pratique pour les analystes des politiques, les concepteurs de programme, les spécialistes en communication et les fournisseurs de services. Les chercheurs qui se consacrent à l'identité perçoivent les grandes transitions dans la vie, comme la transition de la vie militaire à la vie civile, en tant que changements sur le plan de l'identité. Par conséquent, la gestion de l'identité au cours de la transition est primordiale. Il en ressort manifestement que la formation d'une identité chez les vétérans est un facteur du bien-être dans tous les secteurs. La réaction aux difficultés sur le plan de l'identité que représentent les transitions est jugée normale, mais elle peut être compliquée par une réaction pathologique. Certains chercheurs qui s'intéressent à l'identité considèrent les problèmes de santé mentale, notamment la dépression, comme une réaction aux difficultés sur le plan de l'identité.

Les constatations qui figurent dans le présent rapport englobent des méthodes visant à soutenir les vétérans, à communiquer avec eux et à façonner l'attitude sociétale civile à leur endroit. Il est important que des intervenants externes demandent aux vétérans en transition de leur préciser le langage et les formes de reconnaissance qui s'avèrent efficaces pour eux, plutôt que de faire des hypothèses qui pourraient leur nuire par inadvertance. Le soutien communautaire par les pairs (des vétérans viennent en aide à d'autres vétérans) tire parti des avantages de la sensibilité à l'égard de l'identité au sein du groupe.

Il existe une multitude d'occasions de recherche approfondie sur l'identité des vétérans, notamment la formation d'une identité; les changements touchant l'identité au cours des grandes transitions dans la vie; les liens entre l'identité et les secteurs du bien-être; les facteurs personnels et sociétaux qui influent sur l'identité; le rôle de la reconnaissance dans la mise de l'avant d'une identité saine; et la façon de mesurer les résultats liés aux programmes, aux services et aux recherches au chapitre de l'image saine de soi et de l'identité. Il faudra effectuer plus de recherches pour comprendre le rôle des activités de commémoration et de reconnaissance dans la promotion du recrutement et du maintien en fonction ainsi que dans la stimulation du bien-être du personnel militaire et des vétérans tout au long de la transition de la vie militaire à la vie civile.

## **Contributions**

Jim Thompson and Wendy Lockhart conceived and co-chaired the project in consultation with VAC staff and CIMVHR. Jim Thompson, Wendy Lockhart, Mary Beth Roach and Vincent Giroux-Lalonde kept notes during the Working Group's teleconferences and Forum 2016 presentations. Jim Thompson drafted the report in consultation with Wendy Lockhart and Mary Beth Roach who reviewed drafts. The 11 expert panel members contributed through meetings, email correspondence or presentations at the 2016 Forum and reviewed drafts of the manuscript.

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# Veterans' Identities and Well-being in Transition to Civilian Life – A Resource for Policy, Programming and Service Delivery

*Report from the “Veterans’ Identities” Research Theme Working Group,  
Canadian Institute for Military and Veteran Health Research Forum 2016*

## Introduction

The experience of military to civilian transition (MCT) is challenging to some degree for all releasing military personnel and quite difficult for some (Rogers 1944, Blackburn 2016 citing Davies, Castro and Kintzle 2014, Kintzle et al. 2016). When former Canadian Armed Forces (CAF) Regular Force members who had been released during 1998-2012 were asked in the 2013 *Life After Service Survey* how their transition had been<sup>1</sup>, 27% reported difficult/very difficult, 17% said neither easy nor difficult and 56% reported easy/very easy (Thompson et al. 2014a).

There is consensus opinion that adjustment difficulties can have negative impacts on the well-being of Veterans<sup>2</sup> and their families (Rogers 1944, Adler Zamorski et al. 2011, Demers 2011, Thompson et al. 2015), but even after decades of research “*The processes and experiences of transition for Armed Forces veterans are not well understood, and research is only beginning to unpack associated issues*” (Cooper et al. 2016).

*“It took me a long time to realize that your identity matters ... It is having an identity, knowing who you are, finding your purpose and passions, and learning how to shape and navigate your future, that makes the difference ... we need a solid foundation we can always return to”* (Stedman Graham (2013), educator, motivator and former U.S. Army serviceman).

Development of a post-military identity that allows Veterans to have good well-being is viewed as a key issue in supporting military personnel through military-civilian transition (Robinson et al. 2017). There is emerging evidence that major life transitions like MCT could be conceptualized as *identity transitions* and that managing challenges with social identities in transitions are more important than social support in buffering against decline in psychological well-being during transitions (Praherso et al. 2017). Psychosocial researchers began developing identity theory while working with transitioning Second World War and Vietnam War Veterans (Kroger 2007). Since the resurgence of worldwide military operational tempo in the 1990s, there has been an international surge of interest in understanding how “Veteran identity” relates to success during MCT and in learning how to leverage that knowledge to support the well-being of Veterans and their families (Haslam et al. 2009, Orazem et al. 2016, Cooper et al. 2016, Blackburn 2016).

Veterans Affairs Canada (VAC) has a \$3.6 billion budget to support the well-being of Canadian Veterans and other mandated populations.<sup>3,4</sup> Identity issues are implicated in all three of VAC’s strategic outcomes (support for Veterans’ well-being; Canadians remember and recognize all who served; and Veterans’ rights to services and benefits that address their needs) and in VAC’s motto “Care, Compassion and Respect.” Policy analysts, program developers and service providers have been seeking information about the connection between Veteran identity and well-being in business areas as diverse

<sup>1</sup> “*In general, how has the adjustment to civilian life been since you were released from the Canadian Forces?*”

<sup>2</sup> For the purposes of this document, “Veteran” means a former member of the Canadian Armed Forces with any length or type of service, since any former member can apply to VAC programs and services including those who release as recruits or officer/naval cadets.

<sup>3</sup> For a description of the composite well-being construct used at VAC, see (Thompson et al. 2016).

<sup>4</sup> VAC Plans and Priorities 2016-17.

as commemoration, recognition, case management, communications, a Veteran identity card concept and communicating policy and program eligibility decisions.

The century-old theoretical and empirical scientific literature on human identities is large and complex (James 1890, Kroger 2007, Lawler 2008). Literature searches and consultations with colleagues in Canada and other nations failed to turn up succinct Veteran-specific reviews. Although the research literature is a rich and complex, we could not find easy-to-understand explanations of:

- (1) the concept of “Veteran identity;”
- (2) the way that Veteran identity relates to well-being in MCT or later life; or
- (3) ways to influence good well-being in Veterans through an understanding of how Veteran identity works.

There is a long history of research and philosophic debate about human identities, but primarily in subpopulations larger than military Veterans.

To address this knowledge transfer gap in Veterans’ identities, VAC partnered with the Canadian Institute for Military and Veteran Health Research (CIMVHR) in 2016 to convene an international Research Theme Working Group called “*Veterans’ Identities and Well-Being in Military-Civilian Transition: What do we know and what can we do?*” The Working Group met in a pre-conference workshop open to the public at the 2016 CIMVHR Forum in Vancouver, Canada, and was active in discussions prior to and after the workshop. The Forum workshop was funded by a Health Canada grant to CIMVHR.

This Technical Report summarizes the findings of the Working Group together with a review of the literature. The intent is to provide a resource for service providers, policy analysts and program designers. The objectives of the report are to:

- (1) synthesize basic knowledge about Veterans’ identities;
- (2) synthesize knowledge about the connection between identities and well-being;
- (3) demonstrate practical real-world applications of knowledge about identities in supporting adaptation to civilian life, service delivery, policy and program development, communications, commemoration and measuring outcomes; and
- (4) engage researchers in studying Veterans’ identities.

## Methods

### Research Theme Working Group

Research Theme Working Groups are established by CIMVHR with funding from Health Canada to address evolving areas of knowledge in military and Veteran health. VAC was approved by CIMVHR to lead the Identity Working Group, co-led by Jim Thompson and Wendy Lockhart. The Working Group was convened by invitation beginning in December 2016. The Working Group shared ideas leading up to the public Forum workshop on November 21, 2016 at the CIMVHR Forum in Vancouver. After the Forum, the Working Group continued to participate in the subsequent development of this report by reviewing drafts. Although there are perhaps hundreds of researchers working on identity worldwide, we limited the Working Group to the number that could present at the Forum. We have subsequently begun to identify many other identity researchers, both in Canada and internationally.

## Working Group Objectives

The Working Group objectives emerged in a series of consultations with VAC staff and external experts during the winter of 2015-16:

1. review current knowledge of military Veteran identities;
2. explore relationships between Veteran identities and well-being;
3. suggest effective activities that can be taken to enhance Veteran identities and well-being; and
4. suggest ways to measure the effectiveness of activities that enhance Veteran identities and well-being.

## Working Group Activities

The first Working Group teleconference was held in September 2016. Three VAC staff (JT, WL and MBR) took notes during teleconferences with Working Group members. The Working Group members were asked to address the four Working Group objectives in giving their views on the relationship between Veteran identity and well-being in telephone meetings, by email or in personal conversations. At the pre-Forum workshop in Vancouver, seven Working Group members gave 15-minute presentations and then during the final half hour, the workshop audience was invited participate in a discussion. Four of us took notes during the workshop (JT, WL, MBR and VGL). The note-takers provided their notes to JT who drafted summaries of the Working Group members' presentations. The drafts were circulated to the Working Group members for review. Summaries of the expert's presentations are given in **Appendix 1**.

## Literature Search

One of us (JT) conducted literature searches on Veteran identity using research literature collected in the past decade by the VAC Research Directorate, searches of online reference databases, readings suggested by Working Group members and references in the found literature. The online searches used Google Scholar and PubMed and included search terms such as "military identity", "Veteran identity", "identity theory" and "social identity." The objectives of the literature review were to:

- Trace the evolution of identity theories and research in general, and with respect to military Veterans in particular.
- Develop a sense of the degree to which identity theories have been tested by empirical evidence.
- Identify lines of enquiry and practical applications not brought up in the Working Group's discussions and presentations.

The results are reported using narrative discourse. It was beyond the scope of the Working Group to evaluate systematically the strength of evidence for identity theories, or to fully explore knowledge gaps in this complex and rapidly evolving field.

## Brief History of Identity Research

Literature reviews by Haslam et al. (2009, 2012) argue that all important forms of social behaviour are grounded in the sense of social identity that people derive from their social group memberships. These ideas have roots in modern scientific literature extending back more than a century to work by James

(1890). Erik Erikson is widely recognized as the originator of modern identity theories based on foundations that emerged after the Second World War, a breakthrough likened to the discovery of antibiotics (Kroger 2007). He had trained under Freud, whom Erikson noted had only used the word “identity” once in speaking of his “*link to the Jewish people and having an ‘inner identity’ based on a shared system of values and the unique history of a people*” (Kroger 2007). Orazem et al. (2016) wrote “*Erikson’s (1950, 1968) theory of identity development is the foundation of much modern research on identity ... In fact, Erikson’s theory of “identity crises” was borne of his experience working with World War II veterans (Friedman, 1999).*” Allport (1954) explored in-group/out-group concepts, social categorization, scapegoating and stereotyping in prejudice. Key papers in the original development of self-categorisation and social identity theories include Tajfel & Turner (1979, 1986); Turner (1982, 1991); Turner et al. (1987) and Turner et al. (1994). There has been a marked increase in research publications on identity, health and psychological well-being since 1990, such that by 2005 a PsycINFO search of the term “identity” yielded nearly 41,000 references to theory and empirical research (Kroger 2007, Haslam et al. 2009, 2012). Lawler (2008) noted that many contemporary social problems cohere around identity and that questions of identity have become more pressing in the last 50 years.

*“What impressed me the most was the loss in these men [Second World War Veterans] of a sense of identity. They knew who they were; they had a personal identity. But it was as if, subjectively, their lives no longer hung together ... this sense of identity provides the ability to experience one’s self as something that has continuity and sameness and to act accordingly” (Erikson 1963).*

Social identity theory (discussed in detail in later sections) is now the dominant framework for thinking about identity issues (Kroger 2007), but there are alternatives. For example, Cooper et al. (2016 and in submission) analyzed the potential of a related theoretical framework advanced by sociologist Pierre Bourdieu in the 1970s-90s. In the Bourdieusian view, military “habitus” (subconscious dispositions acquired in developing a military identity) is suited to the military space (field) but not necessarily the civilian space. “Capital” accrued in the military space (rank, military experiences, ability to manage in military social groups and other social, cultural, economic, and symbolic resources) are key factors in MCT. A key challenge for transitioning members is habitus transformation through application of capital when they move from the military to the civilian social spaces. The challenge for releasing members is to acquire cultural competence in the civilian world. This Bourdieusian framework has useful similarities to social identity theories.

John Berry at Queen’s University developed an “acculturation” approach for understanding what happens when two cultures meet (Berry 2017). The acculturation process involves cultural and psychological changes at both the cultural and the individual level. At the cultural level, there are changes in social structures, institutions and cultural norms. At the individual level, there are changes in behavioural repertoires (food, dress, language, values and identities). Statistics Canada used the concept in a population study of immigrants. They “*created 4 acculturation strategies from 2 sense of belonging measures: high sense of belonging to both their source country and to Canada (integration), high for Canada and low for source country (assimilation), low for Canada and high for source country (separation), and low for both (marginalization).*” They “*found that those using the integration and assimilation strategies had the highest scores of life satisfaction (but they did not differ from each other), while separation and marginalization had significantly lower scores. For mental health, integration and separation had the highest scores (but did not differ from each other), while assimilation and marginalization had significantly lower scores*” (Berry and Hou 2016). We have not yet explored this interesting approach with respect to Veterans’ issues.

Until recently, however, relatively little of the world's burgeoning research effort on social identity has been directed at military Veterans. Orazem et al. (2016) pointed out that *"Identity adjustment is a critical yet understudied aspect of veteran reintegration into community life following combat deployment."* To date, most of identity research has been conducted on populations other than Veterans, including immigrants, certain civilian occupations and organizational entities like businesses. There is a need for similar research in Veterans. Furthermore, while there has been growing longitudinal research effort in the past two decades to gather empirical evidence about the processes of forming social identities and factors affecting those processes (e.g. Kroger 2007, Amiot et al. 2010), most identity research has focused on adolescence and young adulthood.

A comparison of Veteran identity research conducted just after the Second World War with more studies in recent Veterans suggests that there has been a shift in military identities over time. The 1949 book *The American Soldier: Combat and Its Aftermath* reported on the first comprehensive study of the attitudes of World War II combat Infantrymen in war (Stouffer et al. 1949). Using large survey samples taken among Infantrymen who fought in the Second World War, they found that the bonds soldiers formed with each other were the prime motivation in combat, not ideology or patriotism. In contrast, a study of United States (U.S.) soldiers in the more recent Iraq War found that in addition to the basic motivation of emotional bonds between soldiers, today's better educated, more media-aware soldier volunteers are also motivated by beliefs in reasons for the war (Wong 2006). While evolution in education offers one explanation, it is also possible that the differences in motivation could be due to the use of conscription policies in earlier conflicts.

Jetten, Haslam and Haslam (2012) gathered perspectives on the connections between well-being, social identities and group membership in their book *The Social Cure: Identity, Health and Well-being*. They proposed the "social cure" term to draw attention to the value of social identity theory across multiple disciplines, and the need to move past theories into practical applications.

### **Strength of Evidence**

Given the broad scope of our objectives and owing to the volume and complexity of identity-related published research, we were unable to systematically analyze strength of evidence. We can, however, make some general observations.

Social identity theories are standing the tests of time, but researchers continue to conduct the empirical research necessary to test these theories in a variety of populations and across the life course. In 2008, Para concluded that *"Although there is an abundance of research regarding identity formation available, there is surprisingly little empirical literature available concerning the role interpersonal relationships play on the development of one's identity"* (Para 2008). Since then there has been a surge of new research. In their subsequent summary of the literature, Cruwys et al. (2014) concluded that *"two themes are apparent: First, that current evidence is predominantly supportive of these hypotheses; and second, that much remains to be done to test these hypotheses fully."*

Much of the empirical evidence for social identities derives from research done on populations other than Veterans, including immigrants, racial/ethnic minorities, employees of large organizations, people of various gender preferences and sexual orientation and members of civilian occupations. The literature has also tended to focus on limited life course trajectories, such as adolescents and students.

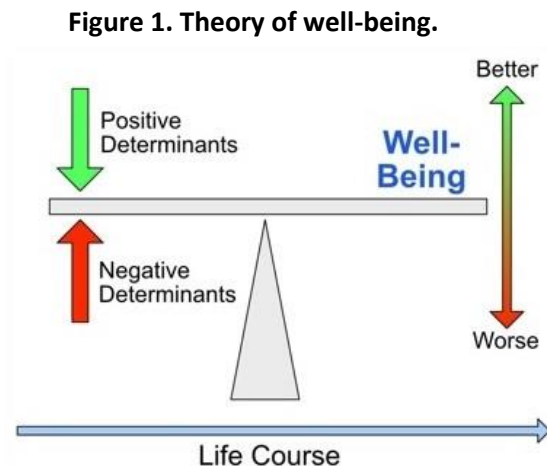


In citing the literature, we were mindful of the risk of portraying theories and anecdotes that are still being explored by empirical research as fact. With that caution in mind, we wrote this report to provide a knowledge synthesis that is intended to have practical value without leading readers down false rabbit holes. The expert reviews of drafts by the Working Group helped to ensure the practical utility of the information while recognizing that further research in this complex area is needed to clarify practical applications supporting the well-being of military Veterans and their families.

## Well-Being Construct

The term “well-being” has varying meanings that are unique to different contexts. Most commonly, particularly in identity research, the term refers to psychological well-being, meaning subjective sense of contentment, happiness or quality of life, but there are other meanings that are broader and include objective measures.

VAC’s composite well-being construct is a superordinate type that includes subjective psychological well-being, objective economic well-being and others (Thompson et al. 2016). The construct considers how a person is doing subjectively and objectively in seven domains: *employment or other main activity, finances, health, life skills and knowledge, social integration, housing/physical environment and sociocultural environment*. Well-being in each domain is determined by factors (“determinants”) that come from all the other domains. The construct includes the classic determinants of health but demonstrates the bidirectional causal relationships between domains: determinants from each domain influence well-being in all the other domains. In this construct, well-being is measured in each domain from poor to good (or worse to better) using subjective and objective descriptors (indicators) and fluctuates across the life course in response to determinants from all the other domains (**Figure 1**).



## Glossary

We did not find a glossary for “identities” in our expert consultations or literature reviews, so we developed one based on the literature and expert Working Group use of language (**Appendix 2**).

## Findings

This section of the report synthesizes findings from the Working Group members’ contributions and the literature review. We begin with basic ideas about self and identity, then briefly explore the relationships between identities and well-being. Next, we summarize concepts about identities across the life course of military personnel and information about identities in major life transitions, with a focus on military-civilian transition. The subsequent section explores a variety of identity issues that occur in Veterans. We end with an exploration of identity and “recognition”, meaning actions that society can take to promote well-being in Veterans and their families.

## What is “Self”?

Understanding human identity starts with thinking about the nature of self (Tim Black, **Appendix 1**). Self is difficult to define and without training most of us have difficulty describing our “self” even to ourselves.

“Self” is the essence of a person that distinguishes us from others. Amiot et al. (2007) defined self as corresponding to the answer to the question “Who am I?” and viewed self as providing “a core structure within which social identities can change, develop, and become integrated intraindividually.”

Baumeister (2011) wrote that “the human self exists at the interface between the animal body and the social system. Solitary beings would hardly need or have selves, but social and cultural systems define identities, and the human animal acquires selfhood in order to function in these systems.” He identified three cores of self: (1) knowledge in our reflex consciousness; (2) ability to engage in relationships; and (3) ability to make preferred choices, initiate preferred action and regulate reflex responses. Citing Robert Kegan, Tim Black (**Appendix 1**) said that self has both a subjective perspective (*I am this not that*; or *This is me/not me*) and an objective perspective (*This is mine* or *I have this quality*).

## What is “Identity”?

People *identify* things so they can *categorize* them to make them predictable and useful. Humans make sense of their world by categorizing everything: places, material goods, ideas and, most importantly, other people and themselves. Humans acquire *identities* when they categorize themselves as belonging to certain groups and are categorized by others as being within or outside of groups (Stets and Burke 2000). Lawler (2008) reviews alternative views and uses the term “identity” in a broad and inclusive way to mean both social categories and how a person understands who they are.

“Humans are social beings. The most important expression of this sociality is that we live, and have evolved to live, in social groups. This basic fact has shaped not only what we do but also how our minds have evolved to enable us to do it. Groups are not simply external features of the world that provide a setting for our behaviour. Instead they shape our psychology through their capacity to be internalized and contribute to our sense of self” (Haslam et al. 2009).

We are very social creatures, so it is not surprising that humans have evolved a powerful capacity to develop complex identities (Lawler 2008). We tend to do much better living in social groups that provide us with material and psychological well-being than we do than living alone. We are so adapted to living in groups that living alone is stressful for most people. Identities give us norms, values, beliefs and reflex behaviours that enable us to function predictably in our sociocultural environments. These identities are so potent that when we identify with a preferred social group we can end up seeing their members as “us” not “others”, and the group can become part of our “self” (Haslam et al. 2009). Such integration occurs commonly in family members, or fans of winning sports teams, or members of a military unit.

Membership in social groups has “the capacity to enrich our lives in various ways: they are a source of personal security, social companionship, emotional bonding, intellectual stimulation, and collaborative learning ... provide us with a sense of place, purpose, and belonging ... They make us feel distinctive and special, efficacious and successful. They enhance our self-esteem and sense of worth. These effects can buffer well-being when it is threatened, and can also help people cope with the negative consequences of being a member of a devalued group (although at other times group membership can compromise

health because the content of social identity is inconsistent with health-enhancing activity). Thus, far from being “just another” factor that impinges upon the health of individuals, social identities—and the notions of “us-ness” that they both embody and help create—are central to health and well-being.” (Haslam et al. 2009).

Our identities allow us to function well in social groups. They enable us to respond automatically in social situations. Our identities make us predictable to others, and make their reactions predictable to us. Identity includes our values and beliefs and influences our behaviours, determining how we function in a sociocultural environment. When our identities fit the social environment, then we function better in society. We feel valued and are seen by others as valuable. Our identities make it easier to fulfill an expected role and navigate life in society. They help us to form supportive interpersonal connections. They give us access to psychological and material resources that allow us to respond effectively to life’s challenges. Our identities allow us to make sense of the world around us and our place in it.

People have “identities” rather than a single “identity.” Orazem et al. (2016) described the relationship between “self” and “identity” this way: “Erikson’s (1950, 1968) theory of identity development is the foundation of much modern research on identity. This theory emphasizes the importance of coherence and continuity of one’s sense of self. Individuals who succeed in identity synthesis manage to develop a coherent, integrated sense of self; the failure to do so results in identity confusion or diffusion (Schwartz, 2001). Building on Erikson’s work, McAdams (1993, 2001) posited that life stories are a means for constructing and maintaining a coherent life story over time. Narratives serve to organize and make meaning of events that happen to individuals (McLean, 2008). Based on identity theory, it is not surprising that identity-related issues have emerged in qualitative studies of veterans transitioning from military to civilian roles.” They wrote that identity is composed of (1) the internal self (personal identity) and (2) the roles that one fills in their broader society (social identity).

## Identity Theories

There are several schools of thought about identity theories, including personal, social and a conceptualization that views identities along a continuum from personal to social (Brewer 1991 and Brewer and Pearce 2005). Jetten, Haslam and Haslam (2012), in Chapter 1 of the book they edited called *The Social Cure: Identity, Health and Well-being*, pointed out that there are two related theories: social identity and self-categorization. Readers are referred to their book for a more thorough introduction to this field.

- “Personal identity” theorists focus on how we define ourselves as unique individuals: “*seeing ourselves in terms of interests, attitudes, and behaviors that differ in important ways from those of other individuals*” (Cruwys et al. 2014).
- “Social identity” theorists emphasize the importance of social groups in establishing identity. They view social identity as that part of the self-concept that is informed by one’s social group memberships and the values they place in them (Praharso et al. citing Tajfel and Turner 1979). “*Social identity is a person’s knowledge (self-categorization) that he or she belongs to a social category or group*” (Stets and Burke 2000 citing Hogg and Abrams 1988). Our social identities allow us to see “*our interests, attitudes, and behaviors as aligned with those of other members of the groups to which we belong (in-groups) but as different from those of groups to which we do not belong (out-groups)*” (Cruwys et al. 2014 citing Turner & Oakes, 1997). Inclusion in a social group forms an important part of our self-concept (Tajfel 1982).

People form social identities based on (1) their memberships in various social groups and (2) the value that they attach to those memberships (Hazel Atuel & Carl Castro, **Appendix 1**). People arrange their social world by amplifying between group differences (in-group-out-group comparison) and within group similarities (in-group comparison). This leads to social categorisation, social differentiation, social identification and social comparison. If a person perceives their in-group as having lower social status compared to the out-group, they will seek to leave the in-group. If leaving the in-group is not an option, then they will seek to compare their in-group with another out-group of lower status, thereby superficially raising their group's status (Hogg & Terry, 2000). Individuals don't have a single social identity: sense of self is composed of multiple social identities (James 1890, Amiot et al. 2010 citing Tajfel and Turner 1979, and Hazel Atuel & Carl Castro, **Appendix 1**).

Catherine de Boer (**Appendix 1**) distinguishes identity theories this way: *personal identity* is the self-definition derived from an understanding of one's self as unique, while *social identity* is the self-definition derived from an understanding of one's self as a member of a social group. Veterans' personal identities have important bidirectional relationships with their social identities. Even after physically leaving the group, an individual's social identity can remain intact, meaning that the group continues to inform our self-understanding after transitioning to another social situation: "*You can take a soldier out of the military, but you can't take the military out of the soldier.*" She views it as essential that a person achieve *identity congruence* between personal and social identities in developing a sense of post-transition self when transitions change their sociocultural environment.

## Identity Formation

Erikson's 1940s-60s ground-breaking work on identity formation across the life course have continued to evolve in five major avenues leading to a variety of models, which Kroger (2007) classified as historical, structural, sociocultural, narrative and psychosocial.

People form identities by categorizing themselves in the context of their social environments and through interactions with others (Stets and Burke 2000, Sneed et al. 2006, Kroger 2007, Hazel Atuel & Carl Castro and Dan Cox in **Appendix 1**). They have control over some aspects of their identities, but other aspects they cannot change such as their gender, race, health status or personal histories and societal attitudes toward them. In the process of social identification, they develop a cognitive, emotional, and behavioral commitment to those groups by internalizing the groups' goals, norms and values, and adopting the group's behavior.

*"... societies clearly play an important causal role in creating and shaping identity [but] people clearly do exert considerable choice and influence on their identities (Baumeister and Muraven 1996).*

Identity salience, definition of group boundaries and maintenance of a positive social identity are important concepts in identity formation. When a particular identity in a person is salient in a certain social setting, that identity functions to prescribe normative beliefs and behaviors (Smith et al. 2012). People participate in the groups with which they identify. They see themselves as belonging to preferred social in-groups (us) and recognize each other by their roles in those groups. They define themselves by what they are not, by not being part of an out-group (them). People strive to maintain a positive social identity (Hazel Atuel & Carl Castro, **Appendix 1**). Self-worth increases when a person feels accepted or recognized by their preferred in-groups.

Erikson (1950) and Marcia (1966) used developmental models to explain how adolescents form adult identities (reviewed by Para 2008, Sneed et al. 2006). Erikson wrote of positive and negative identities: negative meaning confusion about roles and positive meaning formation of a personal identity. Marcia's modification extended Erikson's approach into four general outcomes of identity formation:

Negative:

- Diffusion – Absence of commitment to beliefs and values across life-defining areas. Tend to have little emotional attachment.
- Foreclosure – Strong commitment to a set of beliefs and values without fully exploring alternatives. This outcome can occur when a person adopts an identity with little independent thought, or in an authoritarian environment. Tend to have strong emotional attachments but lower levels of support for autonomy (Kroger 2007).
- Moratorium – Active exploration of alternative beliefs and values but not yet committed to one set. Sometimes called provisional adulthood. The world is not a highly predictable place for people in this identity state.

Positive:

- Achievement – Equivalent to the positive outcome described by Erikson (1950): people who develop identity achievement have explored alternatives and then made a choice to commit to a system of beliefs and values that leads to good well-being. Like those with moratorium-identities, those in this group tend to have both connectedness and individuality (Kroger 2007).

Identities are not static: they reshape dynamically in response to a variety of complex personal, social and cultural factors that are being explored by researchers worldwide (Lawler 2008). Researchers have extended the ideas of Erikson and Marcia across the life course because, although these models were developed to explain adolescent identity development, their frameworks help us to think about what can happen to people when later major life transitions challenge their identities later (Sneed et al. 2006). Para (2008) cited literature describing the hypothesis that, in today's sociocultural environment, identity formation starts in emerging adulthood because many people delay commitment to a set of self-defining beliefs and values beyond adolescence. Late adolescence/early adulthood is a time when many military personnel enroll in service and develop a military identity that displaces their emerging civilian identity, with potential implications when they transition back to civilian life.

Amiot et al. (2007) proposed that multiple social identities develop and become integrated with the self in four cognitive developmental stages:

1. The first stage, anticipatory categorization, occurs before the change in their social circumstances occurs. The person foresees the coming change and engages in processes intended to clarify the nature of the new identity that will be encountered. Someone who plans well, is well prepared and has already had a lot of contact with the new social situation they will encounter after the change could skip through all four stages and begin integrating their social identities before the change, for example before release from service.
2. The second stage, categorization, occurs when the person makes the change (or it is made for them) and they encounter the new social situation. New personal social identities begin to emerge as they detect differences between groups, but there is no conflict for the person because they have not yet started integrating the new identities, even though they become a member of what once were out-groups.

3. During compartmentalization, the person begins to internalize new-group memberships in their sense of self, but the identities they form for each group remain distinct.
4. In the final stage, integration, the person resolves conflicts between their old and new social identities using a variety of strategies, integrating them so that the identities become simultaneously important to one's sense of self. They see similarities between identities and understand that each contributes positively to their sense of self. They might resolve conflicts by identifying some of their social identities as "superordinate", such as a Veteran who views their post-military social identity as predominant in a society that permits his military identity to coexist with it. They develop an integrated and coherent identity.

Their model was developed by considering evidence about what happens to immigrants to a new country and to employees during a merger of two corporations (Amiot et al. 2007), transitions that are on a level of identity disruption that can be as great as transitioning from military to civilian life. Several authors and Working Group members argued that a transitioning person's task is to merge their new and old social identities into a new coherent sense of self. The task is not easy for many: longitudinal studies in other populations have found consistently that as many as half of young adults leaving tertiary education had not achieved adult identities (Kroger 2007).

### Role of Narrative (Story-Telling)

Narrative (story-telling) is viewed as central to understanding and managing identities (Demers 2011, Tim Black, Duncan Shields, Dan Cox and Catherine de Boer **Appendix 1**) and one of the five major avenues of identity research described by Kroger (2007). Some have even said that "*your narrative is your identity*." A person's narrative seeks to create a coherent and consistent account of their "self" through time, making sense of their past and present and envisioning their future. The narratives that others tell about the person (cultural narratives) can support or challenge a person's sense of self.

*"Identity is socially, historically, politically, and culturally constructed within communities ... places where others recognize, acknowledge, and respect one's experiences, thus providing a sense of belonging. The way in which our identities are constituted is through narrative, or storytelling"* (Demers 2011 citing Weber and Kerr).

Duncan Shields (**Appendix 1**) views identity as the narrative that we tell ourselves which synthesizes our memories of the past with present circumstances and our visions of our future. Weinrich and Saunderson 2003 define "identity" as the totality of how a person sees himself or herself, how the person explains him or herself (tells the narrative or story) in the *past*, in the *present* and in the *future*. This self-story or "narrative identity" is socially constructed, meaning that it evolves in negotiation with other people – it must be continually constructed and re-constructed out of the experiences, influences and interactions in our sociocultural milieu.

*"High levels of distress exist among veterans who are caught between military and civilian cultures, feeling alienated from family and friends, and experiencing a crisis of identity. Narrative is identified as a means of resolution"* (Demers 2011).

Therein lies the power of narrative: we can influence our identities by choosing the stories we tell about ourselves in the context of the society we live in, not letting the story be chosen for us, or succumbing to a story that cuts us off from a better life. Reshaping one's life story (narrative) is a powerful agent in shifting to a positive sense of self in transitions (Tim Black, Duncan Shields, Dan Cox and Catherine de Boer **Appendix 1**).

## Personality versus Identity

Oversimplifying, personality is what you are *like*, while identity is *who or what you are*. According to Dorland's Medical Dictionary, personality is "*the characteristic way that a person thinks, feels and behaves; the relatively stable and predictable part of a person's thought and behaviour; it includes conscious attitudes, values and styles as well as unconscious conflicts and defense mechanisms*" while identity is "*the aggregate of characteristics by which individuals are recognized by themselves and others.*" The American Psychological Association defines personality as "*individual differences in characteristic patterns of thinking, feeling and behaving.*"<sup>5</sup>

It may be that personality and identity are two views of a human way of being, one view by personality psychology and the other view by social psychology (Kruglanski et al. 1996). At the very least, the way we function in society is determined by an interaction of both our personalities (fixed traits) and our identities (which shift dynamically). Members within a group share similar characteristics based on the defining attributes of the group, but have different personalities. Identities are dynamic and constantly adjusting in interactions with our sociocultural environment. Personalities tend to be more stable across our lives. We can reconstruct our identities, but changing our personalities is not so easy.

## Identities and Major Life Transitions

Major life transitions occur when a person moves from one social situation to another, requiring shifts in their identities: adolescent to adult, single to married, married to divorced, student to employee, deployed soldier to soldier at home and military member to post-military Veteran. The process was described by Catherine de Boer (**Appendix 1**) as "*multiple and simultaneous identity transitions.*" In life transitions, the self becomes vulnerable and identity challenge is central (Kidwell and Dunham 1995 citing Erikson 1968, Praherso et al. 2017).

Successful transition requires negotiating old and new identities (Hazel Atuel & Carl Castro, **Appendix 1**). The identity that worked well in the old situation might not work so well in the new one, causing both distress in the person and discord in their social environment, making it difficult for the person to function and depriving the group of a functioning member unless they can reshape their identities (Kidwell and Dunham 1995).

Demers (2011) described research by others who studied identity changes across transitions. In 1960, Van Gennep proposed three stages: separation, liminality (or transition) and incorporation. In 2005, Paulson developed the work further, identifying the stages of separation, initiation and return. Demers also cited Turner's work and synthesized their ideas this way:

1. *Separation*: the person leaves or is removed from a customary social life, with imposition of new customs and stripping of previous identity.
2. *Liminality*: belonging neither to the prior social world nor the next one. Transition rites help to create new social norms that facilitate social relationships with others.
3. *Incorporation*: the person identifies with the new social structure.

Catherine de Boer (**Appendix 1**) has been researching what happens to people's identities as they cross major life transitions. Her initial work has been on voluntary leavings such as voluntary retirement from

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<sup>5</sup> <http://www.apa.org/topics/personality/> viewed 16 February 2017.

a civilian job or voluntary release from military service. She has identified a series of what seem to be common experiences for most people:

1. *Pre-disengagement*: Begins while the person is still in the in-group (e.g. a work life). Their social and personal identities are coherent but they begin to see differences between themselves and others in the group.
2. *Disengagement*: The person questions their membership in the in-group, experiencing mounting tension as they begin to have feelings of not fitting in while still feeling that they belong. This period ends with the decision to leave, choosing self over the group.
3. *Post-disengagement*: A period of waiting ends with a public disengagement event and establishing distance from the former in-group. This is a time of initiating new identity formation and, if all goes well, renewed congruence of their social and personal identities.

### Adapting to Life during Transitions

Adapting during transition from one social context to another includes the challenge of integrating new identities into sense of self, re-organizing one's self-concept to integrate new social identities (Amiot et al. 2007). People can feel disoriented in an unfamiliar social context when their sense of self is not adapted to it (Demers 2011).

*"Adaptation may be the best way to conceptualize the complex, multilateral relationship between individual identity and sociocultural context, because it recognizes the causal importance of culture yet also recognizes individual choice and change"* (Baumeister 1996).

Both coping and social support can facilitate the process of adjusting identities during adaptation in a transition (Amiot et al. 2007). Coping is the work undertaken during adaptation. People are coping with their transition when they actively integrate their new social identities with the old so as to function effectively. More work is required to identify effective coping strategies when Veterans experience identity challenges during MCT.

*"Coming from combat to home is not an easy task. It's hard to explain how I feel to anyone ... I have changed a lot - some for the better some for the worse. Before Iraq I didn't have any plans or goals. Now I do. I might not be as happy as I used to be but I am getting there. Some days it's hard."* –U.S. soldier after a 15 month deployment to Iraq (Adler et al. 2011).

People have competing needs to be distinct from others while simultaneously being included in social groups. Individuals need to find the right balance in their identities between distinctiveness and inclusion. Karl Hamner (**Appendix 1**), for example, spoke of how the abruptness of MCT can cause a Veteran to retreat into a partial identity, struggling to find the right balance of distinctiveness and inclusiveness. He spoke of a former Chief Warrant Officer who had not finished enough of the MCT identity adjustment process, so that his post-service goal was to either become a security officer with either the U.S. VA or a private security firm, allowing him to return to Afghanistan where, as he put it, he *"had unfinished business."*

*"Military service is not simply a job. Servicemen and women give their entire selves to the cause because lives depend on it ... And then, on returning to civilian life, that identity is ripped away"* (Karl Hamner quoting Capt. Shannon P. Meehan, Veteran, U.S. Army).



## Military-Civilian Transition (MCT)

MCT is thought to be one of the most intense of major life transitions. Identity issues are increasingly viewed as central MCT adjustment challenges for many Veterans (Coll and Weiss 2013, Castro et al. 2014, Cooper et al. 2016, Orazem et al. 2016, Robinson et al. 2017), and have particular significance for those who identify strongly with the military, are living with chronic health problems, leave the military early, are forced to leave, entered service before forming an adult civilian identity or are experiencing a midlife aging crisis (Smith and True 2014, Cooper et al. 2016).

During the Second World War, Rogers (1944) wrote, *“The Separation Centers [in the U.S.] during their experimental period of operation found that from 65 to 85% of the men wished counseling help of one sort or another.”* In 1949, *“Cottrell<sup>6</sup> recommended that the transition be a gradual process in which deployment experiences were discussed, rights, privileges, and responsibilities were identified, and Veterans were prepared mentally for the challenge of resuming civilian life* (Adler et al. 2011).

The process of transition to home after deployment or MCT today is still challenging for all releasing military personnel to some degree, and especially for those who have experienced combat (Bergman et al. 2014 citing Gaw, Smith and True 2014; Stephanie Bélanger **Appendix 1**). Many authors have described the disorientation that released military personnel can feel in their civilian sociocultural environments after return from deployment or release from service (Rogers 1944, Adler et al. 2011). Their civilian worlds (family, workplace and community) might have changed considerably while they were away in military service. Families and friends might find them changed in many ways, including their new coping methods learned in the military, having changed emotions and behaviours, and even changed body features: *“he is not the same person.”*

Serving members and Veterans can perceive that civilians do not understand them and feel marginalized (Davies et al. 2008, Smith and True 2014). Civilians who have never served have no experience of military life except through news media and movies. Medals, badges and honours earned in military life have little real meaning in civilian society. A U.S. Veteran who joined at age 18 said, *“I grew up there. That’s why it was hard when I got out, because the military’s all I knew”* (Smith and True 2014).

*“Military-to-Civilian Transition [MCT] is defined as the process through which military Veterans and their immediate family members achieve and maintain a stable level of psychological, physical and economic well-being. They are satisfied with their abilities to meet their immediate and long-term economic needs and are committed to a post-military identity and sense of purpose that allows them to engage in productive work and social connectivity commensurate with individual goals, desires and abilities.”* (Robinson et al. 2017).

*“The hardest part of my transition is the feeling of losing part of my identity when I left the [military] . . . I feel like I lost part of myself and this was honestly pretty hard to deal with.”* (Orazem et al. 2016).

*“The expectation that re-entry will be easy gives way to a realization that return is more problematic than was expected. A sense of perspective returns as the individual begins to make sense of his or her situation before settling down ... to more realistic goals and expectations. However, an unsuccessful transition may progress to alienation and rejection”* (Bergman et al. 2014 citing Hogan).

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<sup>6</sup> In *“The American Soldier: Combat and its Aftermath”*

The identity difficulties that military personnel can have when they leave the military and the choices they make while integrating their new social identities have intrapersonal and intergroup consequences (Amiot et al. 2007). They can have problems with psychological well-being owing to emotional/behavioural problems like anxiety, depression, interpersonal difficulties, anger, hostility and helplessness (Rogers 1944, Smith 2014, Bergman et al. 2014 citing Gaw).

### Identity Crisis and Culture Shock

Clinical researchers working with American Veterans in the aftermath of the 1939-1945 World War and the 1955-75 Vietnam War theorized that crises in identity development contributed to the distress many of those Veterans experienced when they returned to civilian life (Demers 2011, Bergman et al. 2014 citing Faulkner and McGaw). The word “crisis” suggests considerable distress, but several authors have pointed out that identity crisis is a natural process that people undergo when they experience a major life transition. Failure to experience identity crisis could signify failure to adapt.

*“Ultimately an identity crisis involves the condition of being uncertain of one’s feelings and beliefs about oneself, especially as the result of disruptive, fast-changing conditions” (Pettie and Triolo 1999).*

Social scientists have used the term “identity crisis” to describe what happens when a transitioning person’s identity fails to provide internal guidance (they have an incomplete identity that has not yet committed to beliefs and values) or provides internal guidance that doesn’t work to produce satisfactory results (their identity is committed to beliefs and values that don’t provide desired results in the new social setting) (Baumeister et al. 1985). Identity crisis has been defined as the experiencing of distress that derives from the identity conflict that is common in life transitions: “Who is my new self?”, “How have I changed?”, or “Who am I?” The “crisis” is the struggle to commit themselves to any of several possibilities. Erik Erikson is credited with coining the term “identity crisis” based on his work with Second World War Veterans. The concept of identity crisis arose in Erikson’s studies of adolescent development, but applies to the experience of many people during major life transition like MCT.

*“All service members returning home from combat face the challenge of transition. This challenge has remained amazingly consistent over time, suggesting that the act of moving psychologically from the deployment and toward home contains core elements of appreciation and maturity, the need to reestablish connections and a personal identity, and the need to tolerate frustrations, potentially meaningless work, and the minor hassles of life back home.” (Adler et al. 2011).*

Bergman et al. (2014), in describing recruits’ transitions to military life, used the term “culture shock” to describe the anxiety brought on by being immersed in an unfamiliar culture where prior learned responses no longer apply. They used the term “reverse culture shock” to describe the difficulty that military personnel can have when they leave the military and try to establish in civilian life.

### Identities and Well-Being

There is growing evidence that identification with social groups can protect and enhance well-being in all the well-being domains. The book *The Social Cure: Identity, Health and Well-being* (edited by Jetten, Haslam and Haslam (2012)) is a collection by authors from multiple disciplines exploring ways in which social identity and group membership can influence well-being. In Chapter 1, they describe evidence of how social isolation can have profound negative effects on health and psychological well-being, and how being embedded in a social network provides real benefits.

Greenaway et al. (2015) reviewed five studies, finding that *“Group identification predicted significantly greater perceived personal control across 47 countries and in groups that had experienced success and failure. The relationship was observed longitudinally and experimentally. Manipulated group identification also buffered a loss of personal control. Across the studies, perceived personal control mediated social cure effects in political, academic, community, and national groups. The findings reveal that the personal benefits of social groups come not only from their ability to make people feel good, but also from their ability to make people feel capable and in control of their lives.”*

*“For career CAF members, the process of being released from the armed forces that they belong to and identify with and transitioning to civilian life can be particularly stressful and complicated. The process affects many facets of life and impacts people on the personal, social, family, financial, and administrative levels, which can be positive or negative for the member”* (Blackburn 2016).

Hatch et al. (2013) studied the connection between social integration and mental health in United Kingdom (U.K.) military serving and released members. They found that service leavers reported less social participation outside work and a general disengagement with military social contacts in comparison to serving personnel, and were more likely to report mental health problems. Maintaining social networks in which most members were still serving was associated with alcohol misuse, but was associated with mental health problems only for those who had released from service. They wrote, *“These findings suggest that, in addition to providing assistance with other social services (for example, employment and housing), efforts to improve the experiences of service leavers and serving personnel should aim to identify groups that are more socially isolated than others by enquiring about their social participation and their social networks outside work and the military. Furthermore, there should be some consideration of the potential differential influences of military and civilian network members on mental health while serving and following re-entry to civilian life.”*

Social identities play a larger role than just subjective psychological well-being. **Table 1** suggests examples of how identity issues could impact all the domains of well-being in VAC’s composite well-being construct. In theory, Veterans who have successfully integrated multiple social identities in life after service should be more able to find good employment or other purposeful activity, obtain sufficient finances, live well with their chronic health conditions, have the life skills and knowledge they need to live well, have good family and workplace social relationships, live in an appropriate home, and be well supplied by their sociocultural environment. Conversely, a Veteran with an identity that is foreclosed, diffuse or in moratorium, or has been unable to integrate their identities, or is a member of fewer social groups could be more likely to experience poorer well-being (Amiot et al. 2007, Praharso et al. 2017). Problems adjusting during MCT can lead to mental health problems, addiction, poverty, unemployment, criminality and homelessness (Coll and Weiss 2013, Castro and Kintzle 2014, Kintzle et al. 2016). Thwarted belongingness (Dan Cox, **Appendix 1**) can lead to well-being problems like suicidality (Nademin et al. 2008, Joiner et al. 2009).

Social identity theory suggests that military members who keep a foot in the civilian world during service and cultivate multiple social memberships are more likely to do better during MCT than members whose social memberships are more limited and entirely military. The study by Praharso et al. (2017) supports the hypothesis that social identities are psychological resources which protect well-being. They were *“able to demonstrate longitudinal evidence for the social identity model among people experiencing a significant life stressor, such that participants were protected from depression and had greater life satisfaction if they maintained or increased their group memberships over the course of the semester.”*

*These findings indicate that regardless of one's degree of social support prior to the stressful life event, maintaining multiple group memberships is protective against a subsequent decline in [psychological] wellbeing.* They concluded that *“While it is clear that both stress and social support are important determinants of [psychological] wellbeing, this research demonstrates that stressful life events are best conceptualised as social identity transitions.”* In other words, they found evidence for the social identity model of identity change, an alternative hypothesis to the more common hypothesis that social support buffers stress during transitions.

**Table 1. Examples of identity issues across the domains of well-being.**

Well-being domain	Negative	Positive
<b>Employment or other meaningful activity</b>	<ul style="list-style-type: none"> <li>• Employers might hold false stereotypical social identities about military Veterans, leading to unemployment or unsatisfactory employment.</li> <li>• Veterans who have not achieved functional post-service identities are unable find purposeful roles.</li> </ul>	<ul style="list-style-type: none"> <li>• Employers see Veterans for who they really are and see the value they bring to the workplace.</li> <li>• Veterans who achieve functional post-service social identities function well in the civilian workplace.</li> </ul>
<b>Finances</b>	<ul style="list-style-type: none"> <li>• Veterans who foreclose on a social identity that is dysfunctional in post-service life are less likely to find financial resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans who achieve functional post-service identities are more likely to find financial resources.</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>• Mental illness can develop from or be complicated by identity disruption in adjustment to civilian life.</li> <li>• Veterans who acquire a chronic physical health condition may develop a negative self-identity.</li> </ul>	<ul style="list-style-type: none"> <li>• Resolution of identities improves psychological well-being.</li> <li>• Adopting an identity where the chronic health condition is not salient improves the likelihood of good mental health and living well with the condition.</li> </ul>
<b>Life skills and preparedness</b>	<ul style="list-style-type: none"> <li>• Insufficient insight into one's own identity issues in MCT can lead to identity diffusion, moratorium or foreclosure.</li> </ul>	<ul style="list-style-type: none"> <li>• Attending classes to gain insight into identity issues in order to improve the likelihood of achieving a functional post-service social identity.</li> </ul>
<b>Social integration</b>	<ul style="list-style-type: none"> <li>• Poor identity resolution in transition can lead to fractured family, workplace and community relationships.</li> </ul>	<ul style="list-style-type: none"> <li>• A functional post-service social identity improves family, workplace and community social relationships.</li> </ul>
<b>Housing and physical environment</b>	<ul style="list-style-type: none"> <li>• Identity foreclosure, diffusion or moratorium could lead to poor housing choices.</li> </ul>	<ul style="list-style-type: none"> <li>• A functional social identity can lead to wholesome housing and community choices.</li> </ul>
<b>Cultural and social environment</b>	<ul style="list-style-type: none"> <li>• Stereotypes like “hero” do not fit with how many Veterans see themselves, creating unrealistic expectations.</li> <li>• The stereotype that Veterans are “broken” leads to adverse social identity outcomes, stigma and discrimination.</li> </ul>	<ul style="list-style-type: none"> <li>• Realistic civilian understanding of Veterans promotes functional post-service social identities.</li> <li>• Transition programs can promote formation of positive post-service identities.</li> </ul>

## Identities across the Life Course

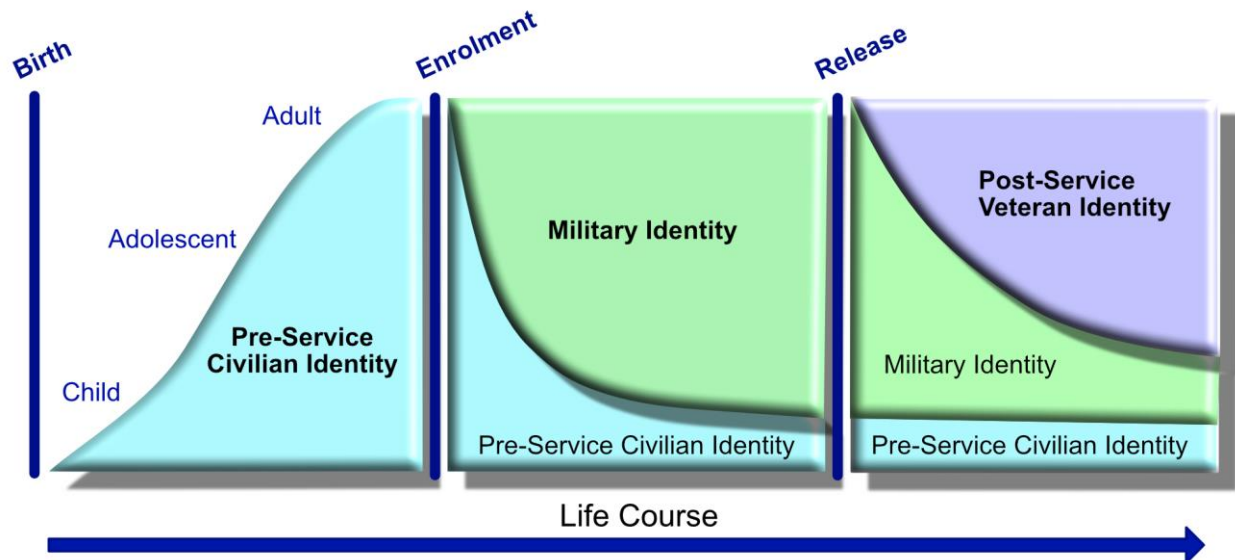
A person has multiple social identities that are shaped dynamically across his or her life course, influenced by their biological development, interpersonal experiences and social environments. **Figure 2**, although stylized and oversimplified, demonstrates basic concepts in identity evolution across the military life course. A number of authors have described alternative life course models for social identity changes that emphasize different aspects of various theories (e.g. Tim Black and Hazel Atuel /Carl Castro in **Appendix 1**, Kroger (2007), Brown (2016) quoting Schlossberg, and Cooper et al. (in submission)).

*"I know who I've been, but who am I now?" (Kroger 2007 quoting a retired teacher).*

*"...at the heart of a successful transition is a transition of identity; an emotional shift from being part of the Armed Forces to having a future as an individual in the civilian world" (Forces in Mind Transition Mapping Study, p. 10).*

Longitudinal identity studies have shown that identity continually evolves throughout life, contrary to early theories which had suggested that one's adult identity tends to be fairly static (Kroger 2007). Adolescence is characterized by exploring many identity options; young adulthood by finding a vocation, establishing gender and starting a family; middle age adulthood by juggling multiple roles and emerging physical limitations and need to contribute to a larger whole; and late adulthood by finishing unfinished business, adapting to the biological realities of aging, access to fewer physical and social resources, continued desire to be of service, coping with losses, and dealing with social stereotypes of the "elderly" (Kroger 2007).

**Figure 2. Life course evolution of Veterans' identities.**



Military service occurs during adolescence and young and middle-aged adulthood. In any given social setting, one identity becomes *salient* or prominent in the moment. This is the premise of Social Categorization Theory (Turner 1994), which basically states that a particular social environment will make relevant social categories *salient*. For example, military members still have their prior civilian identities and can develop new civilian identities when they associate with new civilian groups during service. Their military identities continue to develop in complex ways during service.

At release, the military identity might not serve them well in civilian society, requiring them to construct a more functional post-service Veteran identity that then becomes salient (Hazel Atuel & Carl Castro; Tim Black; Alex Cooper, **Appendix 1**). After service, their pre-existing civilian and military identities continue to influence their values, beliefs and behaviours, and new emerging identities must be resolved in order to function well in post-transition life.

**Figure 2** fails to capture the rich heterogeneity of identity trajectories in the life courses of military personnel. For example, people have as many social identities as social groups they identify with. Serving military personnel have pre-service civilian identities, but they can also form new off-duty civilian identities, like coaching a neighbourhood soccer team or identifying with their extended civilian families. Many people begin to identify with the military well before service, for example as members of Cadet Units or as youngsters in military families.

### Formation of the Pre-Service Civilian Identity

Much of the early research on human identity began with studying human development through childhood and adolescence. Classic work by researchers such as Erik Erikson (1956, 1959, 1963, 1968, 1976) and James Marcia (1966) led to the ideas that people go through developmental stages as they grow into adulthood, learning to manage their uniqueness from others while acquiring a sense of belonging to social groups in which they live. Their identities evolve as the young nervous system develops biologically and as they acquire new knowledge in their interactions, first with their families, then with the wider world. Much has been published on problems that arise when adolescents struggle to commit to an adult identity, or commit prematurely to an identity that results in social dysfunction.

Much of the early research on human identity was done by clinical researchers who were working with Second World War and Vietnam War Veterans. They observed that military personnel can recruit to service at young ages before they fully develop their adult identities, then go on to develop military identities that might work for them in service which could lead to unique difficulties adapting to civilian life after release from service. This hypothesis requires further study.

### Formation of the Military Identity

The “military identity” forms when an individual begins “to identify” with the military. Classically, formation of the military identity begins in recruit training, but it can begin to form well before service too, such as among family members growing up in military families, or among young people in Navy League and Cadet units.

Recruit training is designed to foster formation of a “military identity” intended to serve personnel and commanders well in training and operational settings (Demers 2011 and 2013,

*“The transition of the combat veteran to civilian life is part of a sequence ... in the individual’s life. The first is from civilian life to the military. This transition is facilitated through various levels of training aimed at establishing new roles, expectations, values, and norms of the military. The second transition is the experience of combat itself ... once within the unpredictability of actual combat situations, numerous influences ... “change [one’s] assumptions about oneself and the world.” (Brown 2016 quoting Schlossberg).*

*“Candidates will have restricted free time for the first four weekends, with training scheduled on Saturdays and Sundays. This period helps to develop basic skills, facilitates the integration to the military life, and develops team spirit among the members” (Blackburn 2016 quoting CAF recruit joining instructions).*

*“The fact that such large proportions of late adolescents appear to be entering young adult life foreclosed or diffuse in identity should give policymakers and human service providers ... considerable pause for thought” (Kroger 2017).*

Smith 2014, Cooper et al. 2016). Recruit training is an intense experience characterized by physical and cultural separation from their former civilian lives. The process has been described as “indoctrination” and a “rite of passage” (Blackburn 2016), characterized by “*subordination of the self to the group, obedience, acceptance of sacrifice, commonality of effort, and self-discipline*” (Blackburn 2016 quoting St-Denis). Smith (2014) characterized it as the “*military’s demands for deindividuation, obedience, chain-of-command, and dissociation from the civilian identity expectations of autonomy, self-advocacy, and being relational.*” While the military identity begins as an occupational identity, it can evolve into a powerful superordinate identity that subsumes others.

*“There is no other career or organization in Canada that requires such a complete and deep adherence to a totally new way of life ... ruled by regulations, orders, specific values, a hierarchy and a regimental system ... When you join the military, you ... are in the military community ... You are looked after”* (Blackburn 2016 quoting Siew).

Military identities can begin to form prior to service. Several military members we spoke to mentioned growing up in military families or had been members of cadet units during pre-adolescence. We have not yet found literature exploring “pre-service” military identity formation.

The military identity is dominated by the *hegemonic masculinity*: military life favours masculine gender norms, masculine language and male attitudes to help-seeking (Shields 2015, 2016; Shields et al. 2017; Cooper et al. 2016; Dan Cox and Duncan Shields **Appendix 1**). The male hegemony has important implications for both men and women in normal identity reconstruction during MCT, and in recovery from the effects of psychological trauma.

American studies have found that in U.S. soldiers there has been a shift in the motivations to fight since the Second World War. Studies in that era showed that they fought mainly for each other. Studies of soldiers in the Iraq War indicates that motivation remains important, but that today’s soldiers are better educated and more informed, so that key factors in their combat motivation more often include notions of freedom, democracy and liberty (Wong et al. 2003).

It is unclear how development of an adult identity during military service affects adaptation to civilian life at release from service. Many CAF personnel enter military service in their late teens and early twenties, before they have fully committed to adult civilian values, norms and beliefs.

Kroger (2007) defined early adulthood as the 20s through 30s, a period when people become established in vocational and social roles and actualize a meaningful philosophy of life. Many release from service in this age group, while others serve much longer (Thompson et al. 2014a).

Early military service leavers with short service time who have not completed adjustment to military service are already culturally disoriented when they release to a world that already might see them as different (Bergman et al. 2014).

Captain Sullenberger, the United Airlines pilot who successfully ditched his Airbus A320 in the Hudson River, wrote this about his rigorous first weeks as a recruit at the U.S. Air Force Academy: “*... now as an adult, I do understand some the rationale for the first-year hazing. It was designed to tear us away from the easy, the comfortable, and the familiar. It was intended to refocus our perspective and reset our priorities. For all of us, it would no longer be about “me” but about “us.” That first year began to make real what, until then, had been theoretical constructs — like duty, honor and “service before self.”* Regarding his voluntary release from the military: “*It was official. I would never again fly a fighter. That’s not to say I wasn’t a fighter pilot, though. Just as there’s no such thing as an ex-Marine, I would always be a fighter pilot*” (Sullenberger and Zaslow 2016, pages 94 and 139).

## Hierarchy of Military Identities

During service, the nascent military identity planted in recruit training deepens with shared experiences unique to military service. A complex hierarchy of military identities develops as in-groups with distinct military social identities form within the larger military in-group (Dentry-Travis 2013). For example, air combat-experienced pilots might see themselves as different from Army troops who experienced enemy contact in intense ground environments, and both of those see themselves as different from support troops who never “went outside the wire.” Those who deployed and stayed “inside the wire” see themselves as different from those who never deployed at all. Among the latter, full-time Regular Force members see themselves as different from part-time Reserve Force members. There are complex hierarchies within each of those larger military groups.

There is evidence from Canadian and British armed forces personnel that military personnel see themselves as “superior” to civilians in terms of organizational skills, ability to work under pressure and physical fitness, an aspect of the military *personal* identity that can cause difficulties in civilian social settings, for example the workplace (Sarah Dentry, **Appendix 1**).

### **Formation of a Post-Military Identity**

Adaptation to post-service life requires Veterans to construct a post-military identity that enables them to live well in the civilian world (Coll and Weiss 2013, Castro et al. 2014, Smith 2014, Robinson et al. 2017). Hazel Atuel & Carl Castro (**Appendix 1**) define Veteran identity as “*that part of the self-concept that reflects past military experience in the present civilian space.*” During MCT, Veterans can experience a sense of loss of military “family.” Their military identity will persist, existing alongside their pre-service civilian identity.

Adjustment to civilian life can be particularly difficult for those who have deeply invested military identities, uncertain social support or no experience in civilian workplaces. Those who become ill or injured in service and develop chronic physical or mental health problems have the added challenge of resolving identity shifts related to living with all that a change in health entails, as do those who are involuntarily released from service. Both situations can lead to feelings of identity loss and betrayal.

Multiple authors have pointed out that the formalized, intense process of developing a military identity during recruit training is not mirrored at release by a similar process of starting members toward post-military identities that would better serve them in civilian life (Blackburn 2016, Bergman et al. 2014). Some released members resolve identities during MCT relatively easily. Others have significant challenges in constructing an effective post-military identity. In

*“... transition out of the military is commonly experienced as overwhelming, uncertain, and anomic, especially immediately following combat. Behavior is suddenly voluntary and the lack of regimentation (and larger sense of purpose) is a basis of distress” (Smith and True 2014).*

*“Leaving the military requires a cultural and life style change for most veterans ... During the initial military transition phase, veterans seem to be taking the approach, ‘I am a military veteran. I am superior to civilians. Don’t expect me to change’ ... Veterans need to realize, however, that they ... must learn to merge their military identity with their new civilian identity. A successful military transition requires veterans to form successful relationships with civilians.” (Castro et al. 2016).*

*“returning service members are faced with the task of creating a coherent narrative to their lives, and understanding the role that the deployment may have in shaping their identity ... training programs designed to facilitate the transition should ... emphasize and normalize the positive and negative aspects of transition” (Adler et al. 2011).*



the U.S., as many as 5% of released members return to military service, some because they feel more comfortable in service than out (Demers 2011).

There is no “one size fits all” or stereotypical Veteran life course trajectory. Longitudinal life course studies of Second World War Veterans yielded insights that are of value in filling out a clearer understanding of Veterans’ identities in service and later life, although that literature tended not to refer to social identity theory (MacLean and Elder 2007). Settersten et al. (2012) documented variations in how Veterans viewed their military service at release and how they made meaning of their military service throughout later life.

## Specific Identity Issues

There are many complex dimensions to “identities.” This section explores an eclectic selection of issues relevant to the well-being of Veterans and their families.

### Definition of “Veteran”

There are many cultural and legal meanings for the word “Veteran” in Canada and internationally. (Dandecker 2006, Thompson et al. 2014b, Shields et al. 2016b). This document defines “Veteran” as a former CAF member with any length or type of service, including those released as recruits or officer/naval cadets, because any former CAF member can apply to VAC for services. For formal recognition purposes, VAC defines a Veteran as a former CAF member who has completed basic training and been honorably discharged<sup>7</sup>.

*“Military identity is infused with the values of duty, honor, loyalty, and commitment to comrades, unit, and nation. It promotes self-sacrifice, discipline, obedience to legitimate authority, and belief in a merit-based rewards system (Collins, 1998). These values are in conflict with more individualistic, liberty-based civic values, which embrace materialism and excessive individualism.” (Demers 2011).*

Anecdotally, many former military personnel do not see themselves as “Veterans.” Reasons vary: recent combat Veterans might see themselves as too young, or not having done enough deployments (Gustavsen 2016, Tiia-Triin Trussa **Appendix 1**). Other former military personnel see themselves as too far down the hierarchy of military in-groups: they never experienced combat (not a “combat Veteran”: Sarah Dentry, personal communication), or never deployed, or never served in the Regular Force, or served a short time as a part-time Reservist (Gustavsen 2016). Prior service can mean more to Veterans later in life than early post-release, perhaps because with age they grow to appreciate the larger societal value of military service.

Challenges to all former members’ military identities can be difficult, even though they might accept that they are not “Veterans” in the sense of the word as they or others might understand it. Anecdotally, many former members keep their pride in former service private (Hazel Atuel & Carl Castro **Appendix 1**). The military identities of former CAF members from anywhere in the military hierarchy and any type of service can be very important to them as individuals, in some cases for the rest of their lives.

Society at large holds complex understandings of Veterans’ identities, although the details vary depending on historical and cultural contexts. For example, Tiia-Triin Trussa’s research (**Appendix 1**) indicates that Estonians tend to have ambivalent stereotypes of military Veterans. Pre-Soviet Veterans,

<sup>7</sup> <http://www.veterans.gc.ca/eng/about-us/definition-veteran>.

those who fought in the War of Independence in 1918, were treated as heroes during the first period of independence (1918-1940). However, during the Soviet period the regime denied recognition to these soldiers. During the Second World War, Estonians who were drafted by the German military and fought against the Soviet military were highly regarded in private, while others who fought for the Soviet military were highly regarded officially. Estonians who were deployed during their conscription period to fight in the controversial Soviet-Afghan war in the 1980s were perceived as victims. When Estonia regained its independence and established its own military (the Estonian Defence Force (EDF)) in 1991, public recognition and understanding of who is a Veteran changed yet again. Veterans of the War of Independence were once again heroes while official heroes of the Soviet Union era were disregarded, yet those who had fought on the German side of the Second World War were still not publicly acknowledged for political reasons. When EDF members started deploying to assist multinational missions in Croatia, Libya, Afghanistan and Iraq, both they and the civilian population had to make sense of a different type of Veteran: EDF members who had defended the new independent Estonian way of life abroad. In 2016, only about 17% of the population was aware that today's EDF Veterans are primarily EDF members who have deployed abroad. However, in the past five years Estonian media has shifted from portraying EDF Veterans as victims to portraying them as defenders and heroes, and public willingness to support EDF Veterans is increasing. There are lessons in these findings for all nations.

### **Identity Loss, Conflict, Confusion, Disruption, Dislocation and Injury**

When we do not have the appropriate social identity to help us navigate certain social situations, we feel disoriented, distressed and can have difficulty functioning socially. "Identity crisis" refers to the state of exploring new identities, as when an adolescent is experimenting, or when a very important social identity becomes marginalized, for example when the majority becomes a minority. Identity theories are useful ways of thinking about challenges, distress and harm that people experience in transitions and social interactions (see the glossary in **Appendix 2**).

#### Identity Disruption in Transitions

Transitions are changes in social circumstances brought on by voluntarily or involuntarily leaving a social group. Transitions take place across time or across geographical distances. Our prior identities might not work so well in the new sociocultural environment, which leads to disorientation and distress. The impact of identity disruptions can have profound impacts on well-being. Praharso et al. (2017) found that loss of social identities rather than degree of social support was associated with a decline in psychological well-being, challenging the traditional hypothesis that social support buffers the effect of stress on mental health and demonstrating the importance of identity disruption.

On moral injury: "... I enlisted in response to a personal calling of honor and integrity. The events on September 11th, 2001 affected me deeply ... I received awards for leadership and courage in combat before declaring my personal mission 'complete' ... This is how I tell my story to most who ask; however ... The truths that follow were my most closely kept secret until I was given permission by mentors and loved ones to unburden myself from its crushing weight on my soul ... I joined the Army to put my faith and principles into action. I believed what I was called to was honorable, just, and good ... I raised my weapon to identify a possible threat in the corner of the room. Milliseconds from squeezing the trigger my eyes were opened, and I saw, not a perpetrator, but a mother clutching her small daughter in terror. They were not the threat, I was ... To that innocent one, I was the monster under the bed. In that moment, and in most since, I felt morally shattered ... My family and social circles see me as a good man, an honorable man, but I know the truth." (former U.S. Army NCO, account provided by Karl Hamner).

## Moral Injury is Injury to Identity

Bill Nash takes the view that moral injury is damage to a person resulting from a violent contradiction of deeply held moral convictions and that it is one's identity that is injured in moral injury (Nash 2016). He sees it as an injury to the whole person caused by extreme psychological stress.

A U.S. Army Veteran of deployments to Iraq told Karl Hamner how, during a house-clearing operation, he suddenly realized that he was the monster under a little girl's bed, not the honorable rescuer (see box to the right). He was left "*morally shattered*", writing "*My family and social circles see me as a good man, an honorable man, but I know the truth*"; cited by Karl Hamner, **Appendix 1**). Until the Veteran disclosed that story, his public identity was "hero", but his previously private narrative of his identity was that he was a monster.

## Gaslighting

Gaslighting occurs when a person is manipulated psychologically so that they question their perceptions and identities. Gaslighting behaviour can cause people to act outside their norms and experience identity disorientation (Portnow 1996, Abramson 2014). We did not find references to research on gaslighting in respect of Veterans' identities.

## Scapegoating

Scapegoating is thought to result from projective identification and displacement of aggressive impulses (Toker 1972, Moreno 2007). Scapegoating can result in the act of blaming inappropriately, or inappropriately displacing feelings of hostility, frustration and aggression onto a person or group of people. A recipient of scapegoating behaviour can experience identity challenges. The frustration-aggression hypothesis was proposed to explain scapegoating: "*some out-group innocently attracts the aggression engendered by frustrations suffered by members of some in-group*" (Allport 1954). Citing a Berkowitz paper, Toker (1972) wrote, "*Frustration generates aggressive tendencies, which cannot be directed against the actual thwarting agent because this agent is not visible, or is capable of retaliating with severely punitive action. A needed outlet is then found for the pent-up aggressive 'energy' through attacks on some innocent minority group.*" Scapegoating classically has been discussed in the context of group oppression, where the behaviour benefits the aggressor group. Perhaps the theory might help to explain in part some of the conflict that can arise between Veterans and other social groups when there are thwarted expectations, however we found no research publications exploring scapegoating in the context of Veterans' well-being. There is a rich literature on scapegoating in psychotherapy and counselling. Berkowitz (1990) reviewed evolving theories about anger and aggression in the context of advances in neuropsychological research.

## Stigma

Stigma refers to negative beliefs that society or a group of people have toward others with certain characteristics. Stigma leads to perceived, feared or real discrimination. Social identity theory helps to understand how stigma works. For example, researchers have found evidence that identification with a marginalized group might serve as a resource to manage and combat threats, that group-based rejection can lead rejected group members to nurture and embrace the excluded identity, and that coping strategies can depend on whether it is the group or the individual who is threatened (Jetten et al. 2012). We have not yet found references looking at social identities and stigma in Veterans.

## Identity Disorders

Identity challenges are normal, every-day experiences but can reach the level of mental illness in special circumstances. There are three references to formally defined pathological identity disorders in the DSM-5 (APA 2013):

1. *Dissociative Identity Disorder*, which is identity disruption characterized by two or more distinct personality states involving marked discontinuity of self and accompanied by altered affect, behaviour, cognition and sensory-motor functioning.
2. *Identity Disturbance due to Prolonged and Intense Coercive Persuasion*, which is a prolonged change or conscious questioning of identity in persons subjected to intensive coercive persuasion such as captive indoctrination or torture.
3. *Gender Identity Disorder*, a DSM-4 category that was revised in DSM-5 to *Gender Dysphoria*. This is a condition where the person has cognitive discontent with their assigned gender identity (used in descriptive way when mild, or used as a diagnosis of disorder when severe criteria are present). The name change reflected a shift in emphasis to the dysphoria arising from the identity issue.

## **In-groups (We) and Out-groups (They)**

People identify with an in-group (“us” or “we”) and distinguish themselves from out-groups (“them”) (Stets and Burke 2000, Fiske and Taylor 2013). The in-group is the one that defines one’s self (Haslam et al. 2009). The in-group/out-group concept has many useful applications:

- It can explain the distress and anger felt by involuntarily released military personnel who leave service before they are ready. They are forced to leave the in-group with whom they identify, and join the out-group that they feel does not understand or accept them.
- It can shed light on why people in a stigmatized in-group tend to be dissatisfied and have poorer psychological well-being, because the associated social identity is ostracized or marginalized in social settings (Hazel Atuel & Carl Castro, **Appendix 1**).
- It can explain why Veterans in some settings feel stigma and loss of status, because Veterans have left the in-group where they were in the majority (the military) and entered civilian society where Veterans are in the minority and subject to negative stereotypes. When Veterans have marginalized identities, they engage in coping strategies to allow them to move from having a negative social identity to positive social identities (Hazel Atuel & Carl Castro, **Appendix 1**).
- It clarifies why people do or do not work together to a common goal. Social research in organizational identity has found that employees in a company (the large in-group) can define themselves in terms of the company’s higher goals, but more often they define themselves in terms of individuated personal identities and more local social identities within the organization (e.g., departmental subgroups within the larger whole). Sensitivity to those alternative personal and social identities can suggest ways to reconcile conflicts and build common identities (Peters et al. 2012). Researchers have developed questionnaires that enable construction of identity maps within an organization to shed light on how people in the system identify themselves.

## We-They Identity-Based Conflict

The way that people manage integration of their social identities across a life transition can have social intergroup consequences too, such as ending up biased toward others or tolerant of them (Amiot et al. 2007). People have a tendency to exaggerate the positives of their in-groups and the negatives of out-groups. This group-based stereotyping can lead to perceived stigma, discrimination and intergroup conflict.

There is emerging evidence that understanding social identities can shed light on conflicted intergroup relationships, suggesting ways to mitigate conflict (Livingstone and Haslam 2008). Reporting other research, Haslam et al. (2009) noted that when students' social identities as students at a university were threatened, they had greater use of problem-focused coping, greater optimism, and lower levels of salivary cortisol (lower stress) when they thought that the threat was controllable. When prisoners developed a sense of shared social identity and collectively resisted the stressors they faced, their well-being increased (less burnout and depression) and levels of cortisol remained stable.

*“Manchester United football club fans were quick to help others wearing Manchester United shirts, but slow to help those wearing rival team shirts. However, when the social identity of those participants was defined more broadly, as football fans rather than Manchester United fans, participants were equally likely to help another fan, irrespective of what team shirt that individual was wearing” (Praharsio et al. 2016 citing Levine et al. 2005).*

Identity issues play a role in the lives of Gulf War Veterans, 25 years later. Soon after the 1990-91 war, Gulf War Veterans in the U.K., Australia, Canada and the U.S. self-reported spectra of symptoms much more frequently than non-deployed military personnel and civilians. The media introduced the term “Gulf War Syndrome”, but considerable research in several nations was unable to confirm that they suffered a unique illness or find a cause. A pattern of “we” versus “they” mistrust developed in some Gulf War Veterans toward official agencies. The term “Gulf War illness” was introduced to describe patterns of medically unexplained symptoms that fit research case definitions, treatment guidelines were developed and considerable efforts were made to recognize their concerns (NAS 2014, 2016).

### **Loss of In-Group Status: Voluntary, Early and Forced Leavings**

It is not the norm to live alone. There are of examples of hermits and others who live alone with almost no human contact for long periods of time, but even they do not live in isolation all their lives. Leaving or being rejected from our preferred social group disrupts our identity, which is distressing and can cut us off from material and psychological resources that allow us to live well. Banishment from the tribe is still a very harsh punishment that in primitive societies often led to death.

In their literature review, Haslam et al. (2009) found evidence that social identity loss as a result of retirement, work restructuring, or illness can have a dramatic negative impact on well-being and mental health. When their identities are challenged by social interactions, people can feel threatened with loss of social connection, leading to distress and loss of self-esteem. Thwarted belongingness (Dan Cox, **Appendix 1**) can lead to well-being problems like suicidality.

*“Leaving the military is not an easy or simple process. Like any major transition, it brings the stress of adjustment to new roles, relationships, routines, and assumptions” (Brown 2016 quoting Schlossberg).*

Military life is intensely social. Shared combat in particular can lead to very close personal relationships of an intensity not as often experienced in civilian life. At release, some might find themselves feeling cast out of their preferred military social group, such those released involuntarily from service. Karl Hamner (**Appendix 1**) described how release from military service results in a loss, often abruptly, of that military “in-group” identity. Members often do not have time or receive little assistance in developing new post-service in-group membership and identities during MCT. Veterans can reject potentially valuable identities because they reject civilian “out-group” status, which can lead to identity foreclosure and failure to explore identity options.

Catherine de Boer has identified common identity experiences during transitions from voluntary leavings (**Appendix 1**). She points out that it is important for a person undergoing transition to have a sense of control over their transition experience and the timing of transition phases. Training in this kind of information could allow transitioning military personnel to better adapt during MCT.

Catherine de Boer’s work has turned to involuntary leavings. A significant number of CAF personnel leave service with less than 20 years’ service, both voluntarily and involuntarily (Thompson et al. 2011, 2014a). Cooper et al. (2016) have emphasized the importance of better understanding what happens to the identities of those who leave service early: “*There are questions in particular for ESLs [early service leavers] who are an understudied cohort with regard to transition.*”

### **Identity Reactions are Normal**

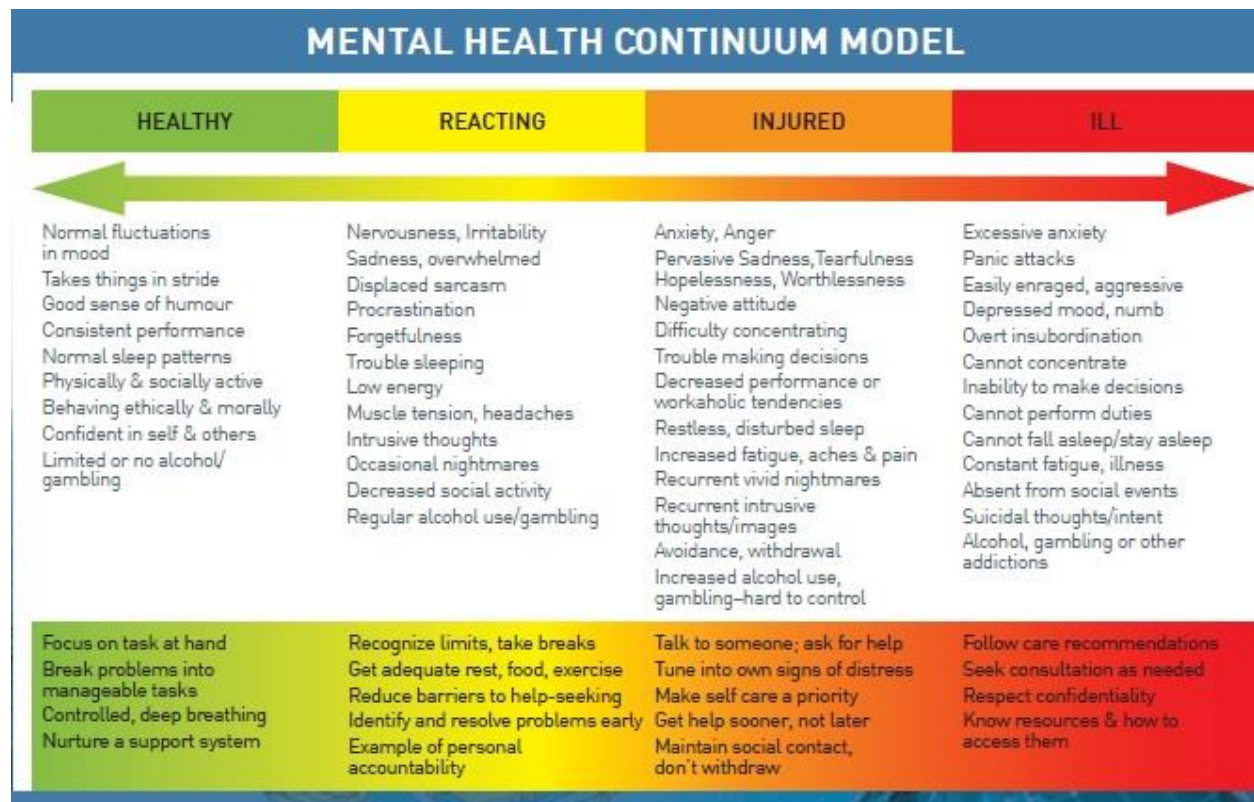
Experts stress that the feelings and behaviours that a releasing member experiences in major life transitions like MCT are normal (Castro et al. 2015). Any major life transition is stressful, and uncomfortable emotions or behaviours like fatigue, sadness, anger or irritability arising from identity challenges in transitions are normal reactions to stress, as emphasized in the CAF *Road to Mental Readiness* (R2MR) mental health care continuum model (**Figure 3**).

There is increasing consensus that it is important to avoid pathologizing the identity-related distress common to people undergoing major life transitions like MCT (Cooper et al. 2016). Stress can be a good thing that promotes positive identity changes (Stetts and Burke 2000) and identity crisis can be viewed as a normal stage in developing an adaptive new identity.

*“The **combat veteran paradox** proposes that most changes individuals experience resulting from combat exposure are normal, and not indicative of a mental health disorder. Yet, because of the number and complexities of these changes, the combat veteran paradox states that combat veterans who are healthy can benefit from counseling. Counseling should focus on helping the combat veteran understand how combat experiences might influence their thoughts, emotions and behaviors. Counseling can also help combat veterans understand the numerous paradoxes often experienced during and after deployment”* (Castro et al. 2015).

However, *pathology* (the presence of a chronic physical health condition or diagnosable psychiatric illness resulting from psychological injury) complicates normal reactions to identity-related stress. Where mental illness is present then it needs to be recognized, diagnosed and treated, but for many undergoing major life transitions their reactions need not be characterized as mental illness. This idea of normal response to stress is consistent with the R2MR mental health care continuum model, where emotional and behavioural difficulties can escalate into more significant mental health problems requiring diagnosis and treatment if emotional and behavioural problems worsen in response to unrelenting stress that overwhelms ability to cope.

Figure 3. CAF Road to Mental Readiness (R2MR) mental health continuum model<sup>8</sup>.



### Geographic Relocation at Release

While perhaps less common for CAF military personnel than in the past, moving to a new community at release still occurs and brings identity challenges (Kroger 2007). Members and families returning to home communities often find them changed, bringing the added challenge of adjusting both military and pre-service identities (Atuel and Castro, **Appendix 1**).

### Employment and Sense of Purpose

Having a meaningful role in society fulfills our need for sense of purpose and is an essential element of peoples’ identities. Work or another meaningful activity plays a key role in forming identities, providing important feedback regarding one’s capacities, skills, interests and value in society and inability to find a meaningful vocation disturbs most people (Kroger 2007).

There are important connections between employment and identity. The majority of releasing CAF members must seek civilian employment rather than retiring from the workforce but a number have difficulty finding work owing to health-related activity limitations, care-giving and other reasons (Thompson et al. 2011, 2014a, Castro et al. 2014, Kintzle et al. 2016). Transitioning service members can face challenges that

*“The identity-formation process is critically dependent upon matching one’s own skills, talents, and interests with those required by the vocational context” (Kroger 2007).*

<sup>8</sup> <http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page> viewed 12 January 2017.

have been well documented, including mismatch between military occupation and civilian employer requirements, stereotypes of Veterans held by employers and civilian co-workers, and the enduring nature of strong military identities. Many members slide relatively easily into good civilian jobs that parallel their military occupations. Others must adjust to education in civilian schools. Those who retire from the workforce entirely or who are unable to find jobs owing to health limitations still need to find an activity that gives them sense of purpose.

Several Working Group members (**Appendix 1**) emphasized the value of jobs and volunteer work that bring Veterans together to serve in ways not unlike their former military lives, such as Team Rubicon, Team Red White and Blue, the Invictus Games, and Vets Canada. *“Team RWB’s mission is to enrich the lives of America’s veterans by connecting them to their community through physical and social activity.”*<sup>9</sup> It is not uncommon for long-service Regular Force members to release to the part-time Reserve Force for a few years, with or without civilian jobs, which could be a way for some to retain an active military identity and purpose.

## Stereotyping

The social science conceptualization of stereotype arose in the 1920s (Allport and Boca 1981). A stereotype is a widely held but oversimplified idea of a type of person, typically exaggerating both the differences between the in-group and out-group and the similarities within a group (Allport 1954, Allport and Boca 1981, McLeod 2008 citing Tajfel, Fiske and Taylor 2013). All social identities reflect some form of group stereotype: every social group has key defining characteristics that, over time, evolve into group stereotypes. Stereotypes function to delineate the in-group/out-group boundary, attract new members to the group, and are integrated into the social identity of in-group members.

Stereotypes arise in sociocultural and historical contexts, and can have both *valence*, meaning both positive and negative values, and *implications*, such that stereotypes can facilitate or hinder adjustment to civilian life. Stereotypes can be positive (e.g., military Veterans viewed as protectors of our way of life; or civil servants work to support Veterans) or negative (e.g., combat Veterans have PTSD; or Reservists are weekend warriors; or government fails Veterans). Fiske and Taylor (2013) describe stereotyping as a form of “casual bias” that is common in everyday life (“You know, *those people*”). Stereotypes can aid in assimilating people to groups, with positive and negative outcomes; for example, Veterans could join post-service groups that aid or hinder their well-being. Stereotypes can lead to prejudice and stigma (Allport 1954, Allport and Boca 1981). As Hazel Atuel summarized, *“When stereotypes are good, they’re good [but] when they’re bad, they’re bad.”*

*“... a number of interviewees reported that potential employers still ‘see the soldier not the person’ or expected former [U.K.] Service personnel to be unimaginative, unable to use initiative, uncollaborative, and to have a tendency to shout” (Ashcroft 2016).*

While on the one hand there is need to emphasize negative consequences of war to allocate resources, a downside of such portrayals is that people might begin to identify all Veterans the same way, which repels others from group membership (Hazel Atuel, personal communication). Stereotypes can lead to perceived stigma and discrimination, fostering prejudice and conflict between social groups.

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<sup>9</sup> <https://www.teamrwb.org/>



Stereotyping “*taxes the physical and mental well-being of targets*” (Fiske and Taylor 2013) and can injure the target’s identity. For example, a Veteran who feels that he/she cannot live up to the heroic stereotype can be distressed (Smith and True 2014). Sarah Dentry-Travis (**Appendix 1**) found that soldiers tend to see civilians as a homogenous group, while Ashcroft (2016) found that 90% of the U.K. public believed it was common for former Service personnel to have been physically or mentally damaged. Coll and Weiss (2013) pointed out the importance of stereotypes in the ways Veterans were viewed by employers and coworkers. Capstick et al. (2005) found that CAF soldiers at that time were more likely than the general population to support sexual stereotypes. Gerber (2003) found evidence in his literature review that Veterans with chronic physical or mental health conditions tend to be stereotyped as “disabled.”

On the other hand, minority groups with common minority identities can use various strategies to deal with stereotype threats (Fiske and Taylor 2013). Gerber (2003), for example, described examples of Veterans with common service-related health-related impairments like amputation or blindness who banded together to influence the evolution of Veterans’ benefits. The Invictus Games are another example of how Veterans have turned around stereotypes about military personnel with service-related health conditions (Sarah Dentry, **Appendix 1**).

### Reservists

There are two main types of Reserve Force members in the CAF: those with full-time jobs working alongside Regular Force Members, and those with part-time positions. Part-time reservists typically have civilian jobs. While many likely have strong military identities, it seems likely that most have “hybrid” identities (Demers 2011) enabling them to switch between their civilian and military lives perhaps more readily than CAF members working full-time. Part-time reservists need to have a coherent personal narrative that integrates both lives to prevent identity crises (Demers et al. 2011).

Part-time reservists who enter full-time Class C (deployed) service presumably have predominantly salient military identities during that time. They are more likely to experience identity challenges similar to deployed Regular Force members on returning from deployment, but with a twist: their home unit comrades who have not deployed will not have the same shared experiences (Demers 2011). Some can lose their civilian jobs while on Class C service, forcing them into the job-search mode and a new workplace environment, both of which bring identity reconstruction challenges. As in any transition, these deployed reservists need to find a narrative that creates new possibilities for their future in the civilian world.

Orazem et al. (2016) analyzed the writings of U.S. Veterans of the Afghanistan and Iraq wars who had been asked to describe their reintegration difficulties: “*Those deployed from active duty were particularly likely to feel as if they did not belong in civilian society and that they had not acquired needed skills, whereas those deployed from the reserves or National Guard experienced difficulty in reestablishing former civilian identities.*” They concluded that “*programs to address identity adjustment be tailored for those who deployed from the reserves or National Guard versus those deployed from active duty.*”

### Stigmatized Identities

Veterans with stigmatized identities have added challenges in major life transitions (Amiot et al. 2007, Atuel & Castro, and Karl Hamner **Appendix 1**). Veterans who are in minority ethnic, religious or racial

groups, have low socioeconomic status, are women, have minority sexual orientations, are receiving disability benefits or have mental health problems can experience unique identity shift problems that complicate the construction of an integrated post-military identity and lead to persistent stress and poor well-being across multiple domains.

### Onset of Chronic Physical and Mental Health Problems

The associations between chronic health problems, particularly mental health, and identity are complex and bidirectional. While acquisition of new physical or mental health problems challenge one's identity, identity challenges are thought to play role in the genesis of mental health problems like depression (Demers 2011, Cruwys et al. 2014, Cruwys and Gunaseelan 2016).

Identity disruption is common when a person acquires a chronic physical or mental health problem. Acquisition of chronic physical or mental health conditions constitutes a threat to one's identity and integrity and can feel like a betrayal of trust in one's body, necessitating adaptation and identity shifts. It requires redefining relationships between self, body, environment and daily life. *"Nothing so concentrates experience and clarifies the central conditions of living as serious illness"* (Kroger 2007 quoting Kleinman).

Stripped of identity: *"After being seriously injured in combat in Iraq and no longer able to serve in the same capacity, I couldn't see what of 'me' was left. All I saw in myself were the remains of a once-accomplished leader, grasping feverishly at a lost identity. I tried to fade into the background of a civilian life that no longer made sense as I tried to forge a new identity"* (Karl Hamner **Appendix 1**, quoting Meehan, 2012).

Chronic health problems that impact a person's ability to function introduce profound disruptions in the way a person understands themselves (disruption of self) by affecting their ability to trust their bodies, socialize and see their futures. (Parslow et al. 2016, Catherine de Boer **Appendix 1**). They see a contrast between the person they used to be and the person they think they have recently become (Pettie and Triolo 1999).

Stigma and discrimination occur when society holds unrealistic stereotypes of people with chronic health problems. Stereotypes can be overcome with education so that others see Veterans living with chronic health problems in a realistic way and can accommodate them to participate in life roles.

Living with chronic physical and mental health problems adds a layer of complexity to identity challenges in transitions like MCT. The biography (narrative) that they had constructed for themselves about their past, present and future is changed as a result of the health problem. Their initial unfamiliarity with the condition, problems obtaining an acceptable diagnosis and perceived stigma complicate achieving a new positive identity. They commonly ask, *"Who am I? What happened? Where is the me I thought I would be? Why me? What now?"* (Pettie and Triolo 1999).

### Re-integration, Reconciliation and Recovery

In civilian studies, social identity has been found to have important implications for health care. People's behaviours tend to be consistent with their identities. Getting a diagnosis can be a relief when symptoms are hard to explain, since people have a natural tendency to seek an explanation for their illness, which makes it easier to explain themselves to others (Parslow et al. 2017). They can develop a new narrative for themselves, leading to the formation of a post-illness identity. Haslam et al. (2009) found a number of other examples in the research literature. Adults were more likely to consider

seeking hearing assessments and use of a hearing aid if they self-categorized as “elderly”, and people are more likely to be consistent with treatment if they self-categorized as asthma or head cold sufferers. Women were more likely to perceive a knee injury as serious if they self-categorized as athletes rather than women. People in whom “family” identity was salient were less willing to smoke than when a “teenage” identity was salient. Similarly, miners were more likely to have unprotected sex when their masculine working man identity was salient than when their family man identity was salient. Willingness to attend aerobics classes was greater when social identity was defined as membership in an aerobics group.

*“The recovery process is a deeply personal process that includes two key developmental tasks: the struggle for meaning and the reconstruction of a positive identity. Both milestones are essential to the capacity for self-care and personal responsibility for [well-being] ... One critical task for many people is the integration of the illness into one's identity” (Pettie and Triolo 1999).*

Dr. Michael Crouzat is a civilian flight surgeon at 4<sup>th</sup> Canadian Division Support Base Petawawa. He observed four re-integration (recovery) stages in his clinical work with repatriated soldiers who had suffered severe physical injuries during Canada’s Afghanistan mission (Crouzat 2016):

1. *Honeymoon phase*: Short period characterized by unrealistic expectations and potentially complicated by unsustainable administrative promises.
2. *Physical phase*: Dealing with the physical sequelae of the injuries becomes the main focus. This stage varies in duration and takes precedence over other life activities. Complicated by dealing with administrative snags.
3. *Emotional/psychological phase*: Realization of the “new normal.” Posttraumatic Stress Disorder (PTSD) and operational stress injuries (service-related mental health problems) often are not related to the catastrophic event, and chronic PTSD is not the norm.
4. *Reconciliation*: Overcoming struggle with “internal narrative”, complicated by pre-existing comorbidities, over-medication, self-medication and current life circumstances.

Dr. Crouzat’s observations are very consistent with identity theory (Pettie and Triolo 1999). His observations about the lack of psychiatric pathology fit with the conclusion of (Pettie and Triolo 1999) that *“The answers have less to do with abnormal psychology than normal psychology (the person behind the patient). How does a person make sense out of his or her experience? Once attuned to this new frame of reference, professionals can begin to uncover interesting answers and wisdom about what recovery means and how it happens.”*

It is important for support systems to empower the person rather than enable a victim role. The reconciliation phase is key to successful re-integration: developing resilience, obtaining forgiveness and resetting the internal narrative so that health-related limitations are not predominant. Support systems need to promote self-efficacy and independence rather than dependency and a victim identity (Crouzat 2016).

In the process of recovery, people can develop a new appreciation for life and experience personal growth. The injured self heals, and the disrupted identity becomes whole again, but different from before. Encouraging development of a new, coherent illness narrative shapes a new identity that enables people living with chronic health problems to re-engage with society, regaining a sense of normalcy. Language is important: there is anecdotal evidence that the phrase “new normal” might not be well accepted by some Veterans because they see their lives as “changed” not “normal.”

## The “Disabled” Veteran Identity

There are two meanings of the word “disabled”, and the distinction is crucial to discussions of Veterans’ identities. Lack of clarity in the use of this word leads to confusion.

(1) The older meaning is simply the presence of chronic physical or mental health conditions and their related impairments. This is the old “biological” model, what used to be called the “medical” or “biomedical model”, in which disability is a *characteristic of the person*.

(2) The newer meaning is that “disability” is the *experience of limitations participating in major life roles* (work, home and community), not a characteristic of the person. This “biopsychosocial” or “ecological” model of disability takes the view that people with chronic health conditions can function well in life roles (“differently abled” or “not disabled”) if they are able to cope adaptively and if their social and environmental barriers to participation are reduced.

The old biological meaning of “disability” (#1) risks making the health condition central to one’s identity. The newer meaning allows Veterans with chronic health conditions to shape identities around their memberships in social groups rather than their stigmatized health status. For example, Sarah Dentry (**Appendix 1**) found that military and Veteran participants in the Invictus Games tended to self-identify as “*para-athlete*” rather than “*injured soldier*.”

Gerber (2003) studied identity and group formation in “disabled”<sup>10</sup> Veterans and the relationship of those Veterans with the state, meaning government agencies providing compensatory recognition and resources. Historically, Veterans’ social identities were heavily influenced by stereotyping the “disabled” with aversive images that evoked pity and fear. In his review of the literature, Gerber (2003) found that disabled Veterans have a powerful collective experience that they share intensely. He demonstrated that organizations such as the Royal Canadian Legion originally began to aid disabled Veterans, later moving to represent all Veterans.

*“In the struggle for state recognition and state benefits through Veterans’ organizations, therefore, disabled veterans evolve from unorganized cohort to formal group, and take on a unique social identity.” (Gerber 2003).*

There is the risk that government support, while necessary in initial recovery and rehabilitation, can reinforce a dependent identity (Crouzat 2016). Bearing in mind the male hegemony of the military identity, Gerber (2003) observed that “*The disabled veteran’s perception of the highly problematic role of a grateful and generous public and of twentieth century welfare states in feminizing the disabled veteran by rendering him passive and dependent, has never been recognized in the social welfare policy history literature.*” His evidence for that statement came from the goals of Second World War disabled Veterans’ organizations, which sought to “*be men again.*”

*“The American World War II blinded veterans’ only initial reference point for thinking about their condition was the pathetic, dependent, helpless individual – the denizen of sheltered workshops or the street beggar ....” (Gerber 2003).*

A number of researchers have found concerning evidence that some disability compensation schemes can have unintended “dis-incentivizing” effects (MacLean and Campbell 2014). It is hypothesized that

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<sup>10</sup> “Disabled” in the sense of having health-related impairments, not specifically disabled in the sense of not being able to participate in life roles owing to encountering social and environmental barriers.

such policies are counter-productive by promoting a “disabled identity” rather than identities that promote return to employment or other self-sufficiency. This is a very complex, two-edged issue, however. Griffin and Stein (2013), for example, found evidence that *“returning [U.S.] veterans are far less likely than the VA or DoD to acknowledge a service-related disability. Military values that discount weakness likely contribute to this disconnect. Even without direct confirmation that links norms and perceptions, the data show surprisingly large differentials between internal and external assessments of disability status, some of which are exacerbated by race and differences in educational background. Improving disabled veterans’ employment prospects will hinge on reforming government programs that identify and assist those with disabilities as much as overcoming stigmas.”* They recommended that *“Employment policy should focus on overcoming negative cultural stereotypes and encouraging self-identification.”*

Veterans themselves pioneered the “social” or “biopsychosocial” meaning of “disability.” Gerber (2003) noted that *“most organizations of disabled veterans in the twentieth century came increasingly to have ideologies based on normalizing values and aspirations that emphasized self-help and sought to contain the role of the state in the veteran’s post-rehabilitation life. We need to note, however, that most public, programmatic goals did not always seem explicitly to reflect such orientations.”*

He traced the history of the Canadian Paraplegic Association (CPA), which rose out of the cohort of spinal cord-injured Second World War Veterans treated initially at a military hospital in Toronto and then sent to five rehabilitation centers across the country. The CPA was started by seven of those Veterans. *“A combat-injured paraplegic, [Lt. John Counsell] refused to accept the regime of invalidism that was still the prescribed way of regarding the possibilities for the growing number of healthy, post-hospital spinal cord-injured veterans in Canada and among the major belligerents during World War II. On his own, using personal resources, Counsell ultimately brought together the light-weight, self-propelling, and folding Everest and Jennings wheelchair, which was a marked departure from the conventional chair that was either pushed from behind by a third party or, if self-propelling, heavy and cumbersome ....He negotiated Toronto traffic on his own, while doing his visiting and shopping. Counsell ... lobbied the Canadian Department of Veterans Affairs to make the Everest and Jennings available to all paralyzed veterans. He was at first turned down on the basis of the costs involved, but officials relented in February, 1945. Over 200 men, a large majority of the Canadian spinal cord-injured veterans (most of them CPA members), were soon using the chairs as vehicles for independent mobility. Increasingly they came to understand that the rapid normalization to which they aspired depended not on the painful and frustrating effort to simulate walking, with the use of crutches and heavy metal braces, but on developing the upper body strength to use a self-propelling wheelchair”* (Gerber 2003 citing Tremblay).

## Women

Less is known about identity issues in female Veterans because women are a statistical minority in military service. Only in recent decades have women entered combat trades and begun appearing in senior ranks in increasing numbers, but women are still under-represented relative to the population and Canadian workforce (Fraser 2013). Female Veterans can have a triple identity threat by being in three minorities at once: a Veteran, a female with military experience and having a third stigmatized identity such as “disabled” or being in a racial minority.

A former female CAF Reservist who had deployed to a theatre of war wore her medals to her children’s school Remembrance Day ceremony. Civilians asked if the medals were her father’s or grandfather’s (JT, personal communication).

Demers (2013) cited the 2006 work by Suter et al. who found that women in service developed transformed identities, gaining self-confidence and becoming strong and capable. However transition to civilian life was challenging because their military identities did not fit with traditional civilian female identities, leading them to feel lonely and isolated or forcing them to re-identify with their pre-service female identities. Joining reserve units ameliorated distress. Demers (2013) found *“High levels of distress exist among [female] veterans who are caught between military and civilian cultures, coping with war experiences, feeling alienated from family and friends, and attempting to negotiate gender and identity”* and identified narrative as a means of resolution. Demers recommended further research to find ways to help women Veterans successfully construct post-military identities.

Di Leone et al. (2015) mail-surveyed 407 U.S. female Veterans who had been deployed in support of operations in Iraq and Afghanistan. The women felt strong, positive connections to their Veteran identity. Women in whom the Veteran identity was more central were more likely to use U.S. Veterans Administration medical and mental health care, consistent with prior research showing that the more one feels that he or she is a typical group member, the more likely he or she is to identify as a member of that group. Their research touched on the complexity of Veterans’ identities, yet to be unraveled by further study: *“Particularly intriguing was the finding that veteran identity centrality and positive regard for veteran identity were differentially associated with women’s military experiences (e.g., combat exposure) and associated mental health sequelae. Although effect sizes were fairly small for these analyses, these findings indicate that an adequate understanding of veteran identity among women requires consideration of its complex, multifaceted nature. Further, findings suggest that the events and symptoms that may be most likely to lead to a need for care (e.g., combat exposure, PTSD symptomatology) may also contribute to negative perceptions related to the VHA and serve as a barrier to seeking care.”*

### **Minority Gender and Sexual Identities**

There is a large and complex literature on well-being issues in military personnel and Veterans with minority gender and sexual identities, such as gay (minority sexual identity) and transgender (minority gender identity) that remains to be explored. This evidence base has been evolving, particularly in the U.S. following repeal of the “don't ask don't tell” policy in 2011 (e.g. Moradi 2009, Ramirez et al. 2013, Kauth and Shipherd 2016).

### **Language, Race, Ethnicity, Religion and Spirituality**

CAF serving and Veteran populations have a long history of cultural diversity and, in recent years, increasingly reflect Canada’s linguistic, racial, ethnic and religious identities (Fraser 2013). French-speaking, Indigenous peoples and other cultural minority groups have unique identity issues that play roles during military life and in MCT. Some aspects of identity issues in these areas have been touched on in other sections of this report, but there is a large literature on this topic that remains to be explored.

Hazel Atuel and Carl Castro (**Appendix 1**) noted that some U.S. Veterans who come from stigmatized ethnic backgrounds prior to service face added identity challenges when they transition back to civilian life. Race and ethnicity identity studies in the U.S. Harada et al. (2002) have found that being black or Hispanic significantly influenced preferences for U.S. VA outpatient health care but that socioeconomic factors had more influence than Veteran identity factors.

The importance of religion and spirituality in the lives of many military personnel is underscored by the long-standing role of military chaplaincy<sup>11</sup>. Researchers exploring the new concept of moral injury describe it as “shattered spirituality.” Bill Nash describes moral injury as one mechanism of stress injury, and believes that it is identity which is damaged in moral injury (Nash 2016).

### **Indigenous Peoples: First Nations, Métis and Inuit**

Canada’s Indigenous peoples<sup>12</sup> have distinct identities and, although collectively a relative minority in Canada, together they form a much larger segment of the Canadian population than the military population, serving members and Veterans combined. Although Indigenous peoples have served in the Canadian military for much if not all of Canada’s history, even today some CAF members do not self-identify as Indigenous (Fraser 2013).

In recognition of the importance of Indigenous identities in recruitment and retention, the CAF has sponsored a number of programs to both help aboriginal members connect to their cultural heritage, heighten cultural sensitivity among non-aboriginal members and prepare aboriginals for military service (Fraser 2013). For example, the *Bold Eagle*, *Raven* and *Black Bear* Aboriginal Summer Programs are six-week Reserve courses that include the basic training provided to all recruits as well as an Indigenous peoples cultural component. This “try before you buy” approach has proven effective in recruiting aboriginal CAF members.

Harada et al. (2005) found that Native American Veterans highly identified with their military service in spite of negative experiences in service but more often used the U.S. Indian Health Service than U.S. VA health services. The authors recommended stronger coordination between the two U.S. agencies to meet the health care needs of Native Americans.

### **Suicide**

Identity management could play an important role in suicide prevention during transition from service to civilian life (Stetts and Burke 2000). Difficulties in any of the domains of well-being could create identity challenges that play key roles in suicidal behaviour – the “stressful life event” factor in Mann’s suicide pathway model (Mann et al. 2005). For example, being laid off at work or lack of finances could be experienced as an identity loss that triggers depression and feelings of burdensomeness. Praharso et al. (2016) argued, based on their research findings, that stressful life events are in fact best conceptualized as social identity transitions.

Depression is a common factor in the majority of suicides. Social psychologists regard social identity struggles as central in major life transitions and argue that depression is a response to social identity problems (Demers 2011, Cruwys et al. 2014, Di Leone et al. 2015, Cruwys and Gunaseelan 2016, Haslam et al. 2016, Praharso et al. 2017). Cruwys and Gunaseelan (2016): “... *the social identity approach ... provides a parsimonious and compelling framework for conceptualizing the role of social connectedness in depression.*”

Brewin et al. (2011) found evidence of association between having PTSD and having more negative

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<sup>11</sup>CAF Chaplaincy: <http://www.forces.gc.ca/en/caf-community-support-services/chaplaincy.page>

<sup>12</sup> Indigenous peoples terminology: <http://www.aadnc-aandc.gc.ca/eng/1100100013785/1304467449155>

perceptions of the world, including rejection of civilian life. They found that PTSD and suicidality in Veterans was associated with alienation from civilian life but not more negative views of self. Joiner's Interpersonal Theory of Suicide (Nademin et al. 2008, Joiner et al. 2009) can be viewed in terms of identity theory: the person feels burdensome, shamed and ruminates on real or perceived mistakes; feels thwarted belongingness; acquires the ability to injure their "self" lethally; and believes that suicide is the logical way to remove their "self" from their tribe. Castro and Kintzle (2014) pointed out that all military personnel have acquired capacity to do lethal harm by virtue of their training. They also pointed out that all former military personnel experience military-civilian transition, a process in which they must adapt by shifting identities to avoid the two other keys to suicide in Joiner's theory: experiencing thwarted belonging and feeling burdensome.

## Veterans' Families

Identity issues in Veterans' families were not explored for this report. We noted incidentally that there seems to be relatively little published research in this area.

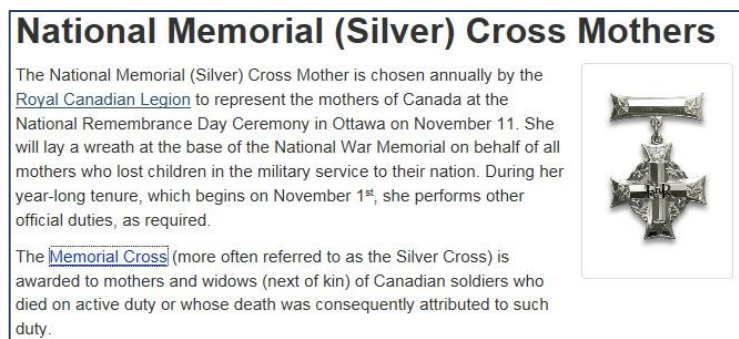
Mothers and widows of Canadian CAF members who die on active duty in military service are awarded the National Memorial Cross (Figure 4). The medal recognizes their loss and grief, and like most medals could possibly play a role in both finding forgiveness and turning their loss into a more positive identity and sense of purpose.

The five Sullivan brothers all died during the Second World War during the sinking of the USS *Juneau*. Their mother, Allesta Sullivan, together with her husband and daughter, "visited more than 200 manufacturing plants and shipyards offering encouragement to employees in the hopes their efforts would bring the war to an end sooner. By January 1944, Allesta and her family had spoken to more than a million workers in 65 cities and reached millions of others over the radio."<sup>13</sup>

## Recognition and Veterans' Identities

"Recognition" has implications for identity. The word generally means the act of being recognized and has these specific meanings: "acknowledgment of something's existence, validity, or legality" (Google) and "Special notice or attention" (Merriam-Webster). The verb "recognize" has several meanings (Merriam-Webster), including, "to admit as being of a particular status", "to admit as being one entitled to be heard", "to acknowledge or take notice of in some definite way: such as: to acknowledge with a show of appreciation" and "to perceive clearly."

**Figure 4. The National Memorial (Silver) Cross recognizes mothers of fallen soldiers.**



<sup>13</sup> Allesta Sullivan: a Navy mom like no other. US Navy Blog. <http://navylive.dodlive.mil/2014/05/09/alleta-sullivan-a-navy-mom-like-no-other/> viewed 12 March 2017.



## Role of Recognition

Since social identity is established through a person's membership in a particular social group and through interactions with their sociocultural environment, it seems reasonable to hypothesize that *effective* recognition by the civilian "out-group" could mitigate identity injury and promote the formation of positive identities, thereby optimizing well-being (Stetts and Burke 2000, Amiot et al. 2007, Brewin et al. 2011, Smith and True 2014; Sarah Dentry and Tiia-Triin Trussa **Appendix 1**). In theory, effective recognition can ease the transition from one social circumstance to another. People have a natural tendency to want to belong to social groups and can experience rejection when they feel that they are not welcome. Recognition can play a role in acceptance and forgiveness, which in turn might play a role in mitigating moral injury, which is thought to be an injury to identity (Nash 2016). Truusa and her colleagues found evidence of the importance of recognition in the identities of Estonian Defence Force deployed Veterans, as did Sarah Dentry in CAF deployed Veterans (**Appendix 1**).

*"CAF NCO: I don't think society recognizes the infantry soldier who goes on patrols every day, twice a day and the supply tech that just went overseas and didn't actually go anywhere besides be in the same country. Society in general can't tell the difference."*

*"CAF Senior Officer: I have relatives who have known that I am in the Infantry for however many years and they still don't know the difference between an infantry officer and an artillery officer, no matter how many times I explain it to them. They are just like, 'you are wearing green and that is all that matters'."*  
(Dentry-Travis 2013)

## Society's Recognition of Veterans

Effective recognition is perceived as being authentic. Individual Veterans' efforts to construct meaningful identities after their release from service must be met with support from their cultural and social environment. When people feel recognized, they feel included and valued and their identity is socially validated, which could play a role in the formation of a well-integrated and positive post-military Veteran identity. They feel that they have been "seen" for who they really are or want to be, experiencing the recognition as "authentic."

There is some evidence that certain types of recognition from an out-group collectivist identity (like "civilians") might not make sense to someone with a specific in-group identity (like "Veterans"). For example, deployed Norwegian Afghanistan Veterans wanted to be respected and understood by the public but *"did not seek to be honoured on a personal level. Many stated that they did not want the same attention as American veterans, whom they portrayed as a group that receives many visible gestures of appreciation in everyday life. Even though some admitted that it would be nice to be treated to a cup of coffee by a stranger as a sign of gratitude, the majority would feel uncomfortable with this form of personal attention. As one participant put it: 'I have heard my buddies talk about the U.S. ... how people get up and offer them their chair. For me that's not right ... I like to be just a regular guy'. Their concept of recognition was not related to themselves as individuals, but to the job they had done"* (Gustavsen 2015).

Asking Veterans what did or did not work for them is important. It matters a lot to military personnel and Veterans that civilians authentically "see" them in terms of their specific military roles and experiences, as evidenced qualitative studies of CAF members and Veterans in other nations. Both Canadian and Norwegian military members/Veterans expressed disappointment that civilians in their countries did not comprehend their deployment experience (Gustavsen 2015, Dentry-Travis 2013 and see box). Sarah Dentry (**Appendix 1**) found that media coverage of the South West Asia wars in Canada

and the U.K. demonstrated to soldiers that their service was valued, unlike in France where soldiers felt less valued by society due to differences in media coverage of casualties, which impacted how society mobilized their support of armed forces personnel (Dentry-Travis, 2014).

In 2008, the U.K. Prime Minister invited an independent study on how to encourage greater understanding and appreciation of the Armed Forces by the British public (Davies 2008). The concern then was that civilians were unaware of the military with negative consequences for both civilians and the military. They suggested a number of actions that could be taken by the military to improve civilians' understanding. However a later study found that *"public regard for the UK Armed Forces is high despite low levels of support for the Iraq and Afghanistan missions. Public understanding of the work of the Armed Forces is limited. Nonetheless, the United Kingdom's long history of military deployments may have given the public an 'intuitive understanding' of the basic realities of the military compared with other European states. There are indications of differences in attitudes between the UK Armed Forces and wider British society, but no firm evidence that the civil-military 'gap' has become a 'gulf' as claimed by some military leaders"* (Hines et al. 2014).

### Rites, Rituals and Customs

Social scientists note the importance of "rites" or rituals in helping a person to develop a new social identity that eases their life after transition. In traditional rites like baptism, graduation ceremonies and marriage, the person at the center of the ritual and their social group recognizes them in a new way. Conferring rank insignia and military decorations like medals shapes military social identities through recognition of competency, service or valour. Rank demotion and stripping of medals are forms of punishment because they change one's social identity through disgrace.

In 2003, the CAF formalized the *"Depart with Dignity (DWD)"* policy to ensure that all releasing CAF members who complete basic training and are honorably discharged have the opportunity to receive appropriate recognition. The CAF established a minimum standard<sup>14</sup>. Another CAF member is assigned to organize the member's DWD in a manner that respects the wishes of the member. Functions can include non-military friends and family, and range from informal gatherings to more formal dinners, funded through "pass the hat." Organizations within the CAF can have Base- or Unit-level instructions that outline refinements and procedures unique to the unit. There is at least anecdotal evidence that DWD memories and mementos can help a member/Veteran during MCT by reshaping his/her life narrative, implying that the DWD can positively assist with constructing a meaningful post-service (Veteran) social identity.

VAC's Canada Remembers Program grew out of the experiences of the hundreds of thousands of First and Second World War Veterans. *"Veterans know the price paid for our freedom and they want all Canadians to share in this understanding. They are passing the torch of remembrance to us, the people of Canada, to ensure that the memory of their efforts and sacrifices will not die with them, and that an appreciation of the values they fought for will live on in all Canadians."*<sup>15</sup> The Program *"endeavours to keep alive the achievements and sacrifices made by those who served Canada in times of war, armed conflict and peace and to promote an understanding of the significance of these efforts in Canadian life as we know it today."*<sup>16</sup>

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<sup>14</sup> CF MIL PERS INSTR 01/09.

<sup>15</sup> <http://www.veterans.gc.ca/eng/remembrance> viewed 22 February 2017.

<sup>16</sup> <http://www.veterans.gc.ca/eng/remembrance/about-canada-remembers> viewed 22 February 2017.

In Canada, “*thank you for your service*” has become a way for civilians to try to give serving and former CAF members a verbal pat on the back, however there is anecdotal evidence that it can have unintended consequences. A recently released CAF commissioned officer with combat experience said that he is polite when someone says “*thank you for your service*” but internally feels some distress because he is still trying to resolve his feelings about his combat role and the civilian has no idea what he did in service. Similarly, the military experiences of a part-time reservist who served many years earlier as a young adult meant a great deal to him later in life, but he reported feeling acutely embarrassed when someone said “*thank you for your service*” because he had not served long and had never deployed. However, when a serving senior non-commissioned officer learned during a private conversation that the former reservist had passed a certain challenging course back in the day, the reservist perceived the officer’s quiet “*good for you*” as very meaningful recognition.

### Recognition and the Military Hierarchy

Based on anecdotal evidence, the hierarchy of military identities runs deep in sense of self in military Veterans. It means a lot to members lower on the military in-group hierarchy that they are recognized for having worn the uniform and done their bit to do their job, to support their comrades, to support troops at the pointy end and ultimately to support the mission (Gustavsen 2015). All trades have their own personal challenges in service that can become personal demons or points of pride in life after service.

### Recognition – Summary

Although recognition of Veterans and their contributions is widely thought to be important, it is unclear how society can best provide effective recognition. There is little research evidence to guide thinking, and the complex literature on acceptance, coping and identities remains to be explored. Asking Veterans what works for them is likely to be helpful.

### Real-World Applications

The hypothesis is that developing a positive *identity* is an important *wellness* activity that can promote good *well-being* in multiple areas of life. The Working Group’s contributions (**Appendix 1**) and the literature review turned up a number of useful real-world considerations for policy analysts, program designers, service providers and research.

### Adaptation to Life after Service

Baumeister and Muraven (1996) argued that adaptation may be the best way to conceptualize the complex relationship between identity and sociocultural context. They pointed out that this approach emphasizes the causal importance of culture, but also recognizes the importance of individual choice and change.

In a presentation to military personnel about MCT, Stedman Graham said, “*The most important question anyone will ask you is, ‘do you know who you are?’ ... And when you don't know who you are, what happens? Someone else defines it for you. You become lost in the world.*” Asked how military members can transition into civilian life, Graham said “*the key for a smooth transition is to start now.*” (<https://www.army.mil/article/153441/> viewed 14 January 2017).

As in all major life transitions, successful adaptation to post-military life during MCT requires thoughtful preparation. MCT is challenging in some way for all releasing military members, regardless of length or type of service. Some degree of adjustment distress in MCT is *normal*. For some, the challenges might merely be paperwork and relatively minor identity shifts. Depending on personal circumstances, transitioning members might need to acquire or sharpen skills in several domains of well-being, like managing personal finances, job-seeking, managing health problems or finding a new home.

*“High levels of distress exist among veterans who are caught between military and civilian cultures, coping with war experiences, feeling alienated from family and friends, and attempting to negotiate gender and identity” (Demers 2011).*

The social identity concept approach offers fruitful insights to priorities for military Veterans adjusting to post-service life. Orazem et al. (2016) postulated, based on prior research literature, that identity issues may be central to Veteran reintegration post deployment. Cooper et al. (2016) wrote, *“It is important for the Veteran to recognize that the discharge process may require a significant shift in identity in order to allow the adaptation from military to civilian habitus.”* Demers (2011) observed that: *“[combat] veterans described three key [identity] challenges to returning home: lack of respect from civilians, holding themselves to a higher standard than civilians, and not fitting into the civilian world.”* Orazem et al. (2016) analyzed the writings of U.S. Veterans of the Afghanistan and Iraq wars who had been asked to describe their reintegration difficulties without specifically directing them to comment on identity issues. Two-thirds (65%) of the 100 Veterans endorsed at least one identity issue. Their ground-breaking work identified five interrelated areas of identity adjustment difficulty:

*“Adaptation to transition is defined as ‘a process during which an individual moves from being totally preoccupied with the transition to integrating the transition into his or her life’” (Brown 2016 quoting Schlossberg).*

*“Studies have also shown that life transitions strongly predict the onset of first and subsequent episodes of depression. Therefore maintaining [psychological] wellbeing and preventing the onset of depression in response to such life transitions is a public health priority.” (Praharso et al. 2017).*

- Feeling like one does not belong in civilian society: *“I just do not belong, I feel like I am often not accepted as a civilian. As if civilians do not know what to say to me or how to accept me. I often feel like an outsider. I have no close friends here on the outside, I just know a lot of people.”*
- Missing the military's culture and structured lifestyle: *“Another thing about resuming civilian life is learning how to be self-reliant again. In the [military], people told you where to go and what to do, that it became routine.”*
- Holding negative views of civilian society: *“It just makes me so mad that people can have so little care for those things around them and so little discipline to do what they are supposed to do. How can someone be happy living their life and not realize that someone else has to put their cart back, or pick up their trash because they are too lazy and worthless to do it?”*
- Feeling left behind compared to civilian counterparts due to military service: *“So far all my military training and skills are like a huge waste of time. Because all it did was put me in last place in this race called life ... Civilian life is hard. The [military] was easy. I knew what to do and how to do it. But now life is so hard because I feel as if I've been left behind in life and cannot catch up any more.”*
- Having difficulty finding meaning in the civilian world: *“One of the biggest problems to readjustment was the feeling that there was nothing more to accomplish. I was a commander of*

*a 150 soldier detachment [and] . . . I was able to bring all soldiers in my unit home safely. Once home, I felt like “what’s left?” I could not find satisfaction with my civilian life.”*

This recent work builds on studies by Second World War researchers who at the time did not have the benefit of identity theories to organize their findings. In his remarkable 1944 paper, Rogers (1944) pointed out that 1.5 million U.S. military Veterans had already been discharged since Pearl Harbour in 1941, stressing resources for assisting them in transition to civilian life. His work identified problems in these transitioning Veterans which could be recognized today as arising from identity challenges:

- Resentfulness and hostility.
- Loss of status as they transitioned from participants in a global struggle to just another civilian, leading to loss of self-esteem.
- Loss of sense of purpose: no clear or realistic goal for occupation in civilian life.
- Restlessness, disturbed sleep and emotional lability.
- Grown apart from spouses and families.
- Adjustment challenges for those with physical and mental health problems.

Rogers (1944) identified solutions that today could be described as addressing identity construction:

- Treat the Veteran as a whole person.
- Recognize the importance of attitudes (values and beliefs).
- Recognize the importance of accepting their feelings of confusion, aggression and irritability.
- Help the Veteran to readjust himself, to see his situation more clearly.
- Assist the Veteran in discovering satisfying purposes. *“We need sufficient vision to recognize that a profoundly important psychological task is to help the man to explore his attitudes, his situation, his confusions and his dread of the future, until he begins to see some things which he himself wishes to attain.”*

This work indicates that identities need deliberate management during adaptation to civilian life. As in any major life transition, MCT results in identity challenge at best and identity disruption at worst. Veterans *“may find themselves living between two social contexts [military and civilian] that offer incompatible cultural narratives ... unable to articulate an integrated personal narrative that avoids a crisis in identity... confronted with the challenge of constructing new identities”* Demers (2001). Identity crisis is not a bad thing, it is just a sign that the old identity is trying to make way for a new one. Identity crisis is an opportunity.

Successful adaptation to post-military life requires conscious development of a social identity that enables Veterans to get along well in civilian society. Cooper et al. (2016) recommended providing members with “personal development planning” education prior to release to learn about managing their identity reconstructions and develop cultural competency in housing, financial management and the requirements of civilian life and occupations. Failure to manage the identity shift can lead to identity dissonance, foreclosure, diffusion or moratorium and resultant poor well-being. Informing military personnel about identity issues that they will or are experiencing in MCT could prepare them to manage their identity shifts in a beneficial way. Insight-oriented techniques like Interpersonal Psychotherapy (ITP) that help Veterans to actively manage their identity challenges might be a better way to relieve MCT distress than Cognitive Behavioural Therapy (CBT). *“Reintegration programs should also help service-members and their loved ones prepare for the changes in roles and sense of self that individuals may face when they leave the military as well as anticipate the effect of identity disruptions on their relationships, particularly with those who have not served in the military”* (Orazem et al. 2016).

The military identity can create difficulties for Veterans in civilian situations. For example, military personnel often speak of difficulties they have in civilian work life when non-military co-workers are late for meetings, and when it is not clear who in a civilian workgroup is the “ranking officer.”

The military identity also can be very useful in civilian life. Veterans are valued for their attention to duty, respect for authority, approaches to solving complex organizational problems and “never pass a fault” ethic. Several solutions lever the sense of service to others that is strong in the military identity. For example, Karl Hamner (**Appendix 1**) explained how Sebastian Junger’s book “*Tribe*” (Junger 2016) is about helping Veterans to find a sense of purpose. Junger wrote, “*A modern soldier returning ... goes from the kind of close-knit group that humans evolved for back in to a society where most people work outside the home, children are educated by strangers, families are isolated from wider communities, and personal gain almost completely eclipses social good*” (Junger 2016, p. 93). Karl Hamner pointed out that Veterans’ groups like *Team Red White and Blue*<sup>17</sup> have a find-your-tribe focus that levers Veterans’ sense of service: “*Team RWB’s mission is to enrich the lives of America’s veterans by connecting them to their community through physical and social activity.*”

*“The best way to find yourself is to lose yourself in the service of others” — Mahatma Gandhi.*

*“Veterans identified the need for ‘space and time to help reintegrate’ and described the desire to talk with others ‘who have served time over there . . . because [we] have a common base,’ and ‘they can relate to what you’re going through.’ Veterans’ comments further validated their sense of being different from nonveteran civilians. They identified a need for ‘that connection, the face-to-face contact [with] a real person [another veteran]’ who could ‘see [them] as a person’” (Demers 2011).*

## Peer Support: Veterans Helping Veterans

There is a centuries-old history of Veterans working together to help each other adjust to civilian life (Gerber 2003), and the community-based “Veterans helping Veterans” tradition is alive and well today.

Identity issues are fundamentally important in peer support. Peer support groups are groups that share a similar social identity. People are more willing to come to the assistance of a stranger in distress when the stranger in question shares a salient social identity with the prospective helper. In their review of evidence on social identities, Haslam et al. (2009) suggested that the well-being and mental functioning of vulnerable groups could be enhanced through interventions that maintain or increase individuals’ sense of shared social identity. For example, peer groups can be helpful for people with mental illness coping with stigma by helping them to reject negative stereotypes (Haslam et al. 2009 citing

*“In the spring of 2003, I entered Iraq with a rifle and a side-arm. By the fall of 2003, I was walking into a classroom ... I felt more nervous and awkward in the room of teenage students than I did months earlier in a foreign land in the dust-choked throat of war ... In time, I settled in.*

*This was largely by discovering that I was not alone. We discovered each other with an indoctrinated familiarity. Maybe the clue was a glimpse of a nylon belt or a matte-black knife in a pocket. The small things that all of us had that linked us to the life we had left.*

*It wasn’t long before we were doing our own group therapy over pints of beers and war stories. Our shared experiences and our shared identity meant we did not have to be alone. Eventually our group expanded and formalized. We began doing outreach at vet centers promoting education and welcoming new student veterans to the campus. We attempted to use our individual experiences with the uncertainties of transition to create an environment of acceptance and understanding” (Brown 2016).*

<sup>17</sup> <https://www.teamrwb.org/>

other researchers)

In Canada, the long-running OSISS (Operational Stress Injury Social Support) network was created in 2001 by CAF and VAC to provide peer support across the country to military members and Veterans living with mental health problems related to operational stressors (Richardson et al. 2008). Westwood et al. (2002) described a group-based transition program for soldiers in which participants use life review and therapeutic enactment to resolve stress reactions, freeing them to concentrate on career-building activities. Tim Black (**Appendix 1**) describes insights into MCT identity issues that grew out of that work. A Canadian program called *Sol2Lead* invites Veterans who have an idea of their next career to find a mentor, an individual with years of experience under his/her belt in that particular field (Rehman 2017). This mentor can guide the Veteran and explain the steps needed to be successful in that career. In social identity theory terms, this program is exploiting the ability of people to use narrative about their futures during a major life transition to construct a positive identity, guided by another in-group member.

In the U.S., Brown (2016) described how he and fellow U.S. Iraq War Veterans who had returned to university banded together to help each other manage their transitions and then began doing formal outreach work. Klaw et al. (2017) comprehensively described the formation and evaluation of a U.S. program called “VET Connect” that supports Veterans transitioning from the military to educational and occupational settings. They found that the participants *“reported that VET Connect promoted self-growth and integration, allowing them to transition to campus and civilian life. They reported developing skills such as public speaking and knowledge of campus resources, as well as insight into their emotions and self-acceptance. Participants also reported experiencing a renewed sense of purpose. Overall, findings suggest that VET Connect may serve as a potent high impact practice that engages Veterans in college and reduces the loneliness and distress that often accompany reintegration to the civilian world.”* Appendix A of their paper in CIMVHR’s *Journal of Military, Veteran and Family Health* describes their “Warriors at Home” course, which gets at *“Who am I now? Understanding and supporting veterans transitioning to college.”*

In Los Angeles, the *LA Veterans Collaborative* is a network of community partners and Veteran organizations committed to reintegrating service members into civilian life, supported by the University of Southern California. They hold weekly sessions where Veterans can connect with community services appropriate to their needs. The mission of the Collaborative is to *“strategically improve access to services; reduce barriers to and coordinate care; and influence policy to improve the lives of veterans, service members and their families in the Los Angeles County.”*<sup>18</sup>

In Norway, Gustavsen (2015) found that Norwegian Veterans of the Afghanistan War had difficulty constructing meaning of their military experiences in the civilian collective because, unlike peers, civilians did not have a way interpreting such an experience. Her qualitative study found that the Veterans used three different frameworks to communicate the meaning of their deployment experiences. They predominantly used a *military* framework (talking about the value of their military work experiences rather than patriotism), and to a lesser degree, a *societal* framework (doing a job on behalf of their country and desire to be respected). They also used a *personal* framework, assessing the impact that the deployment had on them as individuals, for example making them more robust or putting their lives in perspective.

Veteran identity needs can be very specific. A former CAF officer with combat experience described to

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<sup>18</sup> [https://www.facebook.com/pg/LAVetsCollab/about/?entry\\_point=page\\_nav\\_about\\_item&ref=page\\_internal](https://www.facebook.com/pg/LAVetsCollab/about/?entry_point=page_nav_about_item&ref=page_internal)

one of us (JT) how he and others in his military occupation are working effectively through bothersome memories from their time in service. The Veteran explained that he could not find that kind of support talking with combat Veterans from other military occupations, because there were so many intricate details of his occupation that other Veterans would not understand.

Our literature review did not explore how potential risks of informal peer supports have been assessed by researchers. Peers who are not trained or monitored to avoid self-serving agendas might inadvertently foster identity foreclosure for example, rather than achievement of a coherent identity well adapted to post-service life.

## Service Delivery

The expert presentations and a growing body of research literature demonstrate the importance of attention to identity issues in providing services to military personnel and Veterans undergoing MCT. Demers (2011) made three recommendations to help Veterans find meaning in their post-combat or post-service lives and find coherent, fully integrated personal narratives to prevent or resolve identity crises:

1. *“Support groups for veterans, in which they would have the opportunity to share their stories;*
2. *“Transition groups for families and friends of veterans, in which they would have the opportunity to learn about military culture and how to best support their veteran; and*
3. *“Military cultural competence training for [service providers]. Training should elucidate the reintegration challenges veterans face and inform models to address the unique needs of veterans.”*

The book *The Social Cure: Identity, Health and Well-being* edited by Jetten, Haslam and Haslam (2012) is recommended for in-depth perspectives on the connections between well-being and social identities and the use of social identity theory in health care and rehabilitation. In Australia, Haslam et al. (2016) demonstrated in a pilot study the potential utility of a manualized, modular psychological intervention called “Groups 4 Health” that targets the development and maintenance of social group relationships to treat psychological distress arising from social isolation.

Project Trauma Support (PTS), a new program in Canada for military personnel and emergency first responders suffering from PTSD and other Operational Stress Injuries focuses on the moral injury that sometimes arises from traumatic experiences. The PTS program uses peer support groups whereby those that have ‘been there, done that’ provide help for each other (Dentry et al., 2017).

Support must be offered in a way that matches perceived need. Dan Cox (**Appendix 1**) spoke of evidence that a mismatch between offered help and perceived need can be a threat to identity. He spoke of research evidence indicating that offered support must match a need (Deelstra et al., 2003). If supportive interpersonal connections do not match Veterans’ needs, then this can be seen as an identity resulting in reduced self-esteem.

But if help is needed (a match between offered help and perceived need), then the help can be accepted and there is not a negative impact on self-esteem. A member undergoing MCT might have acquired

*“The social environment comprising communities, families, neighbourhoods, work teams, and various other forms of social groups is not simply an external feature of the world that provides a context for individual behaviour. Instead these groups impact on the psychology of individuals through their capacity to be internalised as part of a person’s social identity.” (Haslam et al. 2009).*



behaviours in military life that push away needed people and supports in life after service (Dan Cox **Appendix 1**).

### Health Care and Rehabilitation

Health care providers should be aware of identity issues experienced by Veterans dealing with chronic physical or mental health conditions. A serving member leaving the military with an acquired chronic physical or mental health condition has the added challenge of dealing with the identity shift that comes with a change in health status. When the health problem – like depression or a chronically painful limb – defines a person’s identity, his/her interactions with world are shaped by that identity, which can interfere with well-being. Demers (2011): “... *integration of the trauma into one’s narrative whereby the traumatic experience becomes the focal point of one’s life story and the lens through which all other experiences are then interpreted – must be avoided.*”

By telling the story differently (rewriting the narrative) a Veteran can construct a more functional identity. For example, in her Forum presentation Sarah Dentry found that serving members and Veterans living with chronic health issues who were participating in the Invictus Games learned to identify themselves as “*para-athlete*” rather than “*injured soldier*” (**Appendix 1**). She found that they regained a sense of control, commitment, positive perception of challenge and increasing confidence as they developed increased endurance, strength, technical knowledge and a different body composition.

### Cross-Cultural Competence

Cross-cultural competence could help both Veterans and their non-military service providers to meet half way. Acquisition of cultural competence begins with understanding one’s own beliefs, values and biases to better appreciate other cultural identities, but also requires core knowledge and social engagement competency and an understanding of how cultures differ (Culhane et al. 2012).

### **Policy and Program Development**

Social identities are formed by interactions with the cultural/social environment therefore, in theory, policies and programs can help or hinder Veterans in achieving positive identities during MCT by influencing society’s understanding of them (Stephanie Bélanger **Appendix 1**). When the civilian world holds to unrealistic stereotypes like “hero” and “they all have PTSD,” Veterans’ social identities can be challenged. Recall the Veteran who saw himself as the monster under a little girl’s bed, while the rest of the world (cited by Karl Hamner **Appendix 1**), not knowing his personal narrative, saw him as a decorated war hero. Some Norwegian Veterans of the Iraq war were reluctant to describe themselves as “Veterans” because they felt that the word carried the stigma of being mentally unwell (Gustavsen 2016).

*“Recommendations include development of social support and transition groups; military cultural competence training for clinicians, social workers, and college counselors; and further research to identify paths to successful reintegration into society” (Demers 2011).*

There is emerging evidence that certain aspects of Veteran identity can impact utilization of government support services. U.S. studies found that Veterans in cultural minorities, including race/ethnicity and women, who highly defined themselves as Veterans seemed to prefer the VA to other systems of health care (Harada et al. 2001, Di Leone 2015).

Vocational rehabilitation professionals will be interested in the finding from longitudinal research that identification with a workgroup has a positive long-term impact on workers' health, well-being and morale because it is associated with factors like support and appreciation that protect individuals from burnout when the workgroup is in a high-demand phase (Haslam et al. 2009).

Catherine de Boer (**Appendix 1**) recommended more research on the impact of public (out-group) factors on MCT identity resolution. Outsider witness groups, public ceremonies, commemorations and even dress conventions that either hinder people or help them to reshape their identities in positive ways.

## Communications

Identity awareness should influence the design of communications that make sense to Veterans and their families. Communications need to be framed in ways that appreciate different world views. Climate change scientists discovered the importance of world views when they examined research showing how evidence-based corrections of political misconceptions can actually make things worse unless they are sensitive to recipient's norms (identities) (McCartney 2017). The term "ex-service" is common in the U.K. and Australia, but two former senior CAF officers, one non-commissioned and the other commissioned, firmly said that they do not wish to be labelled "*ex-military*" because the military is still in them, not gone. They said that "post-military" would be acceptable. A Veteran witness testifying to ACVA (Parliament's Standing Committee on Veterans Affairs) in January 2017 pointed out that the phrase "*return to civilian life*" doesn't recognize Veterans' military identities.

## Commemoration and Remembrance

Even though Veteran commemoration and remembrance programs are thought to provide important recognition for Veterans, we found very little published research on the role of such activities in fostering positive Veterans' identities and well-being. There is a need to better understand what can be done in Canada's sociocultural environment to foster positive identities in Veterans. During focus group work several years ago to obtain the perspectives of Veterans on Commemoration, VAC staff found that, at the time, CAF serving members in the focus groups did not identify as Veterans or that they would someday be Veterans (Elaine Smallman, personal communication). Commonly held assumptions about recognition need to be assessed further, such as the effect of phrases like "thank you for your service" or "new normal" and the value of traditional public ceremonies. Cross-cultural competence can improve relations between unfamiliar cultures, but effective ways to enhance competence on the civilian side need to be developed in a country where Veterans are a minority (less than 3% of the adult population). Working Group members pointed to the importance of asking Veterans what works for them, as well as research into how Canadians view Veterans.

Commemoration and remembrance activities might foster early development of military identities in young Canadians prior to service life. Some of the thousands of teenagers who participated in the 100<sup>th</sup> anniversary of Canada's First World War Battle of Vimy Ridge talked to media about how they were interested in military service. We can hypothesize that their trip to Vimy could help them begin to identify with military traditions and culture, thereby playing a role in recruitment and retention.

## Identity Sensitivity, Identity Etiquette

People and organizations can learn to become aware of the importance of properly “seeing” a person’s social identity (identity sensitivity) and then behaving toward them in ways that respect their identity without offending (identity etiquette). The complex nuances of terminology like “Indian,” “First Nations,” “Aboriginal,” “Metis,” “Inuit” and “Indigenous” are good examples. Earlier in this report we provided several examples of the complexity of military and Veterans’ identities, such as the paradoxically negative effect of “thank you for your service”. Military personnel have particular types of identity sensitivity. “Stolen honour,” for example, occurs when people claim a military history or honour that they did not earn. Even members new to a serving military unit must “earn” the right to claim unit membership.

## Research and Measuring Outcomes

Identity theories are standing the tests of time, but much work is needed to test elements of the theories in military Veteran populations. Longitudinal studies have been conducted only in the past 2-3 decades, and much of the research on identities has been conducted on populations other than Veterans or on adolescents and young adults rather than middle and late adults (Kroger 2007). There are broad opportunities for research into the processes of Veterans’ identity formation, the longitudinal natural history of Veterans’ identities, the relationship of Veterans’ identities to well-being over the life course, the relationship between moral injury and identity, the role of recognition, methods for assisting military members to learn to manage their identity challenges during MCT and ways of measuring Veterans’ identities for research and program outcome evaluation.

Much of the work on Veterans’ identities has been done outside Canada. Identities are formed in sociocultural contexts, so further Canadian research is necessary to better understand CAF Veterans’ identity issues.

Stetts and Burke 2011 developed measures for their research because, *“There are no established methods of measuring identity at this time, particularly for military samples.”* However,

researchers are developing measures of functioning of self and identity that can be considered for Veteran population surveys and program outcome evaluations, in addition to the commonly used well-being measures developed for health and other well-being domains (Parslow et al. 2016). The study by Orazem et al. (2016) of U.S. Veterans of Iraq and Afghanistan indicates that researchers studying MCT adjustment need to account for identity and that more work needs to be done on the relationships between identity and well-being. They note, however, that there are few measures of post-deployment identity adjustment, and that general identity measures were not developed to address Veteran-specific issues. Their work suggests that screening tools and survey instruments should be developed to better understand the extent, determinants and natural history of identity issues in Veteran populations.

*“Contemporary social theory has yet to fully consider how culture and cultural practices may persist when a service person transfers to a different social context, and conversely, how cultural adaptation may take place” (Cooper et al. 2016).*

Identity theories are widely used in psychology and counselling but could also inform Veterans’ research in disciplines other than social psychology, such as population well-being surveys; primary care; psychiatry and rehabilitation. Cruwys et al. (2014) argue persuasively for using social identity theory in mental health research and practice. The word “identity” is implied but does not appear in several key life course research papers by scientists studying Veterans (Elder 1986, Stettersten 2006, MacLean and Elder 2007, Stettersten et al. 2012, Spiro et al. 2015).

## Conclusions

A growing body of knowledge from identity research over the past century offers powerful insights into the experiences of military members across their life courses. Identity theories that developed in the 1800s and evolved in the wake of the Second World War have stood the tests of time and continue to be refined. Research testing the theories is much better developed for civilian populations but, in recent years, has returned to examining military Veterans. A worldwide community of identity researchers and clinicians is beginning to network to inform supports for transitioning military personnel and their families.

This resurgence of military Veteran identity research already has provided useful directions for policy analysts, program designers, communicators and service providers. Identity researchers view major life transitions like MCT as shifts in identity, hence managing identities in transition is crucial. There is evidence that Veteran identity formation is a determinant of well-being in all domains. Reactions to identity challenges in transitions are considered to be normal, but can be complicated by pathological reactions. Some identity researchers conceptualize mental health problems like depression as reactions to identity challenges.

The findings inform ways to support and communicate with Veterans and shape civilian societal attitudes toward them. It is important for out-group helpers to ask transitioning members about language and forms of recognition that work for them rather than make assumptions. Community-based peer support (Veterans helping Veterans) leverages the benefits of in-group identity sensitivity.

There are a host of opportunities for further research into Veterans' identities including identity formation; identity changes during major life transitions; the role of stigmatized Veteran identities, relationships between identities and the domains of well-being; personal and societal factors influencing identities; the role of recognition in fostering healthy identities; the evolution of social identities over the life course of military personnel; and ways to measure program, service and research outcomes in terms of sense of self and identity. More research is required to understand the roles of commemoration and recognition activities in promoting recruitment and retention and fostering the well-being of serving military personnel and Veterans across MCT.

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## Appendices

### Appendix 1. Summaries of Experts' Contributions.

The following summaries were constructed using notes taken by the four note takers at the workshop, supplemented by notes taken during teleconferences in the months preceding the workshops. All presenters reviewed and approved their sections of this Appendix.

#### Hazel Atuel

Dr. Atuel trained as a social psychologist, but has the heart of a social worker. She and Dr. Carl Castro are developing a theory of Veteran identity (in review). This presentation was a summary of their initial work on an identity model within the Military-Civilian Transition Theory (MCT; Castro & Kintzle, 2016). The proposed model accounts for the military-civilian context of Veterans' identities, which becomes the basis for predicting the relative salience of the civilian or military identity in a particular person. How important is the former military identity when a Veteran is adapting to civilian life?

She emphasized that issues around identity, recognition and well-being are central in MCT. She pointed out that the word "transition" was derived in the 15th century from a Latin concept that implies both moving from one state to another and evolving over time. Identities need to evolve across transition. The process of MCT impacts identity, and how Veterans manage the evolution of their identities can impact their MCT outcomes.

Their *Veteran Identity Theory* (Atuel & Castro, in review) draws from the following social psychological theories and research:

- Social Self: According to James (1890), a person has various "identities" within the self-concept (e.g., race, gender, military status). From James, "*a man has as many social selves as there are individuals who recognize him and carry an image of him in their mind.*"
- Social Identity Theory: Tajfel and Turner (1979) proposed that people strive to achieve and maintain positive social-identity. Positive social identity is based to a large extent on in-group/out-group comparisons that result in more favorable ratings for the in-group (i.e., we are better than them). This is known as "positive distinctiveness." When in-group/out-group comparisons yield more negative ratings of the in-group, it leads to an unsatisfactory social identity. Under this condition, individuals strive to either leave their existing group and join a more positively distinctive group or make their existing group more positively distinct. These changes occur both cognitively and emotionally.
- Social Categorization Theory: Turner et al. (1987) point out that social identities are made salient by the social context.

People form social identities based on (1) their memberships in various social groups and (2) the value that they attach to those memberships.

When majorities become minorities: Prisilin et al. (2000) examined the effects of losing or gaining a majority position within a group, finding that disintegrative forces created by loss of a majority position are stronger than integrative forces of gaining a majority position.

Building on these theories and research, “Veteran Identity” is defined as that part of the self-concept that reflects past military experience in the present civilian space (Atuel & Castro, in review).

Favorability of comparisons between the in-group and out-group are important. From the serving member’s viewpoint, at release they go from being in a majority (76% of U.S. Department of Defence employees are military, the rest are civilian) to being in a minority. The Veteran population is a minority (1% of U.S. population is serving military and 8% are Veterans), and can have low social status in some settings.

Being a Veteran means being in a minority group. She said that many Veterans in civilian society hide their military past until they feel safe to reveal it, or unless there is some value in revealing it. [An audience member at the Forum asked whether to address a Veteran by their former rank. Her answer: ask them how they wished to be addressed in that setting.]

If Veterans do not develop satisfactory social identities in transitions through membership in civilian groups, they might leave or withdraw into post-service group that provides more limited resources or return to military life by re-enlisting, joining a group that provides what they feel they need. Rather than evolve their identities in transition after service, they might remain static.

She spoke of the challenges Veterans face when, prior to service, they belong to disadvantaged minority groups in challenging neighborhoods. They carry that social identity into military service, where they might do very well, but then at release they return to that prior social world and have to integrate both their prior civilian and military identities in their new social contexts. Those secondary race/ethnic identities, if associated with disadvantages, can pose greater challenges in addition to the Veteran identity. So they can have two stressful identities in MCT: Veteran and the low SES (socioeconomic strata) ethnic identity.

Single mother is more a role identity than a social identity. LGBT gender is a social identity. LGBT identity can bring challenges at transition compounded by challenges in Veteran and race/ethnic/community identities.

Drs. Atuel & Castro drew three preliminary conclusions:

- MCT has related effects on social identity.
- The civilian-Veteran intergroup relationship contextualizes Veteran identity.
- When the Veteran identity is marginalized, Veterans can engage in various coping strategies (good or bad).

These theories and findings suggest solutions to easing adjustment difficulties in transition to civilian life. Their work is identifying coping strategies used by Veterans who find themselves in social spaces where the Veteran identity is marginalized. These coping strategies can have both negative and positive effects during adjustment to civilian life. Organizations like “Team Rubicon” can both dispel the “wounded warrior” social identity and give Veterans a sense of purpose by enabling them to do acceptable warrior-like things in the civilian space.

The civilian community is the receiving community and needs to know more about how to help military personnel in transition. The “LA Veterans Collaborative,” for example, welcomes transitioning military personnel by providing the space and time for newly separated Veterans to meet other Veterans and

professionals who can help with challenges, including identity shifts.

Service providers need to be aware of identity issues when they are assisting transitioning members/Veterans with MCT well-being issues in various areas of life.

They have identified ways to measure identity aspects that could prove useful in assessing outcomes of policies and programs intending to influence Veterans' well-being through identity.

### **Stéphanie Bélanger**

Dr. Bélanger was not able to present at the Forum workshop. These notes summarize her observations in discussions before and after the workshop.

She emphasized that "soldier identity" is an important dimension in military members' experiences and has extremely complex ramifications within the Canadian military culture. The Canadian military members expressed in her studies that their role is not as visible to the Canadian general population when compared to many allied countries such as the U.S., leading to a lower sense of population support. Their service brings them to strongly identify with their comrades in uniform. Her research findings are of interest to VAC's commemorative function. Based on 100 interviews that she conducted, CAF serving members who had deployed to Bosnia and Afghanistan did not identify with soldiers of old wars, but rather identified with more recent wars and most often to the allies they served with in their most recent conflicts. She suggested that Canadian society may need to re-shape the way it supports its serving members and Veterans to foster among them the feeling of being recognized for their recent service.

### **Tim Black**

Dr. Black is an Associate Professor of Counselling Psychology who specializes in treating psychological trauma. His research program at the University of Victoria focuses on MCT.

He highlighted two assumptions:

- That identity is linked to the construct of "self," and that while almost everyone acknowledges that they have a self, few can define what that means.
- Neither sense of self nor identity are static, they shift over time. So there is no rigid "Veteran identity."

"Self" is very hard to measure. It has both subjective aspects that are subconscious and objective aspects that are conscious, such as "*my badge*," "*my tour*," or "*I am a Veteran*." What happens when the self is injured?

Hankivsky (2014) wrote about intersectionality theory, which understands humans as shaped by the interaction of different social situations (race, ethnicity, gender, class, sexuality, geography, age, health, ability, migration status, religion, job, etc.). People are shaped by power balances in the intersections of social locations. A Veteran, for example, might have many identities: corporal, amputee, medically discharged, gay, patient, parent, partner, employee and woman. So it makes sense to ask, "Which self are you referring to; which identity?"

People can describe who they *are* or who they *are not*. Robert Kegan (*In Over our Heads* 1994) wrote that self has both a subjective perspective (*I am this not that; or this is me / not me*) and an objective perspective (*This is mine, I have this quality*).

Dr. Black described the “self-system” as being composed of three visual analogies: a ladder, a climber on the ladder and the view from the ladder (taken from Ingersoll and Cook-Greuter).

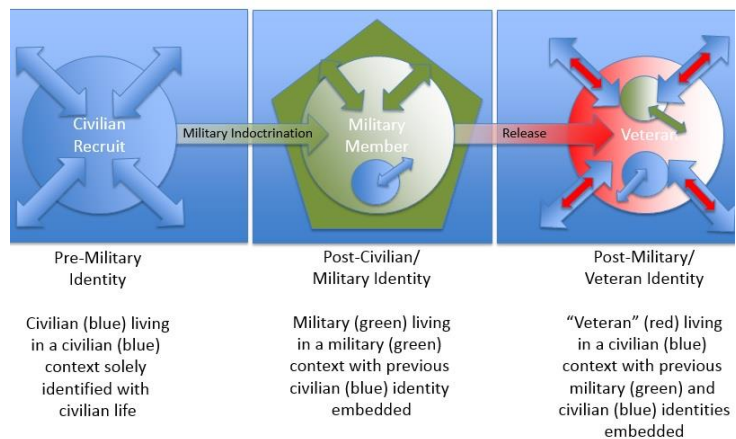
- Ladder = developmental path that self takes as it grows and changes.
- Climber = what we think of as the self.
- View = what the self (climber) is capable of seeing from its place on the ladder.

He viewed [psychological] *wellbeing* as a product of self’s ability to identify with qualities and labels that are congruent with the individual’s preferred way of being seen and known by self and others: *I function best if I am viewed as I want to be viewed; seen for who I am*. So psychological wellbeing is achieved when the self is able to identify with all the labels that apply to the person, and there is congruence between their social identities and their preferred ways of being seen by both themselves and others.

Dr. Black presented a life course model of Veteran identity formation that considers prior social contexts across the transitions into and out of military service:

1. Pre-military identity in the civilian environment.
2. Recruitment and military indoctrination.
3. Serving member has a military identity in a military environment, but the core civilian identity is still sitting there inside.
4. After service, the post-military Veteran identity still includes pre-recruitment civilian identity and the military identity

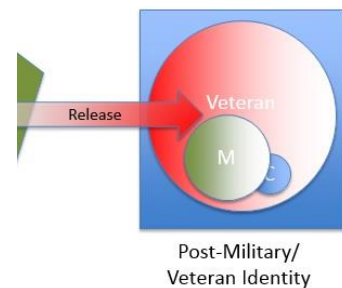
## Veteran Identity Formation Model



He suggested that the task in MCT is for the Veteran identity to move from competing with the pre-recruitment civilian and in-service military identities to being resolved and embedded with them, as in the diagram to the left.

Veterans need help understanding that they have multiple identities, and that their identities must adjust over time for their life circumstances, not remain static.

This model suggests ways to evaluate the utility of social activities and programs in promoting good well-being for Veterans during MCT. For example, the Canadian stereotype Veteran identity might tend toward “dead Veterans” owing to the emphasis on remembrance in commemoration activities. He suggested that that society could help living Veterans to shape positive identities with a new ceremony in the spring, while continuing to honour the dead in the autumn. The



“Veteran” (red) living in a civilian (blue) context with previous military (green) and civilian (blue) identities embedded

new ceremony would serve to balance stereotypes.

### Alex Cooper

Mr. Cooper did not present at the Forum but contributed to discussions. Mr. Cooper served for 23 years in the British Regular Army in a variety of leadership and management roles, including operational service in the Balkans, Northern Ireland, Iraq & Afghanistan. His area of expertise is MCT. He was lead researcher and co-writer of *The Veterans' Transition Review* (Ashcroft 2014). His research interests include the use of accessible technology, particularly on-line communities of practice, to ease the learning and knowledge transfer burden for military personnel conducting personal development in service and during/after transition.

He co-authored a literature review with colleagues at Anglia Ruskin University in which they use the theoretical framework and concepts of Pierre Bourdieu to examine the notion of "transition" from military to civilian life for U.K. Armed Forces personnel (Cooper et al. 2016). They used Bourdieu's concepts of *habitus*, *capital* and *field* to highlight key differences between military and civilian life. They demonstrate how social theory permits describing the cultural legacy of military life and how this may influence life after service.

They wrote, "*It is important for the Veteran to recognize that the discharge process may require a significant shift in identity in order to allow the adaptation from military to civilian habitus.*" Military *habitus* (subconscious dispositions acquired in developing a military identity) is suited to the military space (*field*) but not necessarily the civilian space. *Capital* accrued in the military space (rank; military experiences; ability to manage in military social groups and other social, cultural, economic and symbolic resources) might not be useful to the Veteran in the civilian space. A key challenge for military personnel in MCT is habitus transformation through application of capital when they move from the military to the civilian social spaces.

Throughout the paper they highlighted numerous and significant implications of understanding transition through a Bourdieusian lens, including policy applications. They summarized authors who described what happens to military personnel across the life course, starting with the intense military socialization process that distances recruits from their former civilian identities and forces them into strong identification with military organization and culture. This rapid process military identity formation has been called "culture shock." "Reverse culture shock" (Bergmann et al. 2014) occurs when military personnel are released and return to civilian life.

Transitioning military personnel should do better if they acquire "cultural competence," meaning an understanding of what is appropriate or unacceptable within a particular cultural/social context (i.e., in a particular field). The cultural competency they acquired in military life often is not enough for cultural competency in civilian life. "*When service personnel with a deeply embedded sense of military habitus return to civilian life, a collision or rupture may occur. Bourdieu calls this effect 'hysteresis,' the discord occurring when the new field encountered is too different from the field to which one's habitus is previously adjusted.*"

They emphasized that more research is needed to better understand how Veterans adapt to civilian life and find ways to efficiently support releasing members during MCT. For example: "*For researchers, the question of how to support transition and cultural adaptation will no doubt continue. One priority for research should be to explore in detail the process by which the military habitus may evolve as Veterans*

*creatively adapt their behaviors to develop cultural competence in civilian life. Our framework suggests that service personnel who are able to negotiate capital within two different regulatory fields to its full advantage will reap the greatest success ... There are questions in particular for ESLs [early service leavers] who are an understudied cohort with regard to transition. One pertinent question may be to what extent the military habitus is embedded prior to discharge for the majority of UK ESLs who do not complete basic training. Understanding at what point one's identification as a soldier begins to take place, and how even a short spell of military life may leave its mark on the habitus, would help to illuminate ESLs' transition journeys and outcomes."*

They emphasized the importance of not viewing MCT experiences as problematic and pathological. They cited literature demonstrating that many released military personnel complete MCT and do well in civilian life. Skills, knowledge and insight about what happens to them during MCT can better prepare them for good outcomes. Their paper suggests several examples of how this works in MCT and the roles that service providers and policy-makers can play. Examples:

- Translate military skills and knowledge into terms that civilian employers can understand.
- Prior to release, provide members with education about what they need to do during their upcoming MCT experiences to shift their identities by developing cultural competency in housing, financial management and the requirements of civilian life and occupations. They described such programs as "personal development planning" (PDP).

## **Dan Cox**

Dr. Cox is a specialist in Counselling Psychology with an interest in interpersonal processes as they relate to mental health and wellbeing.

Dr. Cox was of the opinion that identity both facilitates and is [psychological] wellbeing. He emphasized that identity is shaped through interpersonal context. He noted that Veterans' impediments to connecting with civilians include lack of shared interpersonal experiences. Most civilians do not have military experience. Even among persons with military experience, there is a complex hierarchy of identities based on military experiences (Cox et al. in review). He also suggesting that support from those who have "been there" reduces psychological distress, more so even than supportive family members (Miller & Darlington, 2002).

The male hegemony (i.e., dominance of masculine identity features) in military culture inhibits attaining support and the many positive outcomes related to emotional disclosure (e.g., Cox & O'Loughlin, 2016). Helping Veterans re-consider traditional masculine identities may facilitate successful transition.

Interpersonal connections serve important functions. He spoke of research evidence indicating that offered support must match a need (Deelstra et al., 2003). If supportive interpersonal connections do not match Veterans' needs, then this can be seen as a threat to identity and result in reduced self-esteem. But if help is needed (a match between offered help and perceived need), then the help can be accepted and there is not a negative impact on self-esteem. A member undergoing MCT might have acquired in military life behaviours that push away needed people and supports in life after service.

Appropriate interpersonal connections foster belongingness, and a sense of belonging gives a sense of purpose (Cox et al. 2012). Thwarted belongingness can have bad outcomes, such as suicidality. In a study of U.S. airmen, of 13 risk factors for suicide, thwarted belonging was communicated most often.

The foregoing supports the use of “*interpersonal treatment*” in counselling Veterans to deal with identity shifts. This type of counselling targets interpersonal connections in therapy; teaches people skills; integrates support networks into treatments (e.g., conjoint cognitive behavioural therapy for PTSD, Monson et al. 2012); and targets negatives in social interactions. Negatives in social interactions are four times more potent (i.e., relate to psychological distress) than positives (Cox et al. 2016a). Further, that seeing connection between the interpersonal processes that play out in psychotherapy and the interpersonal processes they experience in real life improves outcome (Cox et al., 2016b).

### Catherine de Boer

Dr. de Boer is an identity researcher with a social work background, similar to Dr. Atuel. She studies identity formation and transformations and is particularly interested in understanding social group disengagement and the associated identity implications.

Her research behind this presentation was a study focused on voluntary rather than forced leavings in several populations, including some military Veterans. She is analyzing data from more recent studies of forced leavings.

She presented generalizable findings and theories that can be translated to identity issues in MCT. Her work leads her to think that people have common, staged experiences across major life transitions, and that their reactions should be perceived as natural rather than pathological. She asks:

- What is the process we go through when we transition?
- What is the relationship between individual and social sense of self?
- What’s a good outcome?
- How do we know when we have been successful?

Dr. de Boer’s work is predicated on the distinction that social psychologists make between *personal identity*, self-definitions derived from an understanding of one’s self as unique, and *social identity*, self-definitions derived from an understanding of one’s self as a member of a social group. She noted there is a complex and dynamic relationship between personal and social identities. Not only can we be members of a group but the group can also be in the individual. So, for example, when we disengage from a group, the group may still linger within us (i.e., still inform our self-understandings), such as the military persisting in a released member. [*You can take a soldier out of the military, but you can’t take the military out of the soldier.*]

MCT is a major type of life transition, worthy of further research. A fundamental element in the MCT process is the experience of physically leaving the military social group. This creates very significant identity challenges. MCT is unique in many ways but has similarities to other types of major life transitions. Unique aspects include the nature of interpersonal relationships in the military, and the fact that some things learned in the military are not readily transferrable to civilian life.

It is important to clarify the process everyone goes through in transitions and view it as *natural* not *pathological*. Her research into voluntary leavings included a variety of social groups including the military. She presented a preliminary life course model of voluntary transitions:

- Phase 1 is the process of pre-disengagement from membership in the in-group (e.g., military). It takes place while the person is still physically a group member (serving in CAF, for example).

Social identity is consistent with sense of self at this stage. Comparisons tend to focus inside the group (intragroup): *how I understand myself* and *how others understand me* as compared with other group members.

- Phase 2 is the process of disengagement: This is a time of questioning membership, while still a group member physically.
  - Initially there are feelings of not fitting in but those feelings are offset by positive feelings of still belonging to the group.
  - Starting to think more about “me” rather than “we.”
  - The person can have multiple “practice” leavings.
  - The person can work too hard, trying to be the best they can in the in-group (“*giving it my all*”).
  - Comparisons become more intergroup, comparing one’s self with individuals outside the group. There is mounting dissonance between sense of self and social understandings; *do I belong (to the military) or not?* People go to places where the in-group cannot see them (practice leavings).
  - There is mounting discomfort and tension.
  - Finally comes the decision to leave, choosing life, escaping a perceived emotional or physical threat that comes with staying in the group, *choosing me* over the group. This is a crisis point of self-awareness. The person decides to privilege *individual (personal) identity* rather than former in-group (military) *social identity*.
  
- Phase 3 is the process of post-disengagement:
  - There is a period of waiting, ending with a public disengagement event [the retirement party or Departure with Dignity event].
  - Prior to the public disengagement event, the person experiences self-disclosure and self-concealment.
  - Then there is a process of establishing distance between the former in-group and the person, and the person explores alternate identities.
  - The process ends with new identity formation. If all goes well, the best outcome is once again *congruence of individual and social identities*. [Similar to Dr. Black’s “*I function best if I am viewed as I want to be viewed; seen for who I am.*”] This is where identity shift can get stuck, leading to problems.

Dr. de Boer suggested factors to consider in addressing identity issues in supporting the well-being of serving members and Veterans in MCT:

- She pointed out that MCT results in shifts in both identities and types of identities all at once into a *new sense of self*: “multiple and simultaneous identity transitions”:
  - There are important types of military identities that need to be considered. Other presenters talked about the importance of hierarchies in these military identities – high/low rank, combat/non-combat experiences, pilot/ground support, etc.
  - Incorporation of military experiences into post-group life [e.g., clothing, discipline, group loyalty, never walk past a fault, combat memories – there are hundreds].
  - Managing chronic health effects of physical and mental health injuries during service in the new sense of post-military self is an added challenge for those who acquire them.
  - Past identities persist: T-shirt in a tourist shop in Newfoundland – “*You can take the girl out of Newfoundland, but you can’t take Newfoundland out of the girl.*”



She asked interviewees about successful outcomes in identity shifts across transitions:

- Define what “good outcome” means with respect to identity issues in MCT: Emphasize the importance of *identity congruence*. Identity congruence is essential for good well-being.
- Reactions to identity challenges in transitions should be viewed as normal rather than pathological.
- Use meaning-making, re-storying. Narrative therapy is powerful.
- It is important to connect group members with the post-group sense of self to achieve congruence.
- It is important for individuals to have control and control over timing in having a good outcome.
- Self can be created in appropriate public ceremonies.

Professional and paraprofessional support services and programs should attend to:

- Encourage retelling narratives because that is a powerful change agent in shifting to a positive sense of self.
- All the VAC well-being domains.
- Both the characteristic and unique features of MCT.

Identity issues need to consider distance: shifts that occur cognitively, geographically and across time. She suggested utilizing “*liminal space*,” an old social science concept of crossing a threshold from old to new. In its original conceptualization, liminal space referred to the value of rituals in managing transitions from one identity to another. [The CAF’s “Departure with Dignity” concept fits this concept.]

We need more research on the impact of public (out-group) factors on MCT identity resolution. Outsider witness groups, public ceremonies, commemorations and even dress conventions are thought to hinder or help Veterans to reshape their identities in positive ways.

### **Sarah Dentry**

Dr. Dentry is a former CAF member, social psychologist and post-doctoral Fellow with a special interest in military identities. She uses techniques from Personal Construct Psychology to investigate how soldiers perceive their self-identity and role-sets within the military/society of Canada, the U.K. and France as a result of combat experience and/or military training (Dentry-Travis 2013).

Her research looks at cultural identity acquisition in military personnel, how they acquire peer respect and how what they acquire in the military can be counterproductive in civilian life.

For her PhD, she studied how serving Army soldiers perceive their status within society in Canada, the U.K. and France. She looked at how government, society and other soldiers perceived them and how that impacted psychological well-being and their perceived ability to do well in the MCT process. Using surveys of 1,000 and interviews of 60, she found that:

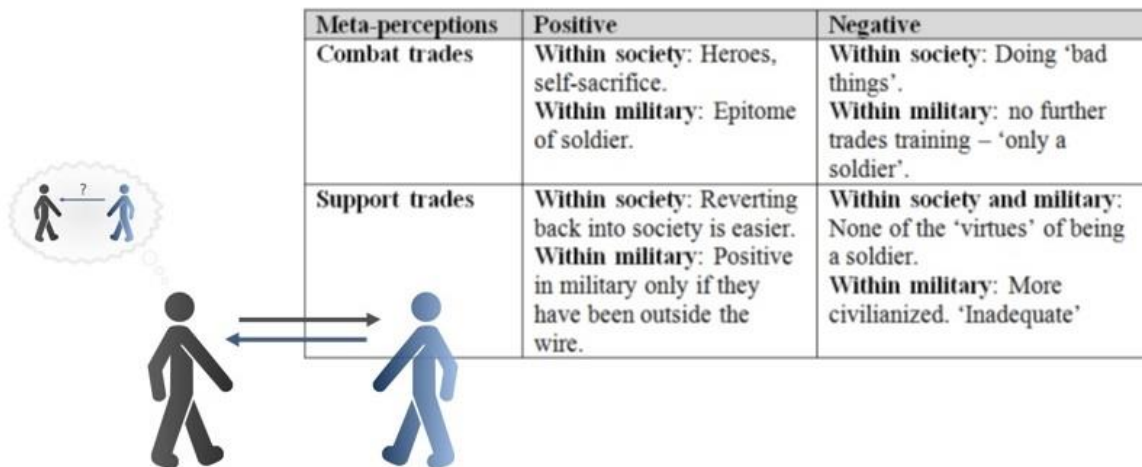
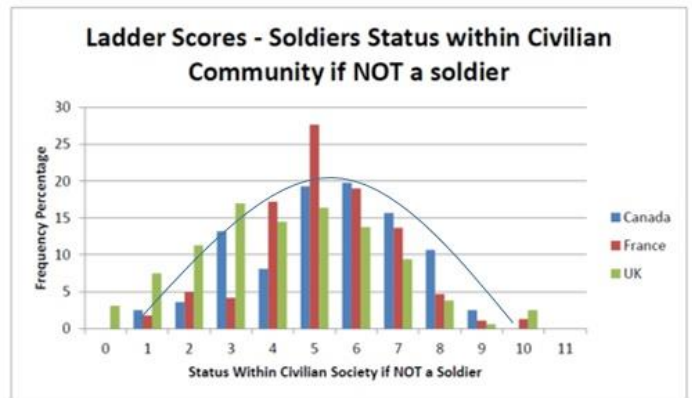
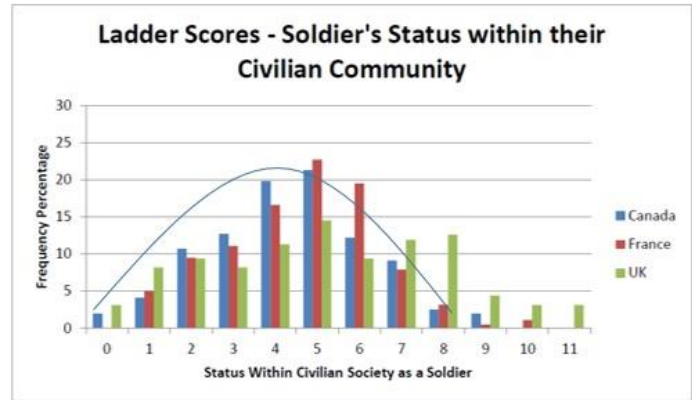
- 65% of serving soldiers agreed that society appreciated them, while 11% disagreed.
- 65% agreed that society valued their military role, while 9% disagreed.
- 42% agreed that soldiers were equivalent to civilians, while 38% disagreed and 92% of those felt that soldiers were superior to civilians.

There were cultural differences (see charts). In international comparisons, she found that soldiers in Canada were less likely to regard soldiers' status as being high in civilian society compared to soldiers in the U.K., but were less likely to regard soldiers' status as being low.

She found that recognition was important: Canadian and U.K. media coverage of the wars in SW Asia demonstrated to soldiers in those countries that their service was valued, unlike in France where there was less media coverage.

She described the hierarchy of military experiences that define soldiers' identities, ranging from a civilian with no military experience (lowest) to a soldier with rough combat experiences (highest). Military experience was more important than rank, but rank was also important.

The following diagram demonstrates a way of understanding the complex layers of personal and social identities and stereotypes about serving members.



Her qualitative research demonstrated how soldiers can view the impending process of MCT. These quotes highlight the powerful way that military service influences identities, and how MCT can be perceived as intimidating and even scary:

- CDN CA NCO 2: *"the new recruit [would fit back into society easier]. Because he hasn't been institutionalised. He doesn't know the comforts of what the army gives you... the comforts: It's a secure job. I have a secured salary. Whereas the civilian market you don't know what you're gonna make, whether you're unionised or not. Am I gonna get a pay raise, yes, no. Can I afford*

*this house? Being in military you know you have a set salary. This is my budget . . . If you look at most senior NCOs, we are accustomed to getting so much money, our lifestyle is dependent on that budget. In civvy world you want to try to make that same amount of money, but you gotta work three times as hard to get it."*

- CDN CA NCO 1: *"We don't have knowledge of the civilian world. We understand the civilian world, but we are consumed mostly by the military. Until you are broken and then they are like 'yah we are going to be letting you go.' And then you are like 'oh s\*\*t', gotta look at the scary part of the world now."*

"Mental durability" links with identities, giving soldiers confidence that they can go through MCT okay. It is important for them to see "challenge" in the impending MCT process rather than "threat."

She found that, in line with theories of intergroup differentiation and homogeneity perception, soldiers tend to perceive civilians as one homogeneous group, failing to acknowledge that civilians make up a very large and diverse group. This was seen when discussing careers, physical fitness, ability to understand soldiers, and the ability to react well under stress: *"The unflappable nature of a soldier, compared to a civilian..."* This serves to polarize perceived differences between the groups and makes the idea of transitioning out of the military and into the civilian world more daunting for the soldiers.

She concluded that:

- The majority of Canadian participants were actually positive about their identity as soldiers.
- But difficulties arose during discussion on transition and concern about maintaining their status quo. The unknowns of civilian life increased this concern.

She identified types of identity crises that can emerge in MCT:

- Financial issues that arise during transition.
- While in the Armed Forces, combat experience gives elevated status.
- Once out of Armed Forces, combat experience perceived to be detrimental: *"Soldiers are seen as maiming, raping monsters who do bad things."*
- Injured soldiers – identity crisis caused by change from high placement in the military status hierarchy to "disabled" person.

In her studies of athletes participating in the Invictus Games, she found evidence of identity renegotiation and dignity-reclaiming that led to enhanced well-being. Participation in the Games helps them to reclaim pre-injury pride. The Invictus Games provide an arena for injured service personnel to increase their durability post-injury through:

- Regaining a sense of control, commitment, positive perception of challenge and increasing their confidence through increased physical components such as endurance, strength, technical knowledge and body composition.
- Fundamental to the participants' perceived durability was the commitment to their goals and acceptance of challenge. Seeing their bodies positively change as their physical training regime intensified provided them with tangible results that impacted their mental durability and their commitment to making positive lifestyle changes that included a continued effort in sports.

She found that athletes identified themselves as "para-athlete" rather than "injured soldier," an example of an active coping mechanism.

She said that Veterans need supports to aid in identity reconstruction after service:

- Not to forget/ignore military service, but to help write a new chapter in life.
- Holding on to past self can be harmful in some cases:
  - “War porn.”
  - Negative memories -> negative state -> negative memories.
  - In most cases there is pride in being a Veteran, as seen in the survey results: Canadian soldiers perceive themselves to be valued and appreciated by society.
- Need support to help feel like they can contribute to society:
  - Injuries -> unemployment -> depression.

## Karl Hamner

Dr. Hamner is a social scientist with an interest in the practical applications of social identity theory. A major part of his work is organizing community responses to help members get through the process of MCT.

He pointed out that humans need identity. He noted that social identity and in-group/out-group dynamics are important in MCT. He explained that, according to Optimal Distinctiveness Theory (Brewer 1991; Leonardelli, Pickett, & Brewer, 2010), humans evolved as social creatures with simultaneous but competing needs for distinctiveness and inclusion, a balance achieved through membership in groups that have both. We all have multiple identities, but military identity provides a powerful combination of both distinctiveness and inclusiveness. “Optimal distinctiveness” is the right balance of inclusion and distinctiveness. Our past identities persist like layers of an onion: He still identifies as a rugby player, even though he no longer plays.

The abruptness of MCT raises the risk of retreating into partial identities, struggling to find an identity that provides the right balance of distinctiveness and inclusiveness. He spoke for example of a Chief Warrant Officer (CWO) who had not finished enough of the MCT process and had whose identity had not transitioned to no longer being in the military. His post-service goal was to either become a security officer with the U.S. VA or a private security firm so he could return to Afghanistan where, as he put it, he “had unfinished business.”

Sebastian Junger’s book “*Tribe*” (Junger 2016) is about helping Veterans find a sense of purpose. Junger wrote, “*A modern soldier returning ... goes from the kind of close-knit group that humans evolved for, back in to a society where most people work outside the home, children are educated by strangers, families are isolated from wider communities, and personal gain almost completely eclipses social good*” (Junger, 2016, p. 93). He said that Veterans’ groups like the “Team Red White and Blue” organization have a find-your-tribe focus: “*Team RWB’s mission is to enrich the lives of America’s veterans by connecting them to their community through physical and social activity.*”<sup>19</sup>

Release from military service results in a loss, often abruptly, of military “in-group” identity. They often do not have time and do not receive assistance in developing new in-group membership/identity. Rejection of potentially valuable identities because they reject “out-group” status can lead to identity foreclosure and failure to explore other/new identity options.

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<sup>19</sup> <https://www.teamrwb.org/>

Social stereotypes of Veterans create barriers. For example, a military officer who belongs to a profession, such as a military physician, can transition identities to a civilian role/identity more easily than a noncommissioned combat infanteer who cannot find a place in civilian life and ends up in an outlaw gang.

Stripped of identity: *“After being seriously injured in combat in Iraq and no longer able to serve in the same capacity, I couldn’t see what of ‘me’ was left. All I saw in myself were the remains of a once-accomplished leader, grasping feverishly at a lost identity. I tried to fade in to the background of a civilian life that no longer made sense, as I tried to forge a new identity”* (Meehan, 2012).

MCT results in identity disruption needing deliberate management, and failure in this can lead to identity dissonance and resultant stress: *“Military service is not simply a job. Servicemen and women give their entire selves to the cause because lives depend on it ... And then, on returning to civilian life, that identity is ripped away”* (Capt. Shannon P. Meehan, Veteran, U.S. Army). Identity dissonance during MCT can be significant for Veterans with competing identities (“woman,” “minority,” etc.), especially if those identities are stigmatized in some way. For example, undergoing a disability benefit assessment might prevent them from completing transition.

Narrative plays important roles. How do narratives affect members in MCT?

Reconstruction/transformation of the warrior identity is important when reintegrating in civilian life. The literature on coping is relevant. There is value in journal-keeping and understanding personal narrative in to process identity transformations in a positive way. Examples:

- Identity intersects with moral injury. Example: the soldier who injures an innocent bystander and realizes that he is viewed as a monster, which challenges his personal and social identities.
- What happens to the identities of military members who undergo forced release from the military, signaling that they are no longer needed or not healthy enough? How can the identity shift be managed in a positive way?
- What can we do to help members undergoing MCT to process their identity shifts so they do not leave with a truncated sense of identity? A person never really takes off the uniform.

*“... I enlisted in response to a personal calling of honor and integrity. The events on September 11th, 2001 affected me deeply ... I received awards for leadership and courage in combat before declaring my personal mission ‘complete’ ... This is how I tell my story to most who ask; however ... The truths that follow were my most closely kept secret until I was given permission by mentors and loved ones to unburden myself from its crushing weight on my soul ... I joined the Army to put my faith and principles into action. I believed what I was called to was honorable, just, and good ... I raised my weapon to identify a possible threat in the corner of the room. Milliseconds from squeezing the trigger my eyes were opened, and I saw, not a perpetrator, but a mother clutching her small daughter in terror. They were not the threat. I was ... To that innocent one, I was the monster under the bed. In that moment, and in most since, I felt morally shattered ... My family and social circles see me as a good man, an honorable man, but I know the truth.”* (Former U.S. Army NCO, account provided by Karl Hamner.).

He concluded by pointing out that we need to pay more attention to helping Veterans to manage identity transition, to help them find their “tribe.” If we focus only on the mechanical aspects of MCT and ignore the need for help with identity shifts, then good well-being will be more difficult to achieve. In fact, it might be important in many cases to work on identity issues in order to address well-being in other domains, like employment, health or social integration. He spoke of the potential dangers of incentivizing less functional identities. For example, the risk that disability benefits create a “disabled” identity.

## Duncan Shields

Dr. Shields is a researcher and cognitive behavioral therapist with a specialist interest in Veterans' transitions to civilian life.

He views identity as the narrative (story) that we tell about ourselves that synthesizes our episodic memories with our envisioned goals, while attempting to create a coherent and consistent account of the self through time. Similarly, McAdams (2013) writes that it is an internalized and evolving life story, integrating the reconstructed past and imagined future to provide life with some degree of unity and purpose.

These definitions emphasize the organizing and synthesizing function and impact of the self-story, also called the "narrative identity." Narrative identity is not simply innocuous noise in the brain. As the affective neuroscientist Jak Pakssepp notes, human beings are story-telling creatures and stories are powerful (1998). Despite having no physical substance in the brain, the stories we tell can start wars, negotiate peace and affect how we feel. Narrative identity is a kind of "story about self" that organizes brain functions to create an evaluation and guidance system, that lets us know what is relevant to attend to, what to ignore, how to feel and what to value or hold in contempt (Cozolino, 2010). People's identities tell them how to navigate their world (Frank, 2010).

This self-story or "narrative identity" is socially constructed, meaning that it evolves in negotiation with other people – it must be continually constructed and re-constructed out of the experiences, influences and interactions in our sociocultural milieu or habitus. Thus, identity is not static, it keeps evolving; it must integrate experiences into a coherent, evolving self-story. Shared identity stories, such as group membership, can exert considerable pressure on the construction of our narrative identity, showing up in our behaviours and our values, such as how we dress, what we eat, how we find a mate, who we dislike or associate with and how we spend our time.

The Forces in Mind Trust's Transition Mapping Study (FIMT 2013) notes that "*at the heart of a successful transition is a transition of identity; an emotional shift from being part of the Armed Forces to having a future as an individual in the civilian world*" (p.10). Transition to civilian life can bring unexpected disruption of identity as Veterans attempt to navigate their way through a now unfamiliar civilian world (Pranger et al. 2009). Members in MCT can get lost in their transition and need help to find a new storyline. It is important for people undergoing transition to learn to imagine their future self.

Dealing with challenges to acquired hypermasculine identity, during what may be a disorienting period of identity loss and renegotiation, is one of the key challenges during MCT. In basic training, military personnel drop individual identities and gain a powerful new military identity. Through this process of enculturation, they learn how to dress, who to associate with, who to respect or hold in contempt, and how to navigate their new world. They are assisted to imagine, enact, internalize and realize their future self as a member of the military. There is no similar ritualistic public transformation to a new identity in the MCT process. The hypermasculine ideal of the warrior role that is emphasized in military training is a valuable and functional way of building military identity for men and women in service, preparing them for difficult and dangerous work (Fox and Pease, 2012). Such training, and the associated masculine behaviour norms, invoke words like toughness, intensity, strength, competition, discipline, courage, sacrifice, and aggressiveness (Englar-Carlson, 2006). In MCT, assumption of the opposite of the military ideal, such as what might accompany the disorientation of transition, physical injury or Operational Stress Injury leading to the experience of loss of agency over self and world, may result in an "abject" or

fallen identity, which can result in shame, silence and isolation (Shields, 2016).

Griffith (2011) reviews the literature with regard to how identity can mediate the individual's experience of stressors and subsequent adaptation, and can influence health-related norms and behaviours, social support, coping resources, and clinical outcomes. Other studies show that anticipated events often generate "imagined selves" prior to the events which serve to define the future context, provide behavioural motivations, and "*an evaluative and interpretative context for the now-self*", suggesting a mechanism for the importance of pre-planning for MCT (Griffith, 2011).

Society has a love affair with the heroic return. People tend to see Veterans in stereotypes like PTSD-broken or heroes or both. Neither of these narratives, however, provide direction for a functional imagined future self that assists Veteran to navigate their new world.

Military personnel are trained to go to war, not trained to come home. Making services "culturally safe" for transitioning members/Veterans with high military role socialization calls for clinicians and policy makers to become culturally competent. It is important to understand how learned cultural norms impact identity, transition, help-seeking behaviours, expectations, and even therapeutic effectiveness.

We need services that help people undergoing MCT understand what is happening to them. If a transitioning Veteran cannot narrate a positive version going forward then there is risk of adverse outcome. We need a new focus on "transition awareness" to replace the current focus on "PTSD awareness" [to de-pathologize the psychology of MCT].

The stories that we tell about ourselves or each other *matter*. What identity stories do we provide Veterans with in MCT? More work is needed to understand how to tell Veterans' narratives to find personal identities, social identities and stereotypes that promote well-being.

In terms of application, it would be helpful to list where identity problems show up in functioning and daily living, and to develop a ritualistic or explicit process for identity transformation on leaving military service and adapting to civilian life in MCT. People can get lost in transition when dealing with identity challenges that they do not understand. Are there resources to help them deal with telling a new narrative and finding new identities during MCT? It is not all about PTSD – we need to normalize the experiences people have during MCT, and recognize and respond to the inevitable identity and role renegotiation that is a significant aspect of that transition.

### **Tiia-Triin Truusa**

Ms. Truusa was not able to present at the Forum. These notes summarize her contributions in discussions outside the Forum. She is a PhD candidate and junior research fellow in Estonia. She has been working in collaboration with colleagues in Estonia to understand Estonian Defence Force Veteran identities and social recognition in support of Estonia's first Veterans' policy, established in 2012.

They looked at a variety of data types in their research, including qualitative interviews and population surveys. They are using Honneth's concept of social recognition to theorize what it means to be a Veteran (Honneth, 1996). Honneth saw recognition as a fundamental element in human individual and group interaction, something that "happens in the interactional space and goes beyond formal acknowledgement towards realization and active support in practice" (Warming, 2015). In other words,

deeds and not only words are important for social recognition. So, “thank you for your service” is hollow and carries little meaning when the Veteran is in a bad state and does not get the help he or she needs.

For historical reasons, Estonians tend to have ambivalent stereotypes of military Veterans. Pre-Soviet Veterans who fought in the War of Independence in 1918, which ushered the first period of independence in 1918-1940, were then and are again recently respected and honored among Estonians. During the Second World War, Estonians who were drafted by the German military and fought against the Soviet military were highly regarded in private, while others who fought for the Soviet military were highly regarded officially. Estonians who fought in the controversial Soviet-Afghan war in the 1980s were mostly conscripts in the Soviet army and so were perceived as victims.

In 1991, Estonia gained its independence and, unlike most post-Soviet Eastern bloc countries, did not inherit armed forces from the Soviet Union. Estonia built its own military (Estonian Defence Force, EDF) from the ground up. This period in Estonia was characterized by the desire to abandon all things Soviet. The word “Veteran” had come to mean mostly the Soviet soldiers of the Second World War. Until 2012, when Estonia adopted its first Veteran policy, there was no official definition for a Veteran. The new policy did not acknowledge the soldiers of the Second World War to be Veterans as they had not served in the EDF. When EDF members deployed to assist multinational missions in Croatia, Libya, Afghanistan and Iraq, both they and the civilian population had to make sense of a different type of Veteran: EDF members who had defended the new independent Estonian way of life abroad.

In 2016, only about 17% of the Estonian population was aware that today’s living Veterans are primarily EDF members who have deployed abroad. But things are changing: in the past five years, Estonian media has shifted from portraying EDF Veterans as victims to portraying them as defenders and heroes and public willingness to support EDF Veterans is increasing.

Some examples of the qualitative information they have obtained in Estonia:

“I deployed once, would not call myself a Veteran.”

“Veterans are old warriors, like in WW II.”

“We will never have it like the Americans, where they thank you for your service.”

They have evidence that EDF Veterans of deployments who are still serving in the EDF have higher life satisfaction connected to perceived social recognition. Those who reported that deployments have increased their sense of recognition have 6 times higher life satisfaction than those who reported that deployments have decreased their sense of recognition. Even those who reported that deployments have had no impact on their sense of recognition still reported 4 times higher satisfaction with life than those who reported that deployments have decreased their sense of recognition. So, giving meaning to the experience of deployment and receiving recognition for it plays a role in satisfaction with life. It can be speculated that attaining social recognition and being valued as a Veteran is easier in the in-group (the EDF) than in the out-group (the general public), partly owing perhaps to the lack of understanding of what is it that Veterans did and what they do.

They found that although Estonian public willingness to support EDF Veterans is rising, the social value of EDF Veteran status remains unclear. Their main conclusion is that recognition matters, and that lack of meaningful recognition leads to harm. They suggested that there is value in policy fostering social recognition of Veterans to support formation of a Veteran identity within the EDF (the in-group) and inform the public (the out-group) about Veterans, especially if historical and cultural understandings of Veterans have undergone rapid changes.



## Appendix 2. Glossary for Identity Research and Practice

This glossary summarizes definitions obtained from the Working Group members, the literature and dictionaries.

Acculturation – the process of cultural and psychological change that occurs in the contact of different cultural groups (Berry 2017). *“At the cultural group level, it involves changes in social structures and institutions and in cultural norms. At the individual psychological level, it involves changes in people’s behavioral repertoires (including their food, dress, language, values, and identities) and their eventual adaptation to these intercultural encounters.”*

Adaptation – the process of becoming adjusted to new conditions.

Adjustment – with respect to MCT: the process of adapting or conforming oneself to post-deployment or post-service life.

Assimilation – the process of adapting or adjusting to the culture of a group; derives from the Latin word meaning “likeness” or “similarity.”

Centrality – the idea that a certain quality or characteristic predominates in an identity (central); the central characteristic can have either positive or negative impacts on well-being.

Cross-cultural competence – various conceptualizations centering on the ability to quickly understand and effectively act in a culture different from one’s own (Culhane et al. 2012, citing Abbe et al.).

Culture – *“the collective mental programming which separates members of one group from the other”* (Bergmann et al. 2014 citing Hofstede); other authors provide broader and more complex definitions for culture which include governance, social norms, values, material things like tools material things like tools and technology, language, aesthetics, education systems, religion, attitudes, values and social organization, all of which affect human behavior.<sup>20,21</sup>

Civilian – several meanings, e.g., (a) a person who is not serving in the military or police; or (b) a person who has not had military or police experience.

Coping – *“to face and deal with responsibilities, problems or difficulties, especially successfully or in a calm or adequate manner”* (dictionary.com); *“dealing effectively with something difficult”* (oxforddictionaries.com); the work undertaken during *adaptation*: the *“constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person”* (Lazarus and Folkman 1984); a person’s behavioral and cognitive efforts to manage the internal and external demands of a troubled person/environment transaction (Amiot et al. 2007).

Cultural adaptation – learning to function well in a new sociocultural context; e.g., released members functioning in civilian society.

Cultural competence – understanding of what is appropriate or unacceptable within a particular cultural/social context (Cooper et al. 2016).

Culture shock – state of stress brought about by sudden immersion in an unfamiliar social group (Bergmann et al. 2014 citing Oxford English Dictionary).

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<sup>20</sup> E.g., Agriculture and Consumer Protection. Global agricultural marketing management. Food and Agriculture Organization of the United Nations. <http://www.fao.org/docrep/W5973E/w5973e07.htm> viewed 08 November 2016.

<sup>21</sup> Centers for Disease Control and Prevention. Social determinants of health. Atlanta, GA: <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html> viewed 08 November 2016.

Distinctiveness – individuality, distinct from the group.

Eudaimonia – Behaviours in the direction of one’s true potential: autonomy, *personal growth*, self-acceptance, purpose in life, environmental mastery, positive relations with others (Ryff and Singer 2008).

Gaslighting – manipulation of a person by psychological means so that they question their memory, perceptions of reality and even identity (one’s own beliefs and values or others’ perceptions of the person).

Gender identity – a category of *social identity* that refers to an individual’s identification as male, female or some other category (APA 2013).

Groupthink – extreme concurrence in decisions within a group, more likely in a group where members share a high degree of social identification (Stets and Burke 2000).

Homogeneity perception – perceiving sameness in *identifying* with a group.

Identify – a verb describing the act of classification; the action of establishing who someone is or associating or linking someone with something; for example, identifying oneself as a member of an *in-group* which is a step in developing *identity*.

Identification – in this context, the process of forming a multidimensional, psychological connection to a social group that has cognitive and emotional significance (Smith et al. 2012).

Identity – the way a person views him or herself and the way they are viewed by others; three broad types: *personal*, *social* and *stereotype*; Identity forms through the process of self-categorization (*social identity* theory) or identification (*identity* theory); people derive their identity from the social categories to which they belong; “*one’s identities are composed of the self-views that emerge from the reflexive activity of self-categorization or identification in terms of membership in particular groups or roles.*” (Stets and Burke 2000); “*Identity may be regarded as involving that subset of beliefs about the self and the world that are experienced as self-defining*” (Brewin et al. 2011).

Identity achievement – Marcia theorized this as a desired end state in those who experience *identity crisis*, making explorations and *commitments*. For example, students who achieve identity based on an internal rather than external locus of self-definition.

Identity adjustment – the process of adapting one’s identity to a new life situation; five reintegration difficulty codes were used to identity cases of *identity adjustment* difficulty in a qualitative analysis of writings by military personnel reflecting on their post-deployment reintegration experiences (Orazem et al. 2016).

Identity challenge – the distress a person senses when their identity does not fit their social situation.

Identity change – process of changing a *personal identity* or *social identity*, which can have positive or negative impacts on well-being; also called *identity transition* (Praherso et al. 2016).

Identity commitment – settling on beliefs and values across major areas of life inherent in *identity formation* (Marcia 1966).

Identity congruence – a person’s identities are said to be congruent when personal and social identities fit comfortably together; see *identity dissonance*.

Identity conflict – feeling that one’s sense of self is threatened or denied respect or *social validation*; conflict between groups (inter-group conflict) that seems to be based on identity differences (us versus them); see *identity disruption*.

Identity confusion – lack of direction and definition of self.

Identity crisis – as initially conceived by Erikson, a turning point in life when one’s development must move one way or the other (Kroger 2007); “*who is my new self?*”, “*how have I changed?*”, “*who am I?*”; Eric Erikson (1968) coined the term *identity crisis* while studying hospitalized Second World War Veterans; “*Ultimately an identity crisis involves the condition of being uncertain of one’s feelings and beliefs about oneself, especially as the result of disruptive, fast-changing conditions*” (Pettie and Triolo 1999); identity crises occur when an adolescent is exploring identities, or when a person becomes marginalized in a social setting.

Identity diffusion – amorphous state characteristic in those who have not explored or made *commitments*, not associated with anxiety unless they begin to care more and move toward *identity moratorium* (Marcia 1966).

Identity dissonance – lack of *congruence* between personal and social identities, they do not fit comfortably together.

Identity dislocation – losing touch with one’s identity; e.g. combat soldier who performs well because he feels is already dead (Smith and True 2014).

Identity disruption – disturbed or “broken” sense of self or disintegration of identity as a result of exposure to psychological trauma, leading to uncertainty about one’s self.

Identity foreclosure – a stage of self-identity discovery in which an individual has an *identity* but hasn't explored other options or ideas; when a *commitment* is made without exploring alternatives; sometimes an *identity crisis* can cause a person to leave the *identity foreclosure* stage (Marcia 1966).

Identity formation – individuation, in which an individual develops a distinct personality, including aspects of continuity, uniqueness from others and sense of affiliation; identity formation is ongoing, not static.

Identity gain – obtaining a new *social identity* (Praharso et al. 2016).

Identity loss – losing a former *social identity* (Praharso et al. 2016).

Identity moratorium – the status of individuals who are in the midst of an *identity crisis*, whose *commitments* are either absent or are only vaguely defined, but who are actively exploring alternatives; leads to anxiety and a sense that the world is not predictable (Marcia 1966).

Identity reconstruction – rebuilding identity in a transition; e.g., in MCT or when recovering from an injury or illness; see also *narrative reconstruction*.

Identity salience – the identity that is most likely to be activated in a given social situation (Smith and True 2014).

Identity strain – distress attributable to identity conflict.

Identity transition – a change in *identity* (Praharso et al. 2016).

In-group -- “Us” versus “them” (*out-group*); the group people see themselves belonging to in comparison to another (the *out-group*) (Stets and Burke 2000); the group that defines one’s self (Haslam et al. 2009).

Inclusion – feeling part of the group or of the sociocultural environment.

Indoctrination – being instructed in and expected to adopt a doctrine, principle, ideology, etc., especially to imbue with a specific point of view; “[*Indoctrination*] is distinguished by its voluntary nature and its political orientation: the aim is to encourage, through speech and/or formative practice, respect and even enthusiasm for the official authority or ideology that the one who indoctrinates intends to serve” (Blackburn 2016 quoting Dupuis-Déri).

Intra-individual – within a person.

Intra-group – within a social group.

Inter-group – between social groups.

Inter-group differentiation – the process of perceiving differences between groups.

Meaning-making – making sense of experiences; important in identity development; some meanings are provided by the society we live in, others we create/choose for ourselves (Gustavsen 2015); “These meanings help us explain, understand and interpret our experience by giving it personal significance. Otherwise our lives might remain a confusing jumble of events and responses that make no sense” (Pettie and Triolo 1999).

Meta-perception – how others perceive the person. See also *status*.

Military-civilian transition (MCT) – the process of leaving military service and adapting to post-civilian life; alternatively: “*the period of reintegration into civilian life from the military [that] encapsulates the process of change that a service person necessarily undertakes when her or his military career comes to an end*” (Cooper et al 2016); and: “*Military transition theory describes the progression through which service members’ transition out of the military. Military transition entails moving from the military culture to the civilian culture, producing changes in relationships, assumptions, work context, and personal and social identity*” (Castro and Kintzle 2014); for post-deployment reintegration in serving members: “*transition is a time-driven process of multiple adaptations and iterative attempts to adjust to the new home environment*” (Adler et al. 2011).

Military indoctrination – “*subordination of the self to the group, obedience, acceptance of sacrifice, commonality of effort and self-discipline*” (Blackburn 2016 quoting St-Denis); see also *indoctrination*.

Narrative – the story people tell about themselves, including their understanding, perceptions and meaning (individual narrative), or the story someone else tells about them (cultural narrative); plays a key role in establishing identity and managing identity transformation in transitions (see *identity reconstruction, narrative reconstruction, and meaning-making*).

Narrative foreclosure – premature ending of telling a new *narrative*; incomplete *narrative reconstruction*.

Narrative identity – the *narrative* (story) about *self* that that is socially constructed and organizes brain functions to create an evaluation and guidance system that lets us know what is relevant to attend to, what to ignore, how to feel, and what to value or hold in contempt (Shields citing Cozolino 2010).

Narrative reconstruction – finding a new life story in a life transition to make sense, find meaning and explain the experiences to help make the required *identity change*; see *meaning-making* and *identity reconstruction*.

Optimal distinctiveness – the right balance of inclusion and distinctiveness; people need both.

Organizational identity – the identity of an organization like a corporation, government department or the military.

Out-group – “Them” versus “us” or “we” (*in-group*).

Personal identity – self-definition derived from an understanding of one’s self as unique (de Boer); the sense of oneself as “I” (Peters et al. 2012); the sense that a person has of his/her *self*, derived from the social categories in which he/she belongs; remaking of personal identity is necessary in completing a life transition (Kidwell and Durham 1995, quoting Erickson); “*seeing ourselves in terms of interests, attitudes, and behaviors that differ in important ways from those of other individuals*” (Cruwys et al. 2014); the set of meanings that are tied to and sustain the self as an individual -- in this view, the group is a set of interrelated individuals who each perform a unique role, integrated in the group

through negotiated terms of interaction (Stets and Burke 2000); the totality of how one construes oneself in the present as one was in the past, and aspires to be in the future (Weinrich and Saunderson 2003); considered the domain of “identity theorists” as opposed to “social identity” theorists: see *social identity*;

Personal growth – changes in perception of self, interpersonal relationships and philosophy of life (Calhoun & Tedeschi, 1999).

Personality – “*Personality refers to individual differences in characteristic patterns of thinking, feeling and behaving*” (American Psychological Association, <http://www.apa.org/topics/personality/>).

Recognition – acknowledgement; there is value in being *identified*; “*I see you, and know who you are, and value you;*” Can influence *personal identity* and *social identity*; “*Honneth (1996) sees recognition as a fundamental element in human interaction and individual and group interaction. Honneth divides recognition into three dimensions: love, rights and solidarity, e.g., social recognition. Social recognition allows people to ‘relate positively to their concrete characteristics and abilities. It occurs through the relationship to the group’ (Warming, 2015) and the group in turn has to be recognized as being of fundamentally valuable for that particular society*” (Tiia-Triin Truusa **Appendix 1**).

Reflexive – with respect to the psychology of identities, an adjective implying awareness that ones’ biases, values and beliefs automatically influence thinking and considering how they apply to social situations; consider “self-reflection” and “critical reflection.” Being reflexive involves the ability to recognize that all aspects of ourselves (including physical and bodily aspects) and our contexts influence the way we create knowledge, which is an integral part of living (Fook 1999, Fook & Gardner, 2007).

Reintegration – the process or experience of adapting to (a) life back home after deployment while still serving; or (b) civilian life after leaving military service; immersing back into a previously lived culture (military or civilian).

Reverse culture shock – a term coined to describe the *culture shock* experienced by military personnel on returning to civilian life after having undergone the *culture shock* that civilians experience on entering military service (Bergmann et al. 2014, Cooper et al. 2016); also called “re-entry shock.”

Rite – a social custom, practice or conventional act; a ceremonial act or action.

Rite of passage – a *rite* that marks an important transition in life, usually involving ritual activities and teachings designed to prepare a person for their new *role*; marks a crisis or change of *status*; Gennep (1960) sees rite of passage as a process where a person crosses from one social group to another.

Role – the named position that a person has in a social group; the part we are expected to play in a role-set; role confers expectations and responsibilities; role contributes to the development of identity.

Role confusion – “*the counterpoint of identity ... the inability to make moves toward identity-defining commitments* (Kroger 2007).

Role-sets – the complement of role-relationships in which persons are involved by virtue of occupying a particular social *status*; e.g., combat arms trades or support trades. Important in group cohesion (Dentry-Travis 2013); for example, a soldier may be required to play the *roles* of fighter and killer but also of protector and provider; a Sergeant is a leader to those of lower rank but also a subordinate to those of higher rank.

Salient – adjective describing prominence; a person’s salient identity is the one of their identities that is active (prominent) in a given social situation.

Salient identity – the one of a person’s co-existing identities that is more prominent than the other identities in a given social situation; for example, a former soldier’s former military identity could become salient and so predominantly affect his thoughts and behaviours when socializing with former unit members.

Sameness – ways in which we are like others; see *distinctiveness*; alternatively, that part of our identity which is relatively unique and constant (genetic makeup, physical traits, character) (Demers 2011).

Scapegoating – a type of projective identification used in managing unwanted self-parts (Moreno 2007); *“a process in which the mechanisms of projection or displacement are utilized in focusing feelings of aggression, hostility, frustration, etc., upon another individual or group; the amount of blame being unwarranted”* (<http://www.mondofacto.com/facts/dictionary?scapegoating> viewed 01 February 2017).

Self – corresponds to the answer to the question “who am I?” (Amiot et al. 2007); the essence of a person that distinguishes the individual from others, especially as an object of introspective thought or reflexive action; Baumeister (2011) identified three cores of self: *knowledge structure* arising from reflexive consciousness, *interpersonal nature* (self emerges from interpersonal relations) and *agent with executive function* (the self makes choices, initiates action and regulates its responses). Amiot et al. (2007) viewed self as providing *“a core structure within which social identities can change, develop, and become integrated intraindividually.”*

Social identity – *“that part of the individual’s self-concept which derives from his or her knowledge of membership to a social group (or groups) together with the value and the emotional significance attached to it”* (Amiot et al. 2007 citing Tajfel 1981); the knowledge that a person belongs to a particular group or social category (Hogg & Abrams, 1988); the sense of oneself as “us” (Peters et al. 2012); that part of the self-concept that is informed by one’s social group memberships (Prahars et al. citing Tajfel and Turner 1979); *“seeing our interests, attitudes, and behaviors as aligned with those of other members of the groups to which we belong (in-groups) but as different from those of groups to which we do not belong (out-groups)”* (Cruwys et al. 2014 citing Turner & Oakes, 1997); social categories that individuals learn in social interaction and accept as self-descriptive and self-defining (Smith and True 2014); self-definitions derived from an understanding of one’s self as a member of a social group (de Boer); *“knowledge that [we] belong to certain social groups together with some emotional and value significance to [us] of this [in-]group membership”* (Haslam et al. 2009 citing Tajfel 1972 p. 31); social identity provides a sense of belonging and enables group behaviour (McLeod 2008 and Haslam et al. 2009 citing Turner 1986); a person’s knowledge that he or she belongs to a social group (Stets and Burke 2000); in this view, the group is a collective of similar persons who identify with each other and see themselves holding similar views (Stets and Burke 2000); social identities are made salient by the current social context (Turner et al. 1987); considered the domain of “social identity theorists” as opposed to “identity theorists”: see *personal identity*; see also *stereotype*.

Social validation – feedback from a social group that affirms the person’s role in the group, thereby contributing to their social identity and membership in the group.

Status – a person’s position within a social system; involves designated rights and obligations. A person holds multiple statuses in society (Dentry-Travis 2013). Status involves designated rights and obligations. Each person holds multiple statuses within society and each status holds many connected roles, termed role-set, which relates to various

other roles (Merton, 1957). See also *meta-perception* and *role*.

Status-sets – multiple roles a person holds, usually from different social institutions. For example, a soldier could have a status set that includes being a soldier, a mother, a daughter, a sister, a doctor and a member of a hockey team.

Stereotype – a widely held but fixed and oversimplified image or idea of a particular type of person or thing, typically exaggerating differences between the in-group and out-group and similarities within a group (Allport 1954, McLeod 2008). Stereotypes can be realistic or based on false perceptions. Stereotypes can be positive (military Veterans served to protect our way of life) or negative (all Veterans are broken). Stereotypes can have adverse effects, such as distressing a Veteran who feels that he/she cannot live up to the heroic stereotype (Smith and True 2014) and can result in perceived stigma and discrimination.

Transition – the process of changing from one state or condition to another.

Veteran – a term with many meanings in terms of social identities and legislation, ranging from a serving or former military member with deployed combat experience (narrowest) to any former military member regardless of length or type of service (widest).

Veteran identity – that part of the self-concept reflecting past military identity in the present civilian space (Atuel & Castro, manuscript in preparation).