RESEARCH ARTICLE

Brothers and sisters in arms: A mixed-methods investigation of the roles played by military support and social identity processes in the mental health of veterans during the transition to veterancy

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Abstract

The transition to veterancy can be psychologically challenging, and although the military provides support, the importance of social connectedness for well-being is largely unrecognised. The significance of this oversight is highlighted by the Social Identity Model of Identity Change (SIMIC), which conceptualises life change as social identity change. SIMIC has been applied to numerous life transitions, but not to veterancy, although there is evidence that the social and psychological challenges of this transition may be especially profound (e.g., due to the chronically salient, highly structured and largely unique nature of military life and identity). To remedy this, in Study 1 ($N = 210$), UK-based veterans completed an online survey. Consistent with SIMIC, social group maintenance and gain predicted mental health via the psychological resources they provided (meaning, self-esteem, sense of personal control), and group gain was predicted by perceived military support during the transition. Study 2 ($N = 14$) extended these findings qualitatively through exploration of veterans'

transition experiences. These studies are the first to apply aspects of the SIMIC to the veterancy transition, and they show the applicability of SIMIC in this context. They also highlight the need for transition-related education that includes guidance on group joining and reconnecting. Please refer to the Supplementary Material section to find this article's Community and Social Impact Statement.

KEYWORDS
depression, life transition, loneliness, military veterans, social cure, social identity

1 | INTRODUCTION

Military veterans are generally held in high esteem. This is seen, for instance, in the UK's annual Remembrance Day events, which encourage people to remember and thank veterans (Royal British Legion [RBL], 2022). However, these recognition events often fall short of the lived experiences of the UK's 2.8 million veterans (Office for Veterans' Affairs, 2020). Research by the RBL (2018) showed that a quarter of surveyed veterans reported feeling lonely 'often/always', while half felt that becoming veterans caused them to feel isolated. This is particularly problematic because loneliness is a significant predictor of ill-health and has a reciprocal relationship with depression (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006). Mental ill-health has also been directly associated with veterancy: 21.5% of UK veterans in a cohort study reported experiencing psychological distress (Stevelink et al., 2018). It is therefore important to understand and address the psychological challenges faced by veterans and those transitioning to veterancy to help reduce loneliness and mental ill-health.

One explanation for the health challenges associated with veterancy is the magnitude of the life change involved. Becoming a veteran is a significant life transition: a move from one way of life (serviceperson) to another (veteran), and military-related research has highlighted the high prevalence of transition stress in veterans, which itself can lead to serious mental ill-health (Mobbs & Bonanno, 2018), relationship problems (McCormick et al., 2019) and loss of purpose (Ahern et al., 2015). Such difficulties have also been associated with the higher risk of suicide experienced by transitioning veterans compared to established veterans (Sokol et al., 2021).

The extent to which a transition is experienced as psychologically challenging is determined by several factors, especially the way in which the life transition is perceived, and one's access to psychosocial resources (e.g., social support, perceived control) with which to cope with the challenges it presents (Schlossberg, Waters, & Goodman, 1995). Our lives are filled with transitions that can be sources of stress, such as starting and leaving school, beginning work and changing jobs, taking up university study, becoming a parent, receiving a chronic illness diagnosis or retiring. Helping people to understand and manage these transitions is key to their well-being, and there is a body of social psychological research speaking to transition effects, mechanisms and management.

1.1 | The psychological challenge of life transitions

Life changes often come with social changes because they affect the people with whom we spend time (e.g., Haslam, Haslam, Jetten, Cruwys, & Steffens, 2021; Haslam, Jetten, Cruwys, Dingle, & Haslam, 2018). Becoming a retiree, for example, can involve leaving behind people we related to at work, relinquishing work-related identities and adopting a new retiree identity (e.g., Haslam et al., 2018). Such loss diminishes the resources available for coping with the

transition (Haslam et al., 2021). It is thus unsurprising that significant life transitions can be associated with feelings of loneliness, social disconnection and mental ill-health (Haslam et al., 2021).

This social identity-derived conceptualisation of life transition is informed by the Social Identity Approach (SIA), which highlights the importance of social group memberships for thinking and behaviour (e.g., Tajfel & Turner, 1979; Turner, Hogg, Oakes, Reicher, & Wetherell, 1987), and which thus makes it an especially appropriate theoretical lens through which to explore how the inevitable changes in social group membership experienced by servicepeople during their veterancy journey may impact them. Known as the Social Identity Approach to Health (SIAH) or the 'Social Cure' approach (e.g., Haslam, Lam, et al., 2018; Wakefield, Bowe, Këllezi, McNamara, & Stevenson, 2019), this perspective argues that the social groups with which we *identify* (i.e., experience a sense of belonging to) have important health benefits. For example, social group identification increases well-being during stroke recovery (Haslam et al., 2008) and reduces loneliness, depression and sleep problems in the general population (Wakefield, Bowe, Këllezi, Butcher, & Groeger, 2020). While the SIAH highlights the benefits of possessing psychologically meaningful group memberships, it also draws attention to the potential health-related consequences of not having, or losing, such connections. The SIAH argues that a core way in which meaningful group memberships benefit health is by unlocking important psychological resources such as social support and by satisfying identity needs, including feelings of purpose, belonging, control and self-esteem (Greenaway, Cruwys, Haslam, & Jetten, 2016; Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005). In turn, these resources help us cope better with everyday stress and larger challenges, thereby reducing stress-related illness and supporting well-being (Haslam, Jetten, et al., 2018). In contrast, the absence of meaningful group memberships can diminish one's ability to access these psychological resources, which can negatively influence appraisal of potential stressors, thereby promoting stress and, consequently, ill-health.

Although the loss of valued group memberships through life transition (e.g., the work colleagues you no longer see since retiring) can diminish psychological resources, transitions can also facilitate joining new groups and/or reconnecting with old groups. These social impacts of life transitions (positive and negative) are conceptualised in the Social Identity Model of Identity Change (SIMIC; Jetten, Haslam, Iyer, & Haslam, 2009).

1.2 | The social identity model of identity change

SIMIC conceptualises life transition as social identity transition (Haslam et al., 2021). The model identifies four key processes for successfully navigating transition. The most fundamental is *possessing multiple group memberships pre-transition*, which is argued to help overcome potentially negative health-related costs of the uncertainty that transitions bring. Multiple group memberships are important because they provide the basis for the second key process of *group maintenance*: the more group memberships you have pre-transition, the more likely you are to maintain at least some of these groups post-transition, thus providing a sense of social identity continuity (Haslam et al., 2008). Multiple group memberships are also important because they can provide psychological resources and facilitate one's ability to join, or *gain*, new groups post-transition to overcome any effects of loss (which is the third process). Fourth, while multiple maintained and new group memberships are important, these are more manageable if they are *compatible* (Haslam et al., 2021; Haslam, Jetten, et al., 2018).

1.3 | Applying the SIMIC to veterancy

Evidence to support SIMIC has been provided in various contexts, including civilian retirement (Haslam et al., 2019; McNamara et al., 2021). For instance, possessing more group memberships before retirement predicts reduced mortality and enhanced life quality during retirement (Steffens, Cruwys, Haslam, Jetten, & Haslam, 2016); it also increases the likelihood of retaining more pre-retirement groups and of gaining new groups (Haslam et al., 2023). Moreover, gaining new groups in retirement and adopting a retiree identity predicts enhanced life satisfaction and retirement adjustment (Haslam, Lam, et al., 2018).

Veterancy is one life transition to which SIMIC has not yet been applied. Although there are clear parallels with general workforce retirement, the limited literature on the topic suggests that becoming a veteran has the potential to be more psychologically challenging than general workforce retirement, which highlights the need for social identity researchers to explore the transition to veterancy in its own right. This is because the intense collective experiences of life in the armed forces mean that servicepeople's military identity is likely to be chronically salient (i.e., it affects thoughts/behaviour in many contexts, Turner et al., 1987), and, unfortunately, retaining a chronically salient military identity in veterancy can predict mental ill-health because it is associated with reduced social connectedness (Flack & Kite, 2021). Relinquishing such an identity can be highly challenging, particularly if it is one that is largely exclusive and/or associated with conflict-related trauma (Forces in Mind Trust, 2018), Furthermore, transitioning from what is often a highly supportive and structured environment (Forces in Mind Trust, 2021) to a less socially supported and defined life with civilians on unfamiliar 'Civvy Street' (Forces in Mind Trust, 2021) can also be psychologically difficult. There are various ways in which these difficulties are felt. For instance, moving into public life from a situation in which all healthcare needs are automatically addressed can make veterans feel uncertain about how to access health-related help, or trust that civilian healthcare providers would understand their specific needs. These processes can promote help-seeking reticence (Forces in Mind Trust, 2018). Such challenges may be further exacerbated by the fact that many veterans are relatively young (40% in the UK are still of working age, Office for Veterans' Affairs, 2020) and thus need to find civilian employment, which often requires significant adaptation (Forces in Mind Trust, 2018). Additionally, some veterans may turn to unhealthy military-related coping norms (e.g., alcohol misuse; Schumm & Chard, 2012), which can further impact health.

From a SIMIC perspective, it is therefore unsurprising that the transition to and experience of veterancy often results in stress and ill-health. While losing their military group membership, veterans also lose a meaningful identity that likely defined their lives and provided them with important psychological/practical resources. Although the Ministry of Defence (MoD) recognises the effects of this loss, the significance of social group memberships for veteran well-being is not directly addressed in their Defence Holistic Transition Policy (MoD, 2019). For example, the policy's '15 Pillars of Transition' (defined as key elements which encourage smooth transition) focus on practical training about alcohol/drugs, finance, accommodation, employment and public services. Although health is prioritised, the focus is on practicalities such as registering with a doctor, rather than an appreciation of the social psychological processes that may contribute to well-being. This is perhaps unsurprising, since it is consistent with the prioritisation of the medical model in care, which is also reflected in the public's underestimation of the health-related importance of social connection (Haslam, Jetten, et al., 2018).

1.4 | The present research

These observations suggest that the adoption of a SIAH lens through which to understand the veterancy transition is long overdue, both theoretically and practically. SIMIC, while not yet applied to veterancy, offers significant explanatory promise in this context. The present research thus makes a novel contribution by testing the applicability of SIMIC processes and their practical implications for preventing social disconnection and ill-health in veterans. Doing so addresses calls by the RBL (2018) regarding the need for social resilience training to be incorporated into the resettlement provision for transitioning servicepeople.

The present study also investigates a potential predictor of positive veterancy transition outcomes: the receipt of military support during the veterancy transition. Previous research highlights that the military support servicepeople receive before, during and after veterancy is important for facilitating a smooth transition (Forces in Mind Trust, 2021). Lacking, however, is an exploration of the social identity-related psychological mechanisms, which may explain this relationship between military transition support and positive transition outcomes. On this point, we draw on SIMIC research and SIAH theory in making the following prediction: that veterans who feel they were highly supported by the military during their period of transition (i.e., through the provision of emotional support, help, resources and advice in the year before, during and the year after the transition) will be more likely to (i) maintain connections with pre-existing groups and (ii) join new groups.

We make prediction (i) because the MoD's (2019) Pillars of Transition include elements that may (at least indirectly) encourage veterans to (re)connect with their pre-existing groups, especially 'career management' (which may involve encouraging the person to become employed in a civilian version of the job they did in the Armed Forces, such as a pilot or nurse) and 'family transition support' (which may enable veterans to (re)connect with their families). We make prediction (ii) because the MoD's (2019) Pillars of Transition include elements that may (at least indirectly) encourage veterans to join new groups, especially 'life skills' and 'skills acquisition and accreditation', which may help servicepeople gain and reflect on interpersonal skills that could facilitate their joining of new groups in the civilian sphere. Moreover, the core pillar of 'finance management' can assist veterans in having financial security, which can provide the practical means to both (re)connect with pre-existing groups and join new groups (Cruwys et al., 2019).

In turn, and consistent with SIMIC theorising (e.g., Haslam et al., 2021), we also expect that (i) social identity continuity and (ii) social identity gain will provide key psychological resources that support adjustment - notably, of enhanced feelings of meaning in life, self-esteem and sense of personal control. Finally, we predict that greater perceived access to these psychological resources will be associated with better mental health (i.e., lower loneliness and depressive symptomology, and higher satisfaction with life [SWL]). We deliberately focussed on these outcomes due to the (i) well-documented problem of veteran loneliness (RBL, 2018), (ii) previously established association between veterancy and mental ill-health, especially depression (Stevelink et al., 2018) and (iii) importance of exploring wider *well-being*, and not just lack of mental ill-health.

To strengthen the conclusions we can draw, we used a mixed-methods explanatory sequential design (Creswell, 2003). In Study 1, we collected veteran survey data. Our hypotheses were as follows (see Appendix A in Supplemental Materials for a diagram of the predicted models):

> **H1.** Perceived support received from the military while transitioning to veterancy will positively predict group memberships maintained after the transition to veterancy, which in turn will positively predict psychological resources (meaning, control, esteem), which in turn will predict (a) higher SWL, (b) lower depression and (c) lower loneliness.

> **H2.** Perceived support received from the military while transitioning to veterancy will positively predict new groups joined after the transition to veterancy, which in turn will positively predict psychological resources (meaning, control, esteem), which in turn will predict (a) higher SWL, (b) lower depression and (c) lower loneliness.

We then conducted an in-depth qualitative investigation of veterancy in Study 2, which allowed us to shed further light on and engage in further interpretation of the Study 1 findings. Interviews allow for rich accounts and in-depth explorations that go beyond the limits of survey data, while also overcoming some of the issues commonly associated with survey data collection (e.g., response biases and social desirability responding). Thus, using semi-structured interviews, this study aimed to explore lived experiences of the transition, as well as the factors that supported and/or hindered it.

2 | STUDY 1

2.1 | Method

2.1.1 | Participants and procedure

Two hundred and ten veterans (162 males, 46 females, 2 other; M_{age} = 50.38 years, SD = 14.88, *range* = 19–88 years) completed an online survey. See Supplemental Materials (Appendix B) for more information.

Using G*Power (Faul, Erdfelder, Buchner, & Lang, 2009), an a priori sample size of 74 was required for a mediation model containing six predictors (one predictor, two mediators, three control variables), assuming 0.95 power and a medium-sized f^2 of 0.15 (selected based on analyses in other SIMIC studies, for example, Seymour-Smith et al., 2017).

2.1.2 | Measures

Unless otherwise stated, all scales ranged from 1 ('I strongly disagree') to 7 ('I strongly agree'), and the mean of the items was obtained for analyses.

Military transition support

Perceived transition support from the military was measured by four items adapted from Haslam et al.'s (2005) social support scale (e.g., 'Did you get the emotional support/help/resources/advice you needed from the military during the 12 months before you became a veteran to the 12 months after you became a veteran?'). Each item refers to one of the four domains of social support conceptualised by House (House, 1983; emotional, informational, instrumental and appraisal). Participants rated their responses on a scale ranging from 1 ('Not at all') to 7 ('Definitely') ($\alpha = .96$). Although transition length differs across veterans, we felt that this time-period would be long enough to enable most veterans to reflect on any support they received. Although our framing of the questions and the fact that the survey was about the transition to veterancy strongly implied that we were specifically interested in transition-related support veterans received from the military (rather than generic military support), we did not explicitly state this. This is because SIAH theorising suggests that even generic support received from a psychologically valuable group during a transition (such as the military) is likely to be predictive of an individual's health and well-being (e.g., Haslam, Jetten, et al., 2018).

Maintained groups

Strength of connection with groups maintained post-transition was measured with the four-item maintained group memberships sub-scale of the Exeter Identity Transition Scales (Haslam et al., 2008, for example, 'After leaving the military, I still belong to the same groups I was a member of before leaving the military') ($\alpha = .90$).

New groups

Strength of connection with new group memberships post-transition was measured with the four-item new group memberships sub-scale of the Exeter Identity Transition Scales (Haslam et al., 2008; e.g., 'After leaving the military, I have joined one or more new groups') ($\alpha = .95$).

Psychological resources

This was measured via *meaning in life* (three-item Meaning in Life Questionnaire-Short Form (Steger & Samman, 2012; e.g., 'My life has a clear meaning or purpose'), p*ersonal control* ('I feel in control of my life' from Greenaway et al., 2016) and *self-esteem* ('I have high self-esteem' from Greenaway et al., 2016) ($\alpha = .94$).

Satisfaction with life

This was measured with Diener et al.'s (Diener, Emmons, Larsen, & Griffin, 1985) five-item scale (e.g., 'In most ways my life is close to ideal') ($\alpha = .93$).

Depression

Depressive symptomology was measured with the depression sub-scale from the Depression, Anxiety, and Stress Scale (DASS-14; Wise, Harris, & Olver, 2017). Participants rated the extent to which they had experienced five

symptoms (e.g., 'I couldn't seem to experience any positive feeling at all') over the past week using a scale ranging from 0 ('Did not apply to me') to 3 ('Applied most of the time'). The sum of the items was found, as per author instructions ($\alpha = .93$).

Loneliness

The three-item UCLA Loneliness Scale (Hughes et al., 2004) assessed this construct. Participants rated each item (e.g., 'How often do you feel that you lack companionship?') on a scale ranging from 1 ('Hardly ever or never') to 3 ('Often'). The sum of the items was found, as per author instructions ($\alpha = .86$).

Several control variables were measured, including age, gender (male/not male for the purposes of analysis) and length of time since leaving the military (a scale ranging from 1: 'Less than one year' to 73: '72 years', $M = 19.42$, $SD = 15.77$).

3 | RESULTS

3.1 | Descriptive statistics and correlations

See Supplemental Materials (Appendix C) for the table summarising the descriptive statistics and the partial correlations for the key variables after age, gender and length of time since leaving the military are controlled for. All variables correlated significantly ($ps < .01$).

3.2 | Mediation analyses

Model six in v.3.5 of Hayes' (2022) PROCESS macro was used to test the serial mediation models. Age, gender and length of time since leaving the military were controlled. The confidence intervals were increased to 99% to accommodate for the multiple models that were tested (Vickerstaff, Omar, & Ambler, 2019).

3.2.1 | Maintained groups

No models featuring the Maintained Groups mediator variable were significant ($ps > .01$), so these are not reported for brevity (and Hypothesis 1 was not supported). The reason for this non-significance was the lack of a relationship between Military Transition Support and Maintained Groups. However, the SIMIC would still posit that Maintained Groups would predict well-being via psychological resources. To test this, we re-ran the models, but with Maintained Groups conceptualised as the predictor. Model four in the PROCESS macro was used, with the same control variables as before. All models featured a significant ($p < .01$) indirect effect, indicating that Maintained Groups significantly predicted all three health/well-being outcomes via psychological resources (see Supplemental Materials [Appendix D]).

3.2.2 | New groups

A summary of the models featuring the New Groups mediator variable are reported in Supplemental Materials (Appendix E). All indirect effects were significant ($ps < .01$), supporting Hypothesis 2.

4 | DISCUSSION

Study 1 explored whether veterans who retrospectively felt they were highly supported by the military during their transition out of the service would be more likely to report (i) maintaining connections with pre-existing groups post-transition and (ii) joining new groups post-transition. We found no evidence of a role for group maintenance, thus no support for H1, but we did find that maintained group memberships indirectly predicted mental health/well-being via psychological resources (thus supporting SIMIC processes).

Supporting H2, we found that retrospectively perceived military transition support indirectly predicted mental health/well-being serially via two mediators: new groups joined post-transition to and psychological resources.

Although it is important to note that we did not test traditional pathways within the SIMIC (i.e., belonging to multiple groups predicts identity gain and maintenance, which in turn predicts well-being; Haslam et al., 2021), our findings do support the applicability of SIMIC processes (Jetten et al., 2009) to the veterancy transition. Extending SIMIC research (e.g., Haslam et al., 2021), we showed that both the continuity and maintenance pathways are in operation in our data, with participants who maintained group memberships and who joined new groups experiencing better mental health/well-being via psychological resources of enhanced meaning in life, self-esteem and personal control. To our knowledge, this is the first paper to examine SIMIC processes within the context of veterancy.

A novel finding is that retrospectively perceived military transition support predicted new group memberships. This reinforces an under-appreciated way in which the military can influence service personnels' veterancy experiences. While the Defence Holistic Transition Policy (MoD, 2019) focuses on practicalities such as money management and finding employment, those who felt highly supported by the military during this crucial transition also tended to extend their social networks by joining new groups, which in turn positively predicted health/well-being. The data do not shed light on *how* such military transition support might facilitate the joining of new groups, which is thus a focus in Study 2.

It is also important to note that although we asked participants to reflect on the support their received from the military during their veterancy transition, we did not explicitly ask participants about the transition-related support they received. There is also the need to consider the fact that we asked participants to reflect on the support they received from the group that they gradually lost their membership of during the transition. The addition of a subsequent in-depth qualitative study therefore allowed us to investigate and explore the nuance, challenges and complex psychological processes surrounding specific transition support and experiences of more general support received during transition periods. While retrospectively perceived military transition support predicted new group memberships, it did not predict maintained group memberships. This is an important and unexpected finding that we also explore in Study 2. Nonetheless, Study 1's findings highlight the important role played by groups (new and maintained) in predicting veteran well-being and thus reinforce the need for group memberships' importance to be understood by the military, servicepeople and veterans.

5 | STUDY 2

Study 2's aim was to use semi-structured interviews to support, clarify and expand upon Study 1's findings. Study 2's research questions were developed from Study 1's findings:

1. What are participants' perceptions regarding the support they received from the military during their veterancy transition, and do they feel this encouraged them to join new groups?
2. What are participants' experiences of maintaining pre-transition group memberships into the veterancy transition, and do they feel that military support encouraged this maintenance?
3. What are participants' perceptions regarding whether maintaining groups and/or joining new groups affected their well-being?
4. Are group memberships (whether maintained or new) perceived by participants as providing important psychological resources?

6 | METHODS

6.1 | Design and participants

We conducted fourteen online one-to-one interviews with veterans (10 males, 4 females, $M_{age} = 57.29$ years, age range = 28–77 years). Demographic details can be found in Supplemental Materials (Appendix F). We deliberately recruited a diverse range of veterans, including men and women with a wide range of ages, length of time served, length of time as a veteran and the specific Force in which they served. All interviewees were Study 1 participants who expressed interest in being interviewed.

6.2 | Materials and procedure

Participants read the Information Sheet, consented to participate and were debriefed afterwards. Veterans were asked to talk about their military career and their transition out of it. This included their experiences of the military and the transition, what (if any) support they received and from whom, as well as their veterancy experiences. Given our theoretical focus in the research, participants were also asked to reflect on their mental health and membership of social groups (or lack thereof) before, during and after their transition. Interviews lasted 31–72 minutes (M = 54 minutes) and were conducted by one researcher via Microsoft Teams.

6.3 | Analysis

Data were transcribed verbatim before being analysed via theoretically guided thematic analysis (e.g., Braun & Clarke, 2018) with the SIA/SIAH as the underpinning theory. This is a hybrid analytic method which simultaneously allows for a deductive (theory-driven/researcher led) approach and an inductive (data-driven/participant led) approach. To ensure rigour, we followed Braun and Clarke's (2018) thematic analysis steps (see Supplemental Materials [Appendix G]).

7 | RESULTS AND ANALYSIS

Since Study 2's research questions were developed from Study 1's quantitative relationships, we have organised our themes into the order in which each concept appeared in the Study 1 model. This ordering is also chronological as it begins with participants' perceptions of the support received during their veterancy transition, before examining group-related processes and well-being outcomes which participants described as occurring during and/or post-transition.

7.1 | Theme 1: Military support may encourage group gain, but not always

Here, we explore participants' perceptions regarding the military support they received during their veterancy transition, and whether this encouraged them to join new groups. Participants talked in generally positive terms about the practical transition guidance they received from the military. They also highlighted the wide range of resources available, (especially training) to help transitioning servicepeople find employment:

> James: (…) plenty of opportunities for courses, plenty of opportunities for time off for writing your CV, or actually attending interviews. So the service helps you all the way through that.

While this focus on practical support did seem to benefit participants during their transition, various veterans lamented the lack of effort made by the military in preparing servicepeople for the social challenges of transition:

> Kyle: a lot of people, having served in the military, they still need to... a bit like toddlers going to school, they still need their mum or dad to tell them what to do.

This is consistent with our observation of the MoD's lack of consideration of social aspects in their Pillars of Transition (2019). It also meant that veterans sometimes felt hampered in gaining/maintaining new groups due to incompatibility between military and civilian groups, thus indicating that the military identity can act as a barrier to connection following transition. This included norms regarding how one should interact within civilian groups:

> Karen: You know like, I feel like you don't know when you're going to overstep your boundaries with [civilian] people. And they've got a different sense of humour, like they're just mental in the Navy. And then [civilian] people are just too serious.

This was also apparent in the qualitatively different nature of the social connections:

> Sebastian: Once I was outside of the Forces, most of the relationships stayed very superficial. And I think that I come across as very friendly and gregarious, but actually, I don't feel any, it's very rare that I feel intimacy with friendship. It's all surface level.

Civilian (vs. military) connections were perceived as psychologically shallower, less imbued with social support and thus less satisfying. This suggests that veterans can face challenges when attempting to develop connections that are as meaningful and supportive as their pre-transition military identity.

7.2 | Theme 2: Military support may not encourage group maintenance

Here, we examine participants' experiences of maintaining old group memberships into veterancy to understand why group maintenance was not associated with military transition support in Study 1. One of the longstanding group memberships many veterans discussed was military friendship groups. Participants generally talked positively about these groups:

> Stephanie: I still have some very good friends that were formed at the beginning of my military service, rather than in my last few years. I'm in touch with people, but I would say my friends, that I've stayed friends with, were from the beginning of my service, not so much the end.

As stated in this extract, many of these close-knit military groups developed long before the participants transitioned. This suggests that military support would be unlikely to help transitioning servicepeople maintain these already well-established connections, which may, in part, explain the lack of a relationship between military transition support and group maintenance in Study 1.

Additionally, some important group memberships were dependent on the individual's military membership, so no amount of support would enable continued membership of these groups into veterancy:

> James: But the one big downside was, everything that was free in the Navy, now suddenly wasn't. Like all the sports, I used to play an awful lot of sports. So that was all taken away.

This is consistent with McNamara et al.'s (2021) findings regarding firefighter retirement, where job demands meant firefighters often only belonged to firefighter-related groups, thus leading to them losing valued group memberships in retirement. James' account also highlights how veterancy's financial challenges can exacerbate social isolation: once-free sports groups now cost money, potentially making group joining financially prohibitive (Cruwys et al., 2019).

Finally, some military friendship groups were deliberately left behind during the transition due to their unhealthy norms:

> William: So, I reduced the drinking, which in turn I suppose, meant reducing the socialising as well, because drinking tends to be connected with, with sitting with people talking an awful lot, yeah.

Support during the transition would not help participants maintain these groups because they actively cut ties with them.

7.3 | Theme 3: Group maintenance benefits veteran well-being

Here, we explore participants' experiences of maintenance of/reconnection with pre-transition group memberships after the transition, and whether they feel this benefitted their well-being. Participants generally perceived family as one of the key groups maintained in veterancy. Many highlighted the supportive interactions they had with family, echoing the close-knit military connections in Theme 2:

> William: So I suppose the biggest support really is family, where you can talk about anything, and they will go the extra mile to help you because you are family.

Indeed, it was often the desire to reconnect with family that was the transition catalyst:

> Karen: he [husband] would be at sea all the time, I would be elsewhere, it would be very hard to see each other and live like a family life.

Participants also talked about the importance of maintaining their membership of longstanding civilian friendship groups, including friends with whom they grew up:

> Tony: I moved back to my hometown when I came out the RAF, so I still have my friends from back home, and I used to see them quite a few times a year. So I knew I was coming back to a place where I had friends and stuff. And I probably wasn't militarised as much as some people could be you know.

As important as these connections were, some participants explained that these groups could never fully understand veterans' experiences. This is hinted at in Tony's extract, where he suggests that being 'militarised' can negatively affect longstanding non-military friendships:

> Stephanie: (…) it's really difficult to help someone if you don't know what they're going through. And I don't think they [civilian friends], I don't think they understood the big change, the change. And even for me, it wasn't a massive change, but don't think they, I don't think they understand the sort of psychological changes that you are going through.

This perceived lack of understanding also created emotional distance and is likely to contribute to the unsatisfying civilian social interactions described in Theme 1.

7.4 | Theme 4: Group gain benefits veteran well-being

Here, we explore participants' experiences of joining new groups post-transition, and whether this benefitted their well-being. Various participants described the importance of joining social groups:

> Alex: I made social contacts with people; people are what help get you better with this [alcohol problems]. Not medications, not things, people. But people who understand.

Participants also appreciated the well-being-related benefits of possessing multiple group memberships, due to the increased amount/type of social interactions they afford:

> Alex: (...) In the first instance [lonely veterans should] make contact with veterans' groups. In the second instance make contact with people who have got similar interests. If you haven't got any interests, get some interests. Because you can actually rotate around, can't you? You can have a gardening group, you can have an Army group, you can have a driving group, you can have as many groups as you like. I have two telephone groups that I speak to on a regular basis, plus my own friends from other environments. (...) So, it actually proved to me that the more contact I had with people, the better I felt.

Participants described how it was easier to join groups that had connections to either the military or military-like norms. This was because of the sense of familiarity these groups fostered, thus boosting well-being:

> Sebastian: the Cadets down here (...) still gives me that military kind of connection. You know, I've met a good friend, a couple of good friends through Cadets, who one's in the military, one that isn't.

Although participants generally talked about veteran-specific groups in positive terms, some did note that the unhealthy norms of the military described in Theme 3 can be retained within these groups, which could be detrimental:

> William: Myself, I mean I don't, I did think, do I need to go to ex-military clubs and the Royal British Legion and things like, and I decided I didn't, because I'd started a new life and I'd come away from that. And some of the military clubs, to be honest, some of the, they're just bars, they're drinking places. And I didn't particularly want to go to somewhere where I, I sit and talk about what I did in the Navy and get drunk. (...) But I can see how some guys do, and how it happens. Where they, they, probably the only support they have is meeting other veterans, talking about the times they had.

7.5 | Theme 5: Groups benefit veteran well-being by unlocking psychological resources

Here, we explore whether participants felt that their beneficial experiences of maintaining pre-transition groups and joining groups post-transition were related to the unlocking of important psychological resources. Participants talked

about lacking meaning, control and esteem following the loss of their military identity, and how this was harmed well-being:

> Sebastian: And for me, I think anecdotally, having worked with you know, some veterans also, the sense of purpose is missing. Unless you're lucky and fortunate enough to have another idea about a career whilst you're in the forces, and then you transition into that and you stick with it, then you can drift for years. And without that sense of purpose, you kind of lose that identity. And it's very difficult to create your, or find your own identity from scratch from a place of isolation.

Many participants drew on groups to remedy these feelings. They talked about how group memberships boosted their confidence and gave them a sense of agency/purpose, and how this made them feel better:

> Kyle: A motto in the [Royal British] Legion is, 'service not self'. I do things, and people say, 'how much do I owe you?' I say, 'no nothing, it's fine'. If I see someone, and I can help them I will, and then I feel brilliant.

These beneficial feelings were thus often fostered through helping, leading groups and giving back to one's community.

8 | DISCUSSION

Study 2 provides qualitative support for the quantitative models presented in Study 1 but also extends and enriches Study's 1 data by analysing personal accounts to shed light on the complex and multi-faceted reasons behind these quantitative relationships (as well as contexts in which they may be absent). This addition of a qualitative approach thus provided valuable and meaningful insights.

Participants' accounts suggested that the predominantly practical support provided by the military during the veterancy transition may help some to gain new groups, but that the lack of socially focussed support (i.e., support that highlights the importance of maintaining/gaining groups) also had the potential to hamper group joining. Participants also suggested various potential explanations for the unexpected lack of relationship between military transition support and group maintenance in Study 1, such as the military-specific nature of some groups meaning they would inevitably be lost.

The data also provided evidence of Social Cure processes, thus providing further support for Study 1's findings, including examples of participants perceiving group maintenance/gain as benefitting their well-being, and how these benefits were achieved through the development of important psychological resources. However, this story was complicated by the presence of Social Curse processes (e.g., Këllezi & Reicher, 2012) for some participants, such as the continuation of unhealthy military norms within veteran groups.

9 | GENERAL DISCUSSION

We aimed to apply the SIMIC to better understand the veterancy transition. We felt this was long overdue and that it would help to advance theoretical understandings of the transition, as well as the practical resources offered to transitioning servicepeople. Both studies provided support for SIMIC processes, with Study 1 showing that retrospectively perceived military transition support predicted group gain and that group maintenance and gain predicted better mental health/well-being via increased psychological resources. Study 2 supported and extended these findings through the exploration of veterans' qualitative accounts. For example, Study 2 showed that while the

practical nature of the military's transition support may help transitioning servicepeople (re)gain a civilian work identity (which is practically valuable in itself), the lack of socially focussed military transition support has the potential to hamper the joining of new groups. Moreover, Study 2 shed light on potential reasons why no relationship was observed between military transition support and group maintenance in Study 1, such as the longstanding nature of military friendships and family connections, meaning that military transition support may not help to maintain such group memberships. Study 2 also highlighted participants' experiences of the well-being-related benefits they derived from group maintenance/gain, as well as the unlocking of psychological resources such as meaning, esteem and control, which in turn can provide these benefits.

Theoretically, our studies provide the first empirical support for the applicability of SIMIC processes for understanding the veterancy transition. Although the SIMIC has been applied to general workforce retirement (Haslam, Lam, et al., 2018), the unique nature of the veterancy transition (where membership becomes a way of life) meant that veteran-focussed research was required. Our studies thus support and extend SIMIC literature by showing that SIMIC processes remain observable even in a context where the pre-transition identity is likely to be chronically salient and life-defining. Practically, this also suggests that SIMIC-informed well-being interventions such as Groups4Retirement (La Rue et al., 2023) are likely to be effective for those transitioning to veterancy (albeit perhaps with some adaptations to the specific nature of their content, so as to make the intervention appropriate for people who are transitioning out of a workplace identity that is likely to have defined their lives in more fundamental ways than that experienced by the general workforce).

Our findings also contribute to the wider literature on the mental health of veteran populations. As well as supplementing previous findings revealing the potential for transition stress to be detrimental to veterans' health, relationships and well-being (e.g., Ahern et al., 2015; McCormick et al., 2019; Sokol et al., 2021), with serious clinical mental health outcomes in some cases (Mobbs & Bonanno, 2018), our results shed further light on why retaining a chronically salient military identity in veterancy may predict mental ill-health via reduced social connectedness (Flack & Kite, 2021). Specifically, our findings suggest that the norms of a strong military identity may be incompatible with the norms of civilian groups, which can lead to difficulties joining and maintaining membership of civilian groups, as well as obtaining well-being-enhancing social support from these groups. These observations hint at some of the context-specific considerations that a well-being intervention (such as Groups4Retirement; La Rue et al., 2023) would need to address in order to be maximally beneficial for transitioning veterans, such as the importance of ensuring that veterans are supported in joining civilian groups which possess norms that are at least somewhat compatible with military norms (e.g., Army Cadets or Sea Cadets).

Practically, our research inspires various recommendations through its highlighting of the applicability of SIMIC processes to veterancy. First, the military needs to provide specific social psychologically informed support to transitioning servicepeople. The beneficial health-related outcomes we observed are likely to be enhanced if the military were to provide training modules to transitioning servicepeople that specifically highlight the health-related benefits of social group memberships and provided guidance on how to join new groups and reconnect with old ones (e.g., an adaptation of the aforementioned Groups4Retirement; La Rue et al., 2023).

Second, veterans need to be supported to develop a diverse landscape of group memberships (veteran/non-veteran, maintained/gained) to maximise pre- and post-transition well-being. This will protect them from the potential negative consequences of unhealthy norms in some groups (e.g., Haslam, Jetten, et al., 2018), while ensuring they are able to meet various psychological needs and receive effective group-based support. Possessing a range of veteran and non-veteran groups will also facilitate group maintenance (by staying connected with [ex-]military members) and group gain (by joining new groups in the community). Indeed, community groups could be designed to facilitate both processes simultaneously, such as veteran sports groups. This would also address veterans' loss of military-specific sports groups.

Third, more should be done to help veterans join groups of likeminded people within their community. The Forces in Mind Trust's Lifting Our Sights report (2021) highlighted the need to help veterans build and embed into communities, and our data suggest that initiatives such as volunteering (which predicts increased community identification,

Bowe et al., 2020) and Social Prescribing (where clients are supported in their joining of community groups, with the resultant increase in number of group memberships predicting health benefits, Wakefield et al., 2022) are likely to be beneficial.

Although our research benefits from its mixed-methods explanatory sequential design, which allowed us to examine the relationships between variables quantitatively and then shed further light on these processes through deeper qualitative analysis, it is not without limitations. Study 1 involved a cross-sectional survey design, so causal relationships cannot be explored. Moreover, the items we used to ask participants about the support they received during their transition described this support in quite general terms (i.e., emotional support/help/resources/advice) and did not ask participants to reflect on the extent to which they had received support that specifically pertained to the veterancy transition. Although Study 2 provided more details on this issue, future research should address this by more explicitly measuring participants' transition-related support. Additionally, because our participants had already transitioned, they had to retrospectively assess the support they received, which may have produced inaccuracies. Future research should involve recruiting pre-transition servicepeople, thereby allowing the gathering of real-time data during the transition.

These limitations notwithstanding, our research provides a novel and important insight into the veterancy transition through the lens of SIMIC. It also suggests that key practical changes need to be made to ensure that veterans remain happy, healthy and socially connected.

FUNDING INFORMATION

CONFLICT OF INTEREST STATEMENT

The authors report no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

Both studies obtained a favourable ethics opinion from the Business, Law, and Social Sciences Research Ethics Committee at the corresponding author's institution.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.