Investigating predictors and health-related outcomes of veterans' group identification

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Copyright Statement

Acknowledgements

It takes a village to raise a child, it takes a university to do a PhD.

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Dissemination Activities

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Abstract

Military service, veterancy, and the transition to civilian life are most often conceptualised in psychology as an interpersonal and individual phenomena and processes. Consequently, the social identity element of the transition to civilian life and its attendant issues, such as alcoholism, drug use, PTSD symptomology, and loneliness, have been understudied. The present project applies the Social Identity Approach (SIA; e.g., Tajfel & Turner, 1979) and the Social Identity Approach to Health (SIAH; e.g., Haslam et al., 2018) to address three main research questions: 1) To what extent can established SIAH patterns of group belonging, social support, and health/wellbeing be observed in the veteran population?, 2) How do veterans' organisation members understand social identity and its relationship to health/wellbeing?, and 3) What are the cross-sectional and longitudinal relationships between antecedents of group identification its health-related outcomes in veterans who are members of veterans' organisations?

A three-study mixed method approach was used to address these research questions. Study 1 utilised an existing dataset and proxy measures to look for established Social Identity patterns in an existing dataset which included veterans (Health and Retirement Survey). The analysis showed the same data patterns as indicated in previous non-veteran samples, grounding the thesis in both the SI and veteran domains. Study 2 qualitatively explored the experiences of social identity-related processes and outcomes in both veteran and non-veteran members (N= 22) of the Royal British Legion (RBL). Study 3 was a cross-sectional (N= 144) and longitudinal (N= 27) exploration of the relationship between group identifications and mental health/wellbeing. Alongside this it examined the previously identified antecedents of identification from both the existing SI literature and the results from study 2. Overall, findings suggest that veterans' groups show the same beneficial effects as other SI groups, that superordinate identification is the better predictor of health benefits than subordinate, and that prototypicality, empowerment, and involvement are strong predictors of identification, and should be the focus going forward when exploring how to enhance identification and improve health and wellbeing.

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Chapter 1: Military camaraderie, veterans, and the Armed Forces Community (AFC)

"*I hold it to be of the simplest truths of war that the thing which enables an infantry soldier to keep going with his weapons is the near presence or the presumed presence of a comrade … He is sustained by his fellows primarily and by his weapons secondarily*." – S.L.A. Marshall, chief U.S. Army combat historian

Human beings have an inherent predisposition towards being part of groups, as well as to exchanging mutual aid and support within those groups (Tomasello, 2009). In fact, it is inarguable that we are at heart a social species. This need for belonging and community has impacted our lives from prehistoric tribal life to modern nations, and it helps to define our familial and communal existences. The old saying that 'No man is an island' is true in a biological, psychological, and social sense. Our central need for community has been debated from Aristotle through to the modern day and in particular is a core aspect of the modern social sciences such as sociology and social psychology. In his seminal work over 100 years ago, Emile Durkheim revolutionised the fields of sociology and social psychology with his final publication, *The Elementary Forms of Religious Life* (Durkheim, 1912). He posits that religion is beneficial as it is a source of camaraderie and solidarity which is the root of its beneficence to society and the individual. Camaraderie is defined in the Oxford English dictionary as "a feeling of friendship and trust among people who work or spend a lot of time together," and as a word, has its origin in the French *camarade,* which means to sleep in one room.

Yet while this is the accepted meaning of the word, it is more commonly used within military contexts, where it refers to comrades in arms, soldiers, freedom fighters, and a context of conflict. This is arguably because the strongest bonds between people are formed when facing the highest odds, which occur most commonly in the long history of human conflict. Similarly strong bonds can be observed when people unite during natural disasters and emergencies (e.g., Drury, 2018), however, it is an

unfortunate truth that conflict tends to be a more common type of extreme event, and one which has the potential to foster connections between people who are fighting for the same cause. These connections may be equal to, and in some ways even stronger than, familial or ethnic ones (e.g., Whitehouse et al., 2014).

The Military As An Extreme Identity

The easiest place for this strong conflict-related bond to be seen in the modern context is in the military. As previously mentioned, military bonds are considered as similar in strength to familial bonds. While there are clear reasons to explain why familial bonds are so strong (due to biological processes and the inherent need to continue the species; (Ferriss, 2010), how is it that a group of disparate individuals from different social strata, ethnicities, and even nations can somehow be bonded together so tightly within a vocation (military personnel) that they perceive each other in a manner that is comparable to how they perceive members of their core bonding group (the family)? Indeed, military camaraderie can be so strong that individuals are willing to kill and die for each other, something that is seen in almost no other vocation.

Part of the reason for this may be due to the fact that many aspects of military training and life are not only direct influencers of camaraderie and of extreme belonging, but are designed specifically to create and enhance them, and have been refined over centuries of conflict in order to produce a stronger and more cohesive force. From initial training onwards, military personnel are encouraged to put the needs of the wider unit ahead of their own, to separate themselves from the rest of society, to develop and use unique customs and rituals, to engage in activities which require close-knit relationships, and to live and work as a single cohesive unit. These factors are all designed to isolate the individual from established bonds and transfer them to a newly established group (the unit) within a wider context (the military or nation) (Whitehouse & Lanman, 2014).

Social scientists have long been aware that rituals create social cohesion and bind groups together (Durkheim, 1912). Research specifically exploring the impacts of military ritual and cohesion by Whitehouse and Lanman (2014) argues that ritual serves a strong cohesive force through various psychological processes (including terror); indeed, ritualisation is more common in the military than in almost every other aspect of life. From waking each morning to a bugle playing taps, wearing uniforms, having to use specific forms of address, and engaging in hazing, to ceremonies to mark events such as finishing training ('passing out'), receiving decorations for merit, and even funeral rites after death, military life shows extreme ritualisation. This is perhaps one of the reasons that military cohesion and identity tend to be so much more extreme than those experienced in other parts of society.

The norms of the group also contribute to feelings of camaraderie. Long-established military norms dictate that the individual soldier is expected to kill or die for reasons that can be both abstract (e.g., the nation or cause) and concrete (e.g., the family left behind or others in the unit). These norms again place the needs and importance of the group before those of the individual, and so it is no surprise that the collective-focused norms established in training create strong group camaraderie. This is in line with social psychological research showing that possessing a psychological sense of belonging to (or *identification* with) a group increases group members' engagement in ingroup normative behaviour (Hogg & Reid, 2006). We can see that the military is not incidentally creating this situation, but instead has spent centuries refining processes which foster the formation of an extreme identity. Ultimately, military identity is about sacrifice and camaraderie, and involves the use of strong prescriptive norms, exterior threat, and group isolation (in formative training recruits are taken away from society) as some of its many tools in order to develop personnel who are willing to kill and die for a cause, as well as feeling highly bonded to the unit as a whole. While personnel can experience psychological benefits (such as increased support and fellowship) from this sense of closeness and belonging (Siebold, 2007), there are important mental health-related costs to military membership which are also important to consider in order to fully understand the nature of the military way of life.

Psychological Challenges Within the Military

Compared to the wider civilian population, military personnel tend to face more psychological challenges. For example, researchers have found that while Post Traumatic Stress Disorder (PTSD) rates in the general population are ~6% (Frans et al., 2005), this rises to 12-20% in non-injured veterans, and ~32% in combat casualties (Gaylord et al., 2009). These findings are not surprising due to the nature of conflict and military operations, which regularly include a threat to life and/or personal integrity, death, or disability at rates much higher than civilian life, as well as the high odds of witnessing traumatic events.

The nature of military life is also fraught with transitions, which are known to be challenging to mental and physical health (C. Haslam et al., 2018). Personnel are transitioned from civilian life into isolated training, then throughout their military career are sent to a new posting approximately every four years, entailing the transition to a new environment (often a different country), a new community (within the local military base), and even from peaceful locations to conflict zones. Such transitions are stressful enough, but when paired with the demanding work and possible conflict conditions, this constant moving and transitioning takes a toll on personnel, as well as on the families that often move with them.

Isolation is also a factor, with military personnel often perceived as unwelcome in the conflict/war zones to which they are sent (such as Iraq and Afghanistan) due to the nature of their work. Even in peacetime, military bases are isolated from the allied communities within which they are located (such as Germany, Cyprus, etc.), and the personnel who populate them are often considered to be unwelcome outsiders. Although not specific to the military context, social psychological research shows that groups which experience ostracism and marginalisation within the wider community often face negative psychological outcomes (Jetten et al., 2009). From this perspective, it can be argued that although the military identity has the potential to furnish personnel with many psychological benefits via the development of camaraderie and belonging, it also can create distinct psychological challenges, including trauma, disability, PTSD, and societal isolation. Many of these challenges can be problematic not only

for the personnel themselves, but also for the families that accompany them throughout and after their military careers, as well as for the ancillary personnel and organisations that operate within the military sphere, collectively known as the Armed Forces Community (AFC).

Personnel, the AFC, and Veterans

The AFC is the wider community of the armed forces. It consists of active serving military personnel, their partners and dependants (PADS), wounded and sick personnel, and reservists. PADS are exposed to many of the same negative outcomes highlighted above: they are often isolated on military bases, they are often forced to undergo significant transitions such as moving to new countries, and they may be exposed to trauma, disability, and marginalisation directly and/or indirectly via the experiences of their personnel family member (Knobloch et al., 2015; Park, 2011). As such, the experiences of PADS are also of interest in any comprehensive examination of the social psychological processes and outcomes taking place within the military community and will thus be considered at various points in this thesis. Even more important for this thesis, however, is the final group of people included in the AFC. Specifically, the military has a term for retired personnel, thereby creating a retiree identity that shows many of the same values and peculiarities of the personnel identity: that of the *veteran*. It is the veteran group that will be the focus of this thesis alongside the experiences of non-veterans in a veterans' group (RBL).

Veterans consist of anyone who has left active military service, and from a social psychological standpoint are as fascinating a group as active military personnel (as well as being more numerous). There are some 2.4 million veterans in the UK (Office for Veteran Affairs, 2020) with 2 million living within family homes, and the others living in residential and communal homes (Forces in Mind Trust, 2019). When the families of veterans are included, the size of the UK ex-service community in total is estimated at around 6 million, some 9.5% of the population, with similar percentages in most developed western nations. As such, the ex-service community is the most sizeable part of the wider AFC, partially due to the decrease in active service numbers in recent decades due to technological advances, as well as because

of the short ‘active period’ within which most personnel serve (due to the extreme physical fitness required for the role), and because of high rates of retirement due to injury, disability, PTSD, and other stressors mentioned previously (RBL, 2014; Stapleton, 2018).

The Royal British Legion (RBL) and its sister organisation Legion Scotland are charitable organisations with over 100 years of history. Both organisations were set up after World War Two to provide support to veterans, their families, and the wider Armed Forces Community (AFC). Each year these organisations run the UK-wide Poppy Appeal, which raises money for material, emotional, and social support for these groups (RBL, 2014). The RBL itself has some 225,000 members as of 2019 (RBL, 2019) spread across location-specific branches; online branch meetings also take place. There are also special interest branches (e.g., LGBT+ veterans, etc.), and international branches across the globe. Its (older) sister organisation Legion Scotland has approximately 25,000 members and utilises a similar structure as the RBL. Thus, in this thesis, the terms 'RBL’ and ‘Legion’ will be used as umbrella terms to refer to both the RBL and Legion Scotland.

Individual branches (meeting online or in-person) are run by a members’ committee and are self-organised under the general RBL structure. Within this structure, branches can raise their own funds from local members for branch events. Members’ fees go directly to the branch, with a small portion set aside for the national organisation, and branches agree to abide by the structures and rules that are established by national conference. In short, each branch is both a self-contained local group but also part of the larger RBL organisation, allowing for local issues to be dealt with at the local group level, while providing legal, financial, and informational resources from the national organisation to achieve the RBL’s goal of supporting the AFC. Some branches also have ‘club’ status, meaning they have a venue - usually a licenced bar/hall - and host community events as well as serve alcohol, while others exist entirely online for a singular purpose (e.g., to support LGBT+ representation in the AFC).

The RBL is a diverse group predominantly composed of veterans and members of the AFC, friends and family of this community, as well as non-AFC members who are tasked with the mission of serving and supporting the AFC, such as members of other veterans' charities, community members, and uniformed services (e.g., police). While the RBL is an organisation specifically intended to support veterans/AFC members, its membership is open to anyone. Although many members join the RBL because they are veterans/AFC members seeking support or are family members of veterans/AFC members seeking support, others join to *provide* support to veterans/AFC members. Still others join simply to utilise the club for social purposes. This diverse range of members and membership motivations provides various opportunities for conducting research among this population, as will be discussed later in this thesis.

Although the veteran identity has elements in common with the personnel identity, it also displays key differences. While this unsurprisingly includes aspects such as differences in demographic statistics, it also includes aspects such as the distinct psychological challenges that veterans often face.

Veterancy: A Distinct Identity

'Veteran' is a post-transition identity with the core definition that one *used* to be in the military; very few professions have this, and none to the same extent as the military. It is often assumed that upon retirement, the veteran will simply re-join society as a civilian, yet the label of 'veteran' (as well as previous trauma experiences) can make reintegration challenging (e.g., Kirchner & Minnis, 2018). Added to this, the veteran group also has distinct demographics that differ from both civilians and active military personnel. Due to conscription during World War Two and decreasing service numbers since, the demographics for veterans differ from the general population: the average age of veterans in the UK is 67, with two thirds (67%) being over 65, and over a third being 75+. 98% are white British, and 35% live alone (O.N.S., 2020). Any research examining the veteran identity must therefore consider the distinctive nature of these demographics, especially since there are often misperceptions around these demographic

aspects, such as the common belief that the veteran community is mainly male, which contributes to the perception of the strongly masculine culture within the community. This thesis will address some of these demographic issues in later sections. Additionally, although veterans face some similar physical and mental challenges to personnel and to the wider population, they also experience their own set of unique challenges. In 2014, one of the leading veterans' organisations, the Royal British Legion (RBL), found that 40% of the ex-service community report health/wellbeing problems, with mobility and self-care issues being predominant in older veterans (70+), while isolation and mental health issues were more commonly reported by the 35-54 age group. This report also highlighted that more than half of veterans have a long-term illness or disability, 1 in 5 of which are attributed directly to military service (RBL, 2014).

The transition to veterancy can also create unique psychological challenges for veterans. This transition has been shown to be distinct from civilian retirement, or retraining/relocating for a different job (Binks & Cambridge, 2018; Brunger, Serrato, & Ogden, 2013; RBL, 2014). These include the complex challenges of leaving behind whole communities and support networks when the individual is no longer allowed to live on base, the relatively young age at which the transition typically happens (which, when combined with the young age at which many individuals join the military, often means that veterans are ill-prepared to face the everyday tasks of the civilian world), and the transition to a wider civilian society that is markedly distinct from the insular military one, as well as the resultant culture shock and identity loss that such a move involves. This distinctiveness can be seen in the increased suicide risk for veterans compared to other retirees (Pease et al., 2015). Pease and colleagues (2015) also highlight the increased complexity of the veterancy transition compared to regular retirement, as well as the stark differences between military and civilian life, with which regular retirees do not have to contend. Issues such as problematic reintegration are thought to account for much of the social isolation and loneliness experienced by veterans: a recent meta-analysis of 17 papers showed that veterans are

particularly vulnerable to such feelings due to complex social factors, and that such feelings are especially evident in older veterans (Wilson, Hill, & Kiernan, 2018).

Indeed, the transition to veterancy can be so problematic that it comes with its own distinct 'syndrome' (McNeil & Giffen, 1967). It can also lead to numerous negative outcomes, such as higher incidence of unemployment than the general population (Dunning & Biderman, 1973), and even an increased stress and mental health impact on veterans' family members (Giffen & McNeil, 1967). Focus group research conducted recently has also highlighted these and other challenges of the veteran transition with UK specific veterans (Wakefield et al., 2021). It is clear that the transition to veterancy is unique and often difficult, and this has implications for the lives of veterans and their families. There are also complex social psychological aspects to the transition to veterancy; these will be discussed in chapter 2 in depth.

These challenges can, unsurprisingly, be a source of stress to veterans. Unfortunately, there is evidence to suggest that veterans may also be particularly likely to engage in unhealthy coping strategies whilst struggling with their veterancy status, including higher levels of tobacco and alcohol use/misuse than the general population (Haibach et al., 2017), perhaps due to the unhealthy norms around these behaviours that often occur in the military. Younger veterans are also at higher risk of suicide than the general population (Bruce, 2010), and are more likely to have unhealthy drinking (Fuehrlein et al., 2016) and smoking habits (Brown, 2010; McKinney et al., 1997) than the general population These are used as stress coping mechanisms in combat as well as bonding rituals in training, thus serving an adaptive purpose within the military culture, but resulting in negative health outcomes post transition.

In sum, it can be seen that veterans have a number of issues both stemming from and separate from their military service. In addition, the insular and exclusive nature of the military identity, which proves so beneficial when developing a cohesive military unit, creates significant challenges during and after the transition to veterancy. Despite the prevalence of these negative outcomes there is comparatively

little research on veterans' experiences and health/wellbeing from a social psychological perspective: a gap which this thesis aims to fill. The social psychological research which does exist, as well as its limitations, are discussed in the following sections. However, it is important to note that the focus in previous decades for veteran and ex-service community research has largely been on the intrapersonal and interpersonal processes which may affect veterans. While this work has had a profound impact in highlighting the challenges facing this community and improving the outcomes they experience, it also ignores the important group dynamics that this thesis aims to explore (see chapter 2 for a discussion).

Intrapersonal Research on Veterans' Issues

One of the main foci of veteran research within social psychology has been how intrapersonal processes affect veterans' coping abilities and health/wellbeing, and how this knowledge can be used to improve veteran outcomes. This is understandable, as until recently, the focus for western health-related psychology has been predominantly on individual factors and therapies. The majority of veteran research in this area is on the pressing issue of PTSD. This focus is unsurprising: the fact that PTSD is more prevalent in veterans than in the general population, as well as the negative feelings and behaviours which it can cause (including psychopathy, anger, violence, anxiety, and depression; Biddle et al., 2002), and the unhealthy coping mechanisms it can encourage (Bremner et al., 1996), often creates a 'perfect storm' of a complex transition compounded with negative outcomes.

Previous research has found a wealth of intrapersonal coping mechanisms and solutions for these issues. Intrapersonal research into PTSD has found that personality traits such as hardiness and resilience have buffering effects on the expressions of PTSD in post-war veterans (King et al., 1998). The fact that these traits are encouraged in the military and are also of benefit in transition shows that not all behaviours promoted in the military are necessarily dysfunctional or non-adaptive post-transition. King and colleagues (1998) also note that social support is an interpersonal mediator of the relationship between personality traits and PTSD symptoms, but they do not explore this concept in depth. This is typical of

veteran research in social psychology, however, and not a criticism of this paper itself, but the wider focus on intrapersonal factors within the literature.

PTSD and alcoholism have also been shown to interact strongly in veterans (Brinson & Treanor, 1989). With alcoholism being one of the key areas explored within veteran-related psychological research in previous decades, it is unsurprising that the solutions to alcoholism reported in this literature are also highly intrapersonal in their focus, with recommended drug treatments such as naltrexone (Hermos et al., 2004) and benzodiazepines (Hermos et al., 2007) having varied success. However, drug-based recommendations have been criticised as treating the symptomology rather than the underlying (and often socially-rooted) causes of the issue, namely the trauma, the challenges of transition, and unhealthy coping mechanisms.

There has also been a wealth of research into psychological therapies aimed at addressing PTSD in veterans, such as cognitive behavioural therapy (CBT), which has been shown to be effective at treating alcoholism and PTSD in both veterans (Acosta et al., 2017) and their families (Ridings et al., 2019). However, the success of intrapersonal therapies has been shown to be mixed: a recent meta-analysis of therapies for PTSD found that treatment with Stress Management Therapy is less effective than with other interventions such as Cognitive Processing Therapy and exposure therapy, and that veterans benefit less from psychotherapies than non-military populations (Haagen et al., 2015)

Retention and dropout in these therapies is also an issue in veteran populations (Najavits, 2015). The values imparted in the military promote a strongly insular culture (discussed previously) which emphasises the distinction between servicepeople and civilians. This culture of distinction also fosters distrust for psychological therapies and therapists, resulting in higher rates of dropout even when treatment is sought or offered (Najavits, 2015). Despite these dropout issues clearly having social causes, very rarely are social psychological lenses used to attend to these issues; instead, the focus remains on

how such problems can be addressed by understanding veterans' personalities and intrapersonal processes.

The transition to veterancy is even treated in intrapersonal terms within the military itself. The military provides transition support courses for soon-to-be veterans, but the focus of these tends to be strongly based on intrapersonal skill development, such as jobhunting, budgeting, or paying bills (something serving military personnel do not have to do; Wakefield et al., 2021). The most popular courses explore how to use intrapersonal coping strategies to promote wellbeing, and how to obtain legal/housing/healthcare support, while courses exploring social functioning and support networks are far less popular (if they are available at all; Perkins et al., 2020; Wakefield et al., 2021). The rarity of such courses may relate to the perception that such issues are 'soft' and 'civilian', and thus not relevant to life as a veteran. However, ignoring these social aspects of the transition creates a focus on intrapersonal coping at the expense of the development of important social coping skills (e.g., the ability to join and reconnect with civilian social groups; Wakefield et al., 2021).

While there is a focus on these intrapersonal therapies, processes, and strategies within the psychological literature on veterans, the social aspect of veterancy has not been ignored completely. However, rather than exploring the relevance of social group dynamics for veteran health/wellbeing, much of this work has investigated interpersonal processes, and how these might affect veterans' experiences and wellbeing.

Interpersonal Research on Veterans' Issues

The aforementioned veteran-related topics of PTSD, health behaviours, and health/wellbeing outcomes have also been explored from an interpersonal perspective within the social psychology literature. For example, interpersonal relationships have been found to be highly impactful in reducing PTSD symptomology, as well as in the treatment outcomes of PTSD (Ray & Vanstone, 2009). This research tends to focus on spousal relationships (Ahmadi et al., 2011) and relationships with one's

children (Galovski & Lyons, 2004). While this highlights the beneficial effect that veterans' relationships can have on these issues, other research has found that these relationships can also be negatively impactful, thus highlighting the possible sequential impact of trauma through these interpersonal relationships, creating a secondary, and even tertiary impact of combat trauma within the ex-services community. The impact of interpersonal relationships on the severity of PTSD symptoms has also been explored; it has been found that interpersonal processes such as the veteran's withdrawal, expectations, and behaviours such as aggression and hostility (Beckham et al., 1996) can negatively influence the severity of the PTSD symptomology (Renshaw et al., 2011). The erosion of interpersonal relationships, and thus social support, has been found to be highly impactful on PTSD symptomology, with relationship erosion increasing the severity of symptomology (Laffaye et al., 2008), however, this research again focuses on individual interpersonal relationships rather than wider group relationships.

Research exploring the efficacy of psychological therapies used to treat PTSD in veterans has also highlighted the relevance of interpersonal types of therapy. Specifically, interpersonal therapies have been found to be beneficial for promoting psychological functioning and reducing depression, anger, stress, and PTSD symptomology (Ray & Webster, 2010). Interpersonal therapy has also been found to be beneficial for female veterans in reducing trauma symptomology (Krupnick et al., 2016). While trauma and PTSD are not the focus of this thesis, it is however one of the main health and wellbeing-related issues in the ex-service community and has thus been a key focus of veteran-related social psychological research.

With regards to veteran-related health behaviours, social psychological research has also highlighted the relevance of interpersonal processes. For example, interpersonal stress and conflict have been shown to be important predictors of negative drinking behaviours and alcohol abuse in veterans (Scott et al., 2013). Alongside this, veteran research has highlighted the importance of interpersonal social relationships for recovery from alcohol abuse (Albertson et al., 2015), including the finding that interpersonal group therapies are highly successful in treating veteran alcoholism (Kofoed et al., 1993;

Schnitt & Nocks, 1984). The importance of social relationships, as well as interpersonal processes, is therefore essential in the examination of health behaviours in the veteran community.

With regards to the transition to civilian life, social psychological research has also shown that interpersonal support and social regulation are key processes through which veterans' groups support their members during transition (Van der Kolk, 1987). These factors are also central to a successful intervention for supporting the transition to veterancy (Westwood et al., 2010). Indeed, it is not surprising that, in a transition from an established military community into the wider civilian world, interpersonal factors are key predictors of veterans' health and wellbeing outcomes. While it is useful and important to know that interpersonal therapies are being successfully used within veterans' groups to treat PTSD, depression (Haynes et al., 2016), anxiety (Espejo et al., 2016), and to increase wellbeing (Dell et al., 2018), it also highlights the pressing need to move beyond this interpersonal focus and to consider the complex roles played by group dynamics in predicting veterans' health and wellbeing outcomes.

Conclusion

This initial chapter has explored an odd contradiction within psychological research into veterans' health and wellbeing: although we know that military culture is explicitly designed to promote the development of a camaraderie-fuelled group identity, the research into veterans remains predominantly focused on intra- and interpersonal processes. While much of this work acknowledges the impact on one's *personal* identity of transitioning from active military to veteran status (e.g., the need to develop one's job-searching skills, the *social* identity element of the transition ('I was a member of the military, but I am now a member of the civilians') and its impact on veterans and their families is understudied. This is the gap that this thesis aims to address.

Specifically, this thesis will address this gap through the application of a specific social psychological approach: the Social Identity Approach (SIA; e.g., Tajfel & Turner 1979), as well as the approach's specific application to health (the Social Identity Approach to Health: SIAH; e.g., Haslam et

al., 2018). As will be explained in the next chapter, this approach is particularly suited to exploring the group-related processes that may predict the health and wellbeing of veterans.

Chapter 2: Applying the Social Identity Approach to Veterancy

The Social Identity Approach

Chapter 1 examined the particular nuances of the veteran experience as well as the previous research which seeks to find solutions for the challenges and issues that are prominent in veterans and the wider ex-forces community. This work mainly focused on individualistic perspectives, indicating a lack of research from a social or groups-based perspective. With this limitation in mind, any psychological perspective to be used in veteran research should address the issues facing veterans, be suitable to examining the processes involved in transition, and have a firm basis in addressing health and wellbeing outcomes. A perspective which meets all of these criteria (and thus will be used in this thesis) is the Social Identity Approach (SIA; e.g., Tajfel & Turner, 1979) and its subsequent health focused approach the Social Identity Approach to Health (SIAH) (also known as 'The Social Cure'; C. Haslam, Jetten, Cruwys, Dingle, & Haslam, 2018; Jetten, Haslam, Haslam, & Branscombe, 2009).

The SIA is comprised of two related theories: Social Identity Theory (SIT; e.g., Tajfel, 1971) and Self-Categorisation Theory (SCT; e.g., Turner, 1991). SIA has its roots in Henri Tajfel's seminal work in which he proposed that an individual has a social identity that is based on the groups to which they belong (Tajfel & Turner, 1979). These group memberships are a source of pride and self-esteem, and they give us a sense of belonging to the world (Tajfel, 1971). The concept of social identity can thus be understood as the part of the self-concept derived from our membership of social groups. Social identity is complex and is derived from one's membership of multiple social groups, and is distinct from personal identity, which refers to those characteristics that make an individual unique (Turner, 1985; 1991; 1999; Turner et al., 1987). Where and individual personal identity defines "I" in terms of individuality and uniqueness, social identity defines identity in terms of "us," meaning members of a social group in relation to other groups. thus, social identity allows us to establish categories of 'us' and 'them', which shifts our thinking and behaviour.

Categorisation (i.e., perceiving oneself as member of a specific group) involves a number of processes. It tends to accentuate the similarities of our fellow group members (in-group members) and the differences between our ingroup and those in other groups (out-group members) (Turner, 1982). Of the processes detailed in Tajfel's (1979) work: those of categorisation ("I am a military veteran"), identification ("I feel like a veteran"), and comparison ("veterans are different from civilians") are vital in these contexts. Categorisation within the veteran context is relatively simple; having been in the military one can easily be categorised as a veteran simply by that criterion alone. Categorisation is dynamic and fluid: we are members of multiple social groups, and at any one time, one of these group memberships can become salient (psychologically conspicuous) to us, leading us to act in terms of the contents/norms of that specific group (Reicher, Spears, & Postmes, 1995). Identification is the process through which one adopts the identity of the group they have categorised themselves as belonging to; in so doing they accept the norms and values of the group (to various degrees) and begin to behave in ways that are normative of the group in question. This leads to an increase in group identification (or a subjective sense of belonging to the group), resulting in an increase in norm adherence and normative behaviour through group influence (Hogg & Reid, 2006). The final process is that of comparison, with group members engaging in the process of favourably comparing their ingroup to outgroups in order to boost both their individual and group-based self-esteem (Houston & Andreopoulou, 2003). We can see in the military context how comparison is associated with an increase in exceptionalism that is instilled in training, which reinforces that civilian cannot do what the military recruits are being trained to do, as well as the cultural and historical derogation of the outgroup (civilians) as being weak or inferior.

This chapter will discuss some of these categorisation processes in more detail within the veteran context, as these processes are fundamental to understanding the Social Identity Approach to Health. The SIA and its processes provide a social lens for understanding group behaviour with regards to group categorisation, group identification (both what promotes it, and its potential effects on thinking and behaviour), and comparison (which is key to the phenomena of stereotypes, inter and intra-group

dynamics, and behavioural outcomes). In sum, although it has been over 40 years since its inception, the SIA has highlighted the complexity and subtlety of social life and has illuminated the everyday group processes which can have significant impacts on our thinking and behaviour.

Social Identity Approach to Health (SIAH)

The SIAH (C. Haslam et al., 2018; Jetten et al., 2009) draws on the principles of the SIA (Tajfel & Turner, 1979) to specifically focus on the idea that health and wellbeing is facilitated by social connectedness and group belonging (C. Haslam et al., 2018). It argues that the key process through which these groups impact our health and wellbeing is social identification (C. Haslam et al., 2012). Moreover, this effect can be additive: the more groups with which an individual identifies, the better their health and wellbeing (Sani et al., 2015a). SIAH research has found group identification to be impactful on loneliness (Jetten et al., 2009), mental health (Haslam et al., 2022), wellbeing, depression, anxiety, and clinical outcomes (Haslam et al., 2009), as well as the nature and impact of social support (S. A. Haslam et al., 2012b).These central tenets and outcomes of the approach have been supported in a variety of settings, which range from clinical, to social, to practical (C. Haslam et al., 2018). These will be outlined in the following section.

The SIAH is based around a few core concepts. First, that social identity, being the basis for social life, is central to health. Key to this is that the stronger one identifies with the group in question, the stronger the health benefits that can occur (Jetten et al., 2009). Identification with a supportive group, with positive health norms, results in adherence to these positive norms, as well as increasing the availability of support (Jetten et al., 2009). Indeed, previous research by Sani and colleagues has highlighted that rather than objective measures of social contact, it is the subjective feeling of identification which better predicts health benefits (Sani et al., 2012a). Thus, no matter the 'objective' context, such as group meeting frequency, length of membership, and contact, it is that subjective internal sense of belonging one may experience which better predicts positive health and wellbeing. This has

important potential for online groups, especially for the vulnerable, the disabled, and the aged (such as the veteran population), who may not be able to attend groups in person.

With that subjective feeling of belonging being key for wellbeing, research also shows that this subjective identification can be enhanced through group success (C. Haslam et al., 2018) and collective empowerment (Knight et al., 2010). Conversely, a compromised identity, such as one defined via stigmatisation or perceived failure, can negatively impact health and wellbeing (Kellezi & Reicher, 2012). This relationship between group identification and wellbeing at the heart of the SIAH has been, the research focus in the last 2 decades. This work has been conducted in order to not only understand the mediating pathways through which our subjective sense of identification predicts health and wellbeing, but also in an effort to utilise these processes and mediators to actually enhance health and wellbeing.

These findings have also been supported by experimental research obtained from diverse groups across a range of social (see Haslam et al. 2018; Jetten et al. 2012; 2017). Group identification has been found to influence appraisal and expression of health symptoms (Adams et al., 1997; Levine & Reicher 1996) as well as treatment (Hogan et al., 2015), addiction, depression (Cruwys et al., 2013), and trauma responses (Drury et al., 2009).

Various suggestions have been forwarded to account for why group identification may positively predict health and wellbeing. Rather than being mutually exclusive, it is likely that these proposed processes interact in order to reduce feelings of stress and enhance group members' ability to cope with both daily hassles and more severe crises. Through identification with a group, we not only receive this stress buffering effect (Haslam et al., 2005), we also experience a normative effect (where group members' behaviours tend to be guided by the group's norms, especially if they identify strongly with the group in question). These behaviours are likely to benefit health if the norms are prosocial and/or healthy, such as pro-help seeking/providing, not smoking (Krieger et al., 2017) and drinking moderately.

Coupled with this, the inherent impact of social belonging on the reduction of loneliness is also key to its effects on health (C. Haslam et al., 2018). Ageing, chronic illness, and mental illness (all key issues withing a veteran population) have all been found to be worsened by loneliness (Leigh-Hunt et al., 2017), while reduced loneliness mediates the positive relationship between group identification and health (McIntyre et al., 2018).

Potential Mediating Processes of the Relationship Between Group Identification and Health

Social Support

While there are many mediating processes between identification and health, two are vital to groups such as the RBL, social support and group norms. One of the most-studied mediators of the relationship between group identification and health/wellbeing is social support (S. A. Haslam et al., 2012b; S. A. Haslam, et al., 2005). Social support refers to "acts in which individuals and groups provide supportive resources to others" (Jetten et al., 2009, p. 409). Those who provide support are often fellow group members (such as family members, community members, or co-workers), but not always. Resources can be material (such as money), emotional, and informational (such as advice) (House, 1981), resulting in the feeling that one is valued and part of a network (Taylor, 2007). Social support reduces the stress of life events, which could potentially have a negative impact on a person (Cohen & Wills, 1985).

Research has found that social support mediates the relationship between social identification and stress and life satisfaction in heart patients, as well as the perceived stress of stereotypically stressful occupations, such as bomb disposal (Haslam et al., 2005). Social identity determines not only the availability of social support, but also determines how the support is received and the impacts it can have, in an experimental study, Levine, Prosser, Evans and Reicher (2005) found that making participants' group membership salient as a Manchester United football fan (Study 1) or as a general football fan (Study 2) significantly increased the likelihood of a fellow Manchester United football fan (Study 1) or a fellow general football fan (Study 2) being offered help. From this it can be seen that the social identity

of both the giver and receiver of social support is important, with an increase in social support for in-group members (Levine et al., 2005) as well as an increase in the receipt and perception of support (Haslam, et al., 2012). This includes being more likely to receive help (e.g., Reicher & van Rijswijk, 2011, Wakefield & Hopkins, 2014). Shared ingroup membership also increases trust, which means that help is less likely to be treated with suspicion, and more likely to be taken on-board, and accepted in the manner in which it was intended. In short, the help of perceived ingroup members is effective in reducing our experience of stress; this same perception can also dictate how we perceive support offered, with the greatest benefit coming from help from ingroup members. In essence, belonging to a social group means that one is perceived as an ingroup member, and ingroup members have various advantages and privileges bestowed upon them. Together, these processes create a context where supportive and effective helping transactions are commonplace and where this social support is offered and received to benefit the health and wellbeing of the individual.

Group Norm Adherence

One of the primary processes through which identification with social groups has such a significant impact on health and wellbeing is through the norms of the group/s in question. A group with positive health norms (such as a sports team), with which one identifies strongly will, provides normative influence to live up to the health-related norms and values of the group, which in turn benefits health and wellbeing (C. Haslam et al., 2018), with strong identifiers particularly likely to engage in healthy normative behaviours. The adherence of norms is based on what we perceive to be the norms of the prototypical members (Rosch, 1978). The reason for this is that we perceive more prototypical members as being more representative of, and having most knowledge about, the group and its norms/values (Turner, 1985). This allows the more prototypical members to exert substantial influence on the group and its members' health and wellbeing. For example, studies have shown that when members of ethnic minority groups are encouraged to focus on their ethnic identity, they are more likely to reject messages to eat healthily that are presented by white middle-class sources because of the outgroup status of those

sources (Oyserman, Fryberg, & Yoder, 2007; see also Tarrant, Hagger, & Farrow, 2012). This perspective also conceptualises the therapeutic relationship between practitioners and patients as being social identity based, helping explain why health treatment that occurs across social groups (such as ethnicity and class) tends to be less effective than treatment that occurs within those groups (Cooper et al., 2003; Martin, Garske, & Davis, 2000). Similarly, it could also help explain civilian practitioners' frequently-reported difficulties in providing effective therapeutic treatment for veterans (see Chapter 1). It must be noted that this influence can also occur in a negative direction as well; if the norms and behaviours of the group with which one identifies are negatively related to health (e.g., pro-smoking and drinking norms), then adherence to these negative health norms can result in a decrease in health and wellbeing. This is especially important in the context of this thesis, as military norms of drinking and smoking can be linked to the incidence of smoking and alcoholism in veterancy (Krieger et al., 2017). As well as this, the military norms of mental health stigma and help seeking reluctance can prevent veterans from obtaining mental health support (Clary et al., 2021). It is also of note that stronger ingroup identifiers are more likely to have their behaviour guided by group norms, which leads to the prediction that groups norms mediate the relationship between group identification and health/wellbeing.

With the importance of social processes such as normative influence, prototypes, and ingroup perceptions all having an effect on the giving and receiving of support, as well as the effect of the received support, we can see that the SIAH provides not only an understanding of the impacts of social identity on health; it also includes a complex understanding of the processes through which the relationship between group identification and health/wellbeing can occur.

People belong to multiple social groups, and any of these groups has the potential to benefit members' health/wellbeing through these aforementioned processes. One of the key groups that will be focused on in this thesis is the Royal British Legion (RBL). Since the RBL is an organisation which consists of various location branches, including those with differing demographics (such as women's branch, LGBT branch, etc.), it is not only a group in and of itself, it is a collection of subgroups that differ

in various dimensions, embedded within both the wider community of the AFC, but also the local (geographical) communities within which branches exist. These communities in and of themselves have been found to be impactful for health and wellbeing through social identity processes, and thus may also benefit the health and wellbeing of veterans, as explored in the next section.

Health-Related Outcomes of Community Identification

Communities have been found to be important to the health and well-being of their residents (Ehsan et al., 2019), with significant relationships between community identification and mortality, mental health, and wellbeing that are mediated by social support (Fong, Cruwys, Haslam, & Haslam, 2019). Community identity, defined as consisting of everybody that lives and interacts within a locality, is embedded in spatial and cultural identities and represents an important social identity for many people (Bowe et al., 2020). This is because, for most of the community, it is the domain within which the many of their social relationships occur. Communities are also key points wherein charitable events occur, and also the landscape in which legion branches operate, and veterans can potentially receive social support. Thus, understanding the relationship between community identification and health and wellbeing is likely to be important for veterans' health, as well as for community members more generally. Within the context of this research, branches themselves are also communities (groups), embedded in the wider community (group) of the RBL, which itself is nested within the armed forces, as well as within the wider civilian communities.

Research into the potential health benefits of community belonging has been conducted by researchers working in the SIAH framework. Indeed, the sense of belonging to one's community has been found to be a stronger predictor of life satisfaction than income (Jetten et al., 2009). Alongside this it has been found that community identification predicts greater perceived social support, and a lower sense of stigma surrounding mental ill-health (Kearns et al., 2018). Community identification has also been found to be impactful on wellbeing through increased social support and reduced loneliness (McNamara et al., 2021). Practical applications of this have found: utilising events such as a 'neighbour

day' can have lasting effects on neighbourhood identification which even after a 6-month period predicts increased cohesion, reduced loneliness, and increased wellbeing (Fong et al., 2021). Thus, it can be seen that community identification had a strong relationship with positive health outcomes. Even in extreme health events like the COVID-19 pandemic, community identification has been shown to predict not only lockdown adherence (and thus is likely to be impactful on infection spread) but also on the provision of neighbourhood support (previously identified as impactful for both the giver and receiver) and on the mutual giving and receiving of emotional support. (Stevenson et al., 2021). Community identification has also been found to predict willingness to receive the COVID-19 vaccine (which reduces symptomology and viral spread) (Wakefield & Khauser, 2021). These practical and impactful outcomes, show how community identification is a part of health and wellbeing in highly practical and visible ways not only in everyday contexts but also in situations of extreme stress, and in the face of one of the most impactful and frightening times in recent history.

The positive relationship between community identification and health and wellbeing is also noted in work by Bowe et al. (2020), in which participants' engagement in community volunteering was shown to predict wellbeing through community identification and social support. This study highlights not only the positive relationship between volunteering and wellbeing, but also that volunteering positively predicts community belonging, and it turn positively predicts social support, health, and wellbeing. This shows that community identification is key to community health (Bowe et al., 2020), as well as that any understanding of community impacts on health can be better understood in terms of the SIAH lens. The potential implications of the community identification literature for veterans is profound.

The impact of ingroup perception on the relationship between identification and health is also important within the veteran context. Veterans' organisations are ostensibly groups for veterans and have a clear prototype of someone who is male (from the prevalence of males in the military), older (due to the decreasing numbers of veterans due to increases in military technology, paired with the WW2 veteran population being aged yet significant), and a veteran. However, the membership of the veterans'

organisations does not reflect the prototype. For example, Legion Scotland (the Scottish branch of the RBL) has only approximately one third of its population who are actually veterans, with the rest being family members and the wider community. Alongside this, while it currently maintains a perceived prototype of an older white male, fewer than 40% of its members are male. This means that the type of person who is often considered to be a 'typical' Legion member differs a great deal from the demographics of the majority of the Legion membership. This can have important implications for Legion members' willingness to seek and receive intragroup support, as well as for their health and wellbeing. In this context, less prototypical members (such as women and civilians) could potentially receive fewer health-related benefits from group identification, despite being the actual (rather than perceived) majority in the group. Alongside this with a less globally (RBL) prototypical branch (such as female dominated branches) veterans may not seek out or receive support in the most beneficial way.

With veterans' organisations being embedded within the local community, and volunteering being a key aspect of the RBL, any understanding of such an organisation's impacts, as well as its social processes and potential effects on members' health, must include community impacts and processes. Again, we see that the SIAH, with its particular focus on the social determinants of health, finds common ground with the organisational and community landscape in which this thesis is embedded; that of the veteran communities. The veteran community, within and between the interrelated Legions (RBL, Legion Scotland. RCL, etc) and organisations, coupled with individual branches existing within the social context of local communities, and their focus on voluntary work providing social support through these groups is rife with SIAH processes and influences. This is an environment where many of the SIAH processes, from normative influence, inter- and intragroup dynamics, and the impact of multiple and compatible identities can be clearly seen. However, the veteran context remains understudied within SIAH literature. Nonetheless, a range of studies have recruited non-veteran samples but have explored veteran-relevant topics (such as addiction, trauma, and life transitions) from a SIAH perspective: this work is discussed in the next section.

Exploring Veteran-Specific Processes and Outcomes Within the SIAH

Thus, the SIAH examines not only these particular processes and outcomes but provides a strong and robust framework for understanding the social determinants of health, the processes through which ill health can be addressed, and guidance on how to develop focused interventions that can address and alleviate these issues (C. Haslam et al., 2018). With such a perspective not only available, but sufficiently matured through two decades of research that it allows us to address veteran-specific issues such as health behaviours, transitions, and trauma, it is all the more surprising that this perspective has only recently been used (in limited context) to explore the experiences and issues of veterans. In this section, each of these issues (and their specific relevance to veteran groups) will be expanded and discussed. These are veteran-relevant topics, but few (if any) of these studies specifically involve veterans. This section involves taking non-veteran research and considering its potential relevance for veterans, and showing why the SIAH is an appropriate framework through which to understand veteran health and wellbeing.

Veteran-Relevant Health Behaviours and Addiction

The SIAH approaches the challenges of health behaviours and outcomes in a distinct way from the more individualistic processes and interventions previously discussed in the field of veteran psychology. Behaviours that are adaptive within the military context, such as smoking (for stress relief) and drinking (for social bonding) become issues in service (as previously discussed in Chapter 1) and can become even more problematic in a veteran population (Brown, 2010; Fuehrlein et al., 2016). In the SIAH these behaviours are perceived as highly normative and guided by the values of the group with which one identifies (i.e., military identity). For instance, previous SIAH research has found that, depending on which group membership is currently salient, there is an increase or decrease in smoking behaviours (Kobus, 2003; Schofield et al., 2003). This normative effect is again most profound for high group identifiers (Terry & Hogg, 1996). This suggests that possessing a chronically salient military or veteran group identity (especially if one identifies strongly with the group in question) may increase negative norm-related health behaviours.

With alcoholism also being a key issue among veteran populations, it is important that any approach used to address veterans' health and well-being addresses the topic of addiction. The SIAH approach to addiction (e.g., Best & Buckingham, 2016) has examined the processes and outcomes of addiction through a social lens, highlighting that while individual processes and interventions have a key role to play in health outcomes/behaviours, social aspects are also highly important (again, something that is missing from the majority of research exploring addiction processes and outcomes in veterans). The SIAH perspective conceptualises addiction within the context of a wider system that includes the self, others, groups, norms, and behaviours as part of an interconnected 'constellation' that impacts the experiences, processes, and outcomes of addiction (C. Haslam et al., 2018). Thus, the individual is not perceived as the sole focus of treatment; instead, the friends, family, community, and other social groups are considered to play integral roles in the person's recovery journey.

Possessing a strong veteran identity may also encourage veterans to ignore public health promotion messages. For instance, in studies examining minority groups and intergroup contexts, research has found that health related messages which originate from the outgroup may be seen as non-normative, resulting in a reactionary effect that can compromise health (Oyserman et al., 2007). It can thus be seen how coming from an ingroup with exceptionalist/unique values such as the military may lead to normative civilian health behaviours and messages being ignored, or actively rejected, resulting in a continuation of unhealthy behaviours such as smoking and drinking. This research shows the importance of understanding the roles played by inter- and intra-group social dynamics in predicting health behaviours: aspects that have been much neglected in previous veteran research.

Experiences of Trauma

Traumatic events such as shootings, bombings, deaths of people nearby, sexual violence, and physical violence are more common in conflict situations than in peacetime. It is therefore unsurprising that traumatic events and PTSD are common not only among military personnel and veterans, but also their partners and families (as discussed in Chapter 1). Thus, any perspective seeking to examine veteran

health and wellbeing must address the significance of trauma and PTSD. Helpfully, the SIAH has been found to be effective in furthering understandings of the social processes involved in trauma and recovery.

SIAH research into trauma argues that "when trauma has an adverse psychological impact, this is because it fundamentally compromises a person's social sense of self and their relationship to the world at large" (C. Haslam et al., 2018, pp. 115), and that trauma can thus be understood as a problem of social identity. Indeed, our exposure to trauma can not only be influenced by the groups to which we belong (such as the military), but the trauma itself can also be given context by these group memberships (C. Haslam et al., 2018). This means that group memberships provide a lens through which the events can be given meaning and can perhaps eventually be re-appraised as being less traumatising (Lowe & Muldoon, 2014). For example, this could involve the re-evaluation of the event as being something in which one agentically took part in order to achieve a desired goal (such and defending a value or a group), rather than an upsetting event over which one had no control. For instance, Kellezi and Reicher (2012) found that civilians who were affected by the war in Kosovo experienced fewer negative health/wellbeing symptoms if they felt that their suffering allowed them to help protect the Kosovan nation, and thereby affirm their national identity.

Trauma pathology can also be influenced through social processes, with the social support that group members obtain from their psychologically important groups buffering the negative relationship between witnessing trauma and mental ill-health (Drury, Cocking, & Reicher, 2009b; Drury et al., 2015).

As well as people drawing upon their pre-existing group memberships as a source of support when they experience trauma, the trauma itself may create a shared sense of identity amongst the survivors (e.g., Drury et al., 2009b, Drury et al., 2016). This allows survivors to experience mutual solidarity and support and may ultimately help them to move past the traumatic event (Cacioppo, Reis, & Zautra, 2011). This point is confirmed by a study of nearly 400 survivors of a 2015 earthquake in Nepal

(Muldoon et al., 2017). Group dynamics also influence the expression and severity of PTSD symptoms. As in other work, (Muldoon et al., 2017), found that although high levels of PTSD were present, a sense of shared social identity was important in the response to the event. Specifically, survivors with a stronger sense of shared social identity reported having a stronger sense of collective efficacy and differed in their symptomology of PTSD. These observations from the SIAH literature suggest that how veterans appraise and respond to their historical trauma experiences (including the severity of their PTSD symptoms) is likely to depend on their social group memberships.

As can be seen, the incidence of, spread, symptomology, and recovery from trauma all have key processes and outcomes that are inherently social, with PTSD itself having a core component of social identity loss/change. This is key in the veteran population as the transition to veterancy incurs a loss of community and support that is rarely found in other professions/lifestyles. Identity transitions are complex, impactful, and fraught times that require understanding if we are to minimise their negative effects. Such an understanding of transitions is key not only to understanding social identity, but also to understanding veterans, and the SIAH literature has played an important role in exploring such transitions.

Experiences of Life Transitions

Although aspects of the military identity (e.g., norms around smoking, drinking, and avoidance of help-seeking) often remain amongst veterans, it is important to remember that veterancy is a post-transition identity: one that is joined after learning the military. Thus, transition and our understanding of its processes and outcomes must be a key component of any perspective used to examine veteran health.

To address this issue of transition in more general populations, SIAH researchers have developed a comprehensive framework through which to examine transitions and their health impacts: the Social Identity Model of Identity Change (SIMIC; Haslam et al. 2021). SIMIC considers the interaction between

old identities, new identities, social support, and social factors during life changes such as retirement (C. Haslam et al., 2019), starting university (Ng et al., 2018), and becoming a mother (Seymour-Smith et al., 2017). SIMIC states that possessing multiple group memberships before the transition will have beneficial health-related impacts post transition (C. Haslam et al., 2021a). This means that losing an important group membership during the transition (e.g., the work group if one is retiring) will not mean that the individual is left without any group memberships. This could be particularly problematic during the veterancy transition, as the all-encompassing nature of the military identity may leave little opportunity (or need) for servicepeople to join additional groups (Wakefield et al., 2021).

SIMIC argues there are three ways to cope will with a life transition: possessing multiple pre-transition groups, joining new groups post-transition, and ensuring groups are compatible with each other. Veterans are prevented from achieving all three of these, which helps to explain the complexity and difficulty of the veteran transition (and its frequent negative health outcomes) in a way that inter-intrapersonal accounts of the transition cannot provide.

The SIMIC model also posits that gaining new group memberships during and after the transition is important for health and wellbeing (Haslam et al., 2021). The continuity of identities is also important in SIMIC, with high levels of compatibility between old military and new civilian identities being likely to enhance wellbeing (Iyer, Jetten, & Tsivrikos, 2008). It is thus clear that not only is the transition to veterancy a complex one, but one that has many of the key factors that SIMIC highlights as being important to health and wellbeing post transition. Indeed, it is not just a retirement, but a readjustment on a practical, emotional, and social scale, so it comes as no surprise that the veteran transition is the focus of much existing veteran research (albeit research that does not involve the SIAH lens).

The SIAH has also given rise to interventions that utilise social identity principles to enhance health and wellbeing after people undergo life transitions. The first of these interventions was Groups 4 Health (G4H; C. Haslam et al., 2016). G4H utilises SIAH processes to enhance health and wellbeing by

educating participants on group processes and their relevance for health, as well as helping them to join new groups and reconnect with old ones (C. Haslam et al., 2016). It also considers compatibility of groups, which previous SIMIC literature has highlighted to be important for wellbeing (C. Haslam et al., 2021b; Iyer et al., 2009). In targeting social processes, it provides a context in which to manage the social issues that either cause or are responsible for exacerbating many psychological disorders (Cruwys, et al., 2014a, 2014b). So far, G4H has proved itself to be beneficial for reducing depression, anxiety, social anxiety, stress, and loneliness, whilst increasing self-esteem and life satisfaction (C. Haslam et al., 2018).

Since its inception, G4H has been adapted to meet the specific needs of various populations (see C. Haslam et al., 2016). The previous observations regarding the challenges that are often faced by individuals during the transition to veterancy suggests that a veteran-specific adaptation of G4V would be particularly relevant. Indeed, in recent preliminary research, including work by the author, we highlight the suitability of the G4H interventions for inclusion in the transition to veterancy, as well as propose an adaptation entitled 'Groups 4 Veterans'. G4V would support veterans in developing the resources and understanding they need in order to navigate the social aspects of their lives post- transition. It would also help to mitigate some of the negative health-related effects of transition, as well as the subsequent social isolation that is common in veteran populations (RBL, 2014).

With the clear benefits of SIMIC based processes in use in G4H, as well as with the solid theoretical background of the SIAH, it is clear that the social determinants of health are impactful. An understanding of these within the context of veteran health and the transition to veterancy are important, not only in the context of the transition to veterancy, but also in the social processes that impact health and wellbeing in this population who are so prone to social isolation, loneliness, and even trauma. Although many of the themes explored with in the SIAH literature are relevant to veterans, very little work in the SIAH framework has explicitly recruited veterans. Nonetheless, the existing research will be discussed in the next section.

Existing SIAH Military/Veteran Research

There is a small amount of literature that directly addresses military and veteran health and wellbeing from the SIA/SIAH perspective. For instance, one of the seminal papers which compared the extent to which social contact and subjective identification predicted health and wellbeing utilised a group of military personnel and examined participants' strength of army identification (Sani et al., 2012a, Study 2). This study highlights the importance of the subjective feeling of group belonging/identification for mental health over more 'objective' measures such as social contact within the context of the military identity.

There have also been a number of SIA/SIAH papers examining social identity within veteran populations. For instance, Russell and Russell (2018) investigated veterans' membership of and engagement in Veteran Service Organisations (VSOs), which are similar to the RBL (the focus of this thesis). The authors found that identification with these groups is an important negative predictor of veteran social isolation. Moreover, VSO identification was found to predict increases in perceptions of benefits from military service, even for those who choose not to have VSO contact. Also, lesser isolation and greater perceptions of benefits from military service were found mediate the relationship between VSO identification and PTSD symptomology (Russell & Russell, 2018). These results are important as they support the previously mentioned SIAH research on trauma, but within a specific veteran context.

Survey research has also specifically examined the incompatibility of social identities within the veteran population (Kreminski et al., 2018). It was found that the stronger participants' identification with the previously held 'soldier' identity, the greater the presence of depressive symptomology in veterancy. The authors argue that this is due to participants possessing a strong soldier identity before the veterancy transition, which limits the availability and perception of support post transition, thereby reducing mental health support uptake, and thus increasing depressive symptoms. This research again shows the utility of the SIAH approach, as well as the particular features of the military identity which may be peculiar to military/veteran populations.

In transition research there have also been some investigations into social identity processes in the specific transition into veterancy. Barnett and colleagues (2021) explored the lived experiences of Australian veterans using semi structured interviews, and also asked them to draw social identity maps (Cruwys et al., 2016). From these data, the authors contended that the process of military socialisation leads to the formation of the military identity (as per SIA processes) and that the abrupt and difficult transition out of military life is associated with negative social group engagement and reduced wellbeing in post transition civilian life. They also highlight that veteran social identity may act positively as a source of supportive resources during transition, but that it may also create conflict due to the potential incompatibility of previous military identities with post transition civilian/veteran identities. Barnett and colleagues (2021) argue, however, that "the values inherent in military life, including service, altruism, and giving back to the community, may operate as positive resources and promote veteran social engagement" (p. 7). In line with previous SIMIC research, the authors argue that the transition to veterancy can be supported by encouraging engagement with social groups, and that veteran organisations (such as the RBL) offer these supportive groups that allow for the previously mentioned beneficial reciprocation of support that is so positive to the individual. Recent research in SIAH has found that engagement with veterans' organisations post transition predicts reduced social isolation and thus lessens the possible negative effects of isolation as well as reducing PTSD symptomology (Russel & Russel 2018).

The recent research discussed in this section shows that SIT/SIAH approaches are promising in their potential to support veteran health. Military and veteran psychology which explores the specific challenges of the transition to veterancy would thus be greatly benefitted and extended by further research utilising a SIAH lens.

Conclusion And Next Steps: SIAH's Suitability for Understanding Veteran Health and Wellbeing

This chapter has introduced the SIA, as well as the SIAH and made an argument for why it is an appropriate lens through which to explore and understand veteran health/wellbeing. Covering the

research into health behaviours such as drinking and smoking, as well as its perspective on addiction, it can be seen that much of the SIAH research is relevant to veteran psychology. This chapter also covered the key processes and mediators through which social identity can impact health and wellbeing. Research exploring identity transition was then addressed; this is a key component of the veteran identity and challenges, and the wider research into community and volunteering as they inform the SIAH. It also covered relevant areas of SIAH research and its applicability to veteran challenges such as PTSD. These are all key issues within the veteran population. The importance of identity change within the SIAH (understood via the SIMIC) was also highlighted with regards to previously established impacts on health and wellbeing. With veterancy being a post transition identity with complex interrelations of inter/intra group dynamics, understanding transition is key to understanding veterancy and veteran issues, thus again highlighting the suitability of the SIAH as a lens through which engage in veteran research. This chapter thus makes the case that the SIAH advances and transcends these approaches, as it explores the experiences of veterans in a more holistic and less reductionist way to the existing biological, psychological, intrapersonal, and interpersonal foci that currently exist in veteran psychological research.

However, it is important to note that the SIAH and its predecessor 'The Social Cure' are not a panacea. While groups memberships are undoubtedly highly important to our health and wellbeing, we must be careful to note that the SIAH is designed to be used to complement the existing biological and psychological models of health, not as an alternative to them. Leading scholars conducting research within the SIAH perspective argue for an integrated biopsychosocial approach to health that addresses ill health, mental health, wellbeing, and other health outcomes and processes in the light of social identity *within* existing frameworks, not separate from them (C. Haslam et al., 2018).

The SIAH also highlights how group membership can sometimes predict negative health and wellbeing outcomes, through identification with groups which possess negative health norms (such as pro-smoking and drinking), or through identification with marginalised or abused groups (Kellezi & Reicher, 2012), or by being marginalised within one's own group (Ellemers & Jetten, 2013). That these

processes have such complex and interrelated outcomes is not only evident, but important in understanding social determinants of health. The SIAH is also relatively novel as a perspective, with much of its supportive research being conducted in the last two decades, and the overall perspective first appearing only 20 years ago. Alongside this is also the issue that much of the research into SIAH is still explorative, and the majority is correlational in nature, with the use of this research into the practical use of influencing and enhancing outcomes, as well as the creation of specific interventions, being conducted only in the last five years (e.g., G4H). That the SIAH is impactful, informative, and important is unquestionable, however it does suffer from its relative youth and (relatively) limited experimental evidence base compared to existing health perspectives.

One research gap is in the administering of this 'social cure,' is that while there is a wealth of evidence to support the idea that group identification is an important predictor of health and wellbeing via processes such as social support, the research into the antecedents of identification (i.e., into what helps group members identify with, and thus ultimately receive health-related benefits from, groups) as not been explored within the SIAH. In short, group identification can be incredibly beneficial for health and wellbeing, but without the means to understand what predicts identification, we have discovered a curative process, but are yet to understand how to actually encourage it to happen.

Developing an understanding of the antecedents of group identification would thus allow already existing groups to maximise the benefits of belonging and identification and could enhance health and wellbeing outcomes for group members. This is the second gap that this thesis sets out to address and will do so within the specific context of veterans' membership of the RBL. The next chapter will thus explore and synthesise disparate literatures on potential predictors of group identification.

Chapter 3: The Antecedents of Group Identification

As chapter 2 shows, there is a substantial amount of social identity research highlighting the role of social relationships in predicting health and wellbeing outcomes in general populations. In addition to this, chapter 2 highlighted how exploring social processes can help shed light on the particular challenges faced by veteran populations, including the transition to veterancy and specific health-related issues such as trauma and alcoholism. The Social Identity Approach to Health (SIAH) is thus an appropriate theoretical lens through which to examine this group, yet one which has been largely ignored in previous veteran research: a shortcoming that this thesis is intended to remedy. In addition, a secondary aim of this thesis is to explore antecedents of group identification in the context of veterans, since, as mentioned at the end of chapter 2, antecedents of group identification remain somewhat understudied in the SIAH.

There have been a variety of studies in social psychology that have examined individual antecedents or precursors of group identification. Constructs such as prototypicality, leadership perceptions, status within the group, empowerment, involvement, and contact have all been found to predict the extent to which an individual identifies with the group, and therefore potentially receive the health-related benefits that were described in chapter 2. However, while there are various studies that explore one or two of these variables in isolation, there is little comprehensive synthesis of this work, which means that there is little exploration of which variable/s are the most important for predicting group identification. While the research exploring individual variables is important and highlights the processes and building blocks of identification, a comprehensive synthesis would allow for greater insights into how identification can be promoted, thus increasing the potential for 'Social Cure' processes to occur (Haslam et al., 2018). Synthesising the most-studied antecedents of group identification into a single study is therefore the first step to enable this comparison within the specific context of exploring veterans' identification with veteran groups such as the Royal British Legion (RBL) is thus a key aim of this thesis. With this in mind, the remainder of this chapter will review these most-studied antecedents of group identification, both in general terms and in the specific context of veteran groups.

Group Member Prototypicality

Arguably the most researched antecedent of group identification is one's perceived ingroup prototypicality. Perceived prototypicality is a cornerstone of the social identity approach due to the construct of identification having a key component of *fit* (S. A. Haslam et al., 2020). As outlined in chapter 2, this means that one is similar to other members of the group. Prototypicality is understood as the fuzzy set of attributes people use to cognitively represent their ingroups and understand relevant outgroups (Abrams & Hogg, 2010; Hogg, 2006). When identity is central to our self-concept, we become more vigilant of who is or is not prototypical to our group.

This perception is based on a subjective understanding of the characteristics and values of the group, and how those match one's own (Hogg, Abrams, & Brewer, 2017). Fit is both comparative and normative. It is comparative in terms of how an individual perceives themselves as being more different from outgroup members than from ingroup members on key dimensions such as features (male/female, old/young; (Hornsey, 2008) and norms (P. J. Oakes et al., 1991), and thus the comparison establishes the individual as being perceived as similar to the group, thus increasing the salience of the group identity. With the differences among ingroup members being less than the differences between ingroup and outgroup members, comparative fit creates the basis of the group salience. Alongside this is normative fit, which involves comparing one's own values and norms with those of the group. This can also impact the perceived degree of fit, and thus salience (P. J. Oakes et al., 1991). For example, the values of camaraderie, discipline, and self-sacrifice are common within the military context. The more one embodies these values, the higher the person's level of fit, and thus the greater their degree of salience and perceived prototypicality. In short, the more one is seen as being prototypical of a group, the more that person is perceived to know about the values of the group, and the more their opinion is trusted by other group members when they are trying to understand the norms, values, and characteristics of the group (Haslam, Reicher, & Platow, 2011; Reicher, Haslam, & Hopkins, 2005). Prototypical members in leadership roles (see the next section for more information on this) then influence the directions that these

norms, values and characteristics take, in turn influencing the perceived prototypicality of the other members of the group.

For example, within veterans' groups such as the Royal British Legion (RBL), the salient prototype is that of an older, male, ex-service member, due to the key values of the group (camaraderie), the demographics of veterans (male and older) and the salience of both of these as key group characteristics. Thus, members will look to these individuals for guidance on group values, as well as their own fit within the group. This becomes important when members whose demographics are inconsistent with these prototypes (such as younger people, women, or civilians) then feel less prototypical of the group and are thus less likely to identify with the group and thereby receive potential health and wellbeing benefits. As discussed previously in chapter 2, this can also impact the reception of health messages within the group, for example messages from more prototypical members result in stronger adherence to the perceived norms, whether healthy or unhealthy (e.g., Oakes, 1987; Oakes, Haslam, & Turner, 1994).

The perceived prototypicality of a group member is thus an important determinant of the extent to which they are likely to identify with the group in question (Hogg et al., 2017) and the perceived legitimacy of their membership (P. Oakes et al., 1998). Alongside this there is a feedback effect in which negative feedback on prototypicality (messages that one does not 'fit' within the group) creates feelings of threat which can diminish identification. Indeed, strong group identifiers who are told they are not prototypical of the group have been shown to feel threatened and more differentiated from the group (Schmitt & Branscombe, 2001).

As can be seen, prototypicality is not only key as an antecedent of identification (Waldzus & Mummendey, 2004a), but is also a key component of identification as a measure (Sani et al., 2012b), as well as one of the key processes leading to identification. Prototypicality is also an important factor in an individual member's perceptions of group values and their comparative fit, and it holds high importance

in leadership roles. With more prototypical members tending to rise to leadership roles, as well as having increased influence based on both their role, and their prototypicality (Hogg et al., 2017), not only is prototypicality of members themselves of interest as an antecedent of identification, but the relevance of leader prototypicality has also been highlighted.

Leader Prototypicality

Leader prototypicality is where a leader is perceived to embody shared social identity and what it means to be "one of us". Leader prototypicality, therefore, refers to "the extent to which a leader is perceived to be a representative of a specific group" (Steffens et al., 2021, p. 36). The more a leader is perceived as prototypical, the more they are legitimised (and the reverse is also true). SIA argues that effective leaders act not as individual examples of leadership but instead embody the prototype of the group (Hogg, 2001), such that rather than being an example of the group 'leaders' who happen to be in charge, they instead embody the prototype of the group (including norms and values). This embodiment then increases trust in leadership (Giessner & van Knippenberg, 2008) and allows the leader to have an influence on members' behaviours and perceptions (van Knippenberg & Wilke, 1992).

Leadership has also been found to be based on an 'ideal' rather than an average group perception of the prototype. Leader prototypicality has been found to be more strongly linked to group outcomes (such as identification) when it aligns more with the 'ideal' rather than the 'real' prototype, where 'ideal' refers to the perception of an ideal member, whereas 'real' refers to average group member (Steffens et al., 2021a). In the context of the RBL we can see how the current policy of only having veteran members in high leadership roles could potentially be enhancing members' trust and effectiveness in leadership, thus leading to an increase in identification in the wider group base, especially among those who also embody the prototype or who already highly identify (Steffens et al., 2021a).

Leaders also motivate group members to advance group goals (Haslam et al., 2015). Thus, the SIA argues that leadership is focused on the achievement of collective group goals rather than the goals

of the individual leader, or of individual followers (Steffens et al., 2021a). There is, therefore, a clear link between the perceived prototypicality of a leader and the extent to which they are perceived as effective (Van Knippenberg & Knippenberg, 2005). This is because more prototypical leaders are seen as fairer and more legitimate. Leaders also enhance the identification of strongly identifying members (van Dijke & De Cremer, 2008) such that perceptually prototypical leaders' higher fairness mediates the effect leader prototypicality has on the perceived status of a group member (and thus identification). In the RBL, the leadership is largely made up of older male veterans (due to rules regarding who can hold key positions), which, as discussed previously, matches the prevailing prototype of the group.

Formal leadership positions also have a significant effect on group prototypicality through increased group salience over more informal leadership positions (Steffens et al., 2021a). The importance of this observation in the context of this thesis is clear: the nature of the military makes perceived ingroup/outgroup status very salient – hierarchy, duty, even appearance (e.g., uniforms) create clear ingroup/outgroup boundaries. When these boundaries are important and salient for group membership, perception of prototypicality also becomes more important.

Effective leaders do not solely operate as prototypical members of a group; they also enhance perceptions of group efficacy (Hogg, 2001). Self- and collective efficacy both involve beliefs regarding ability to accomplish particular tasks, though the referent of self-efficacy is the self, whereas the referent of collective efficacy is the individuals working together toward a common goal. Unlike individual efficacy, collective efficacy involves interactive and coordinative social dynamics (Bandura, 2000; 2001).

When unity is needed to achieve a goal, personal efficacy mutates into collective efficacy. Collective efficacy is defined as "a group's shared belief in its conjoint capabilities to organize and execute the courses of action required to produce given levels of attainments" (Bandura, 1997, p. 477).

Collective efficacy requires people with diverse self-interests and different abilities to come together for a common purpose.

One way in which leaders affect efficacy is by acting as group 'champions' who work to further the group's collective goals (Van Zomeren, Leach, & Spears, 2010). This concept of leaders as group champions is thus another way in which leadership processes may predict group member identification and is the focus of the next section.

Leaders as Group Champions

The act of championing involves the leader putting the group's collective interests above their own; this results in both a better leadership style and increases followership (Steffens et al., 2016). Authentic leadership has been linked to a range of positive outcomes for individuals and groups (Gardner et al., 2011). Authentic leadership is enabled when the actions of the leader are seen as being consistent with the norms, values, and beliefs of the group (Steffens et al., 2016). Followers' perceptions of leaders' levels of authenticity vary depending on whether leaders are perceived as advancing the collective group interests (e.g., Giessner, van Knippenberg, van Ginkel, & Sleebos, 2013; Haslam, Reicher, & Platow, 2011). Thus, they become champions in an expression of collective self-consistency (rather than individually). Effective championing of collective interests increases group members' perceived group efficacy (Van Zomeren et al., 2010), which in turn enhances identification through previously discussed processes.

This advancing of the group's goals during the processes and outcomes of leadership is known as identity advancement (S. A. Haslam & Platow, 2001). In this the affirmation and promotion of ingroup identity between leaders and followers occurs when the leader behaves in ways that are perceived as being consistent with the group's values and norms. This can be complex due to the nature of intergroup comparison that affects group prototypes, namely that the contextual comparison of the salient group with a salient outgroup impacts the perceived norms and values of the group (Steffens et al., 2014). For

example, when the currently salient outgroup is civilians, the norms and values that RBL members will want to highlight in order to maximally differentiate the ingroup from the outgroup will be very different to the norms and values that RBL members will want to highlight when the currently salient outgroup is the army. This complexity means that the specific collective interests that the leader is likely to champion is contextually-bound, depending on the current comparative context (Fransen et al., 2016). However, what is consistent is that championing is a positive indicator of self-efficacy, effective leadership, and group member identification (Steffens et al., 2014). Thus, while the specific actions of the leader can vary, the extent to which group leaders are perceived as champions is an important antecedent of group member identification.

Moving on from perceived leadership traits, the next antecedent of identification returns to exploring traits of group members: specifically, their perceived status within the group.

Group Members' Perceived Intragroup Status

Perceived status is the understanding of one's relative place in the social hierarchy of a group (Singh-Manoux, Marmot, & Adler, 2005). With an increase in status comes more legitimacy as a member, as well as greater perceived prototypicality (Baretto & Hogg, 2018). While highly important in an intergroup contexts (e.g. Hogg., 2001), the relevance of perceived intragroup status for intragroup processes has also been highlighted. For instance, perceived intragroup status has been shown to positively predict group members' mental health and wellbeing (Goodman et al., 2001, Singh-Manoux, Adler, & Marmot, 2003). This relationship has been shown to be mediated through group identification, such that perceived status positively predicts group identification, which in turn positively predicts wellbeing (Sani et al., 2010).

Outside of the SIAH there is also evidence within the wider social psychological literature that perceived status is predictive of health through social identity processes. Huo and Binning (2008) detail a complex model in which higher status individuals are perceived as empowered and legitimate by the

group, and thus their actions are perceived to be reflective of the group. This engenders respect, and in turn the authors argue that respect is an aspect of the need to belong (Huo & Binning, 2008). We can see that this mirrors the prediction of the SIAH literature: that perceived intragroup status predicts belonging, thus again supporting the hypothesis that perceived status is an important antecedent of group identification.

However, additional research from outside the SIAH shows that the relationship between perceived intragroup status, group identification, and wellbeing may be more complex than this. Specifically, it shows that it is moderated by the extent to which membership of the specific group in question is deemed to be beneficial or detrimental for identification and/or wellbeing. For example, the intragroup status and health (ISAH) model (Begeny & Huo, 2018) highlights that while subjective ingroup status may benefit health, it may also harm health. This potential harm is hypothesised because individuals who perceive themselves to possess high ingroup status tend to frequently use that particular group identity to define themselves (i.e., in SIA terms, the identity becomes chronically salient). This means that the individual is likely to experience their interactions with wider society through the lens of this specific identity, which means that if this identity is socially stigmatised (e.g., an ethnic minority identity), the individual may perceive themselves as experiencing high levels of discrimination, which in turn may have a negative impact on their health and wellbeing (Begeny & Huo, 2018). It is important to note that this negative health outcome is still dependent on high intragroup status promoting increased identification and salience, which is then affected by the intergroup context into a negative or 'social curse' effect (the counter phenomenon to the 'social cure' where identification can result in negative health outcomes for members (see chapter 2)). This highlights the need to consider the nature of the ingroup within the broader intergroup context.

As can be seen, while the relationship between perceived intragroup status and group identification is theoretically clear and consistent with SIAH processes, the wider intergroup context can also play an important role in determining whether this process is beneficial or harmful for health.

Moreover, the concept of intragroup status is particularly relevant for veteran groups such as the RBL, as these groups have clear and formal structures within them, thus suggesting that intragroup status is an important antecedent of group identification to explore in this thesis. One of the ways status can have a profound effect on identification is in partnership with empowerment, as high status members and leaders are empowered in the individual and group contexts.

Empowerment

Empowerment is a construct that has been widely used in management and organisational psychology for more than 30 years (Spreitzer, 1995) and has similarities to individual self-efficacy (Kark et al., 2003). The concept of empowerment in organisational psychology explores what motivates employees to enact their work role in an effective manner. Thomas and Velthouse (1990) defined empowerment as "the intrinsic motivation manifested in four domains (meaning, competence, self-determination, and impact) that together reflect an individual's orientation to their work role" (p. 667). In terms of the four domains, *meaning* involves experiencing a sense of a fit between the requirements of one's work role and one's beliefs, values, and behaviours (Brief & Nord, 1990; Hackman & Oldham, 1980). *Competence* refers to possessing self-efficacy that is specific to one's work role: a belief in one's capability to perform the necessary activities with skill (Gist, 1987). *Self-determination* involves experiencing a sense of choice in initiating and controlling actions within one's work role (Deci, Connell, & Ryan, 1989). Finally, *impact* is the degree to which a person feels that they can influence strategic, administrative, or operating outcomes at work (Ashforth, 1989). In SIA terms, employees who experience empowerment feel a stronger sense of belonging to their workplace/workgroup.

Empowerment also interacts with leadership in that empowering individuals within an organisation has been found to increase identification; this has been replicated in research multiple times, thereby establishing a strong relationship in which empowerment influences social identity (see Avolio et al., 2004; Fuller et al., 1999). Peer support, a key mediator of the relationship between group identification and health/wellbeing in the SIAH, has also been found to influence empowerment (Wallach

& Meuller, 2006) such that empowerment and identification present a two way relationship (Spreitzer, 2008). Empowerment also interacts with trust (Ergeneli et al., 2007) such that empowerment increases trust in leaders, which as previously discussed in this chapter is an important way in which perceived leadership prototypicality can foster a strong sense of group identification in group members. Alongside this, empowerment is also predicted by trust; Moye et al. (2004) found that employees who experienced a sense of trust in leaders found their work more meaningful and reported a stronger sense of self-determination and impact, which are both components of empowerment (Spreitzer, 2008). Within this framework, intragroup trust becomes an outcome of group identification which then cyclically enhances self-efficacy, and identification. This interaction between empowerment, leadership, and trust highlights again that while individual antecedents of identification are separate constructs, they are highly interlinked with each other, and any investigation of these must consider them together in order to tease out the complex relationships which occur.

One way in which the organisational psychology literature argues that empowerment may predict group identification is via its mediating role in the relationship between leadership style and identification (Balaji, & Krishnan., 2014). This model posits that effective leadership styles positively predict employees' sense of empowerment, which in turn positively predicts their organisational identification (Dust et al., 2014). Empowerment has also been found to mediate the relationship between organisational identification and organisational outcomes such as job satisfaction (Prati & Zani, 2013). Although this model conceptualises empowerment as an outcome of identification rather than an antecedent, the authors highlight that this relationship is reciprocal, with empowerment predicting identification and vice versa. This model is also supported by research which has shown that empowerment longitudinally mediates the relationship between identification and wellbeing (Molix & Bettencourt, 2010). However, again, the authors clarify that the relationship between empowerment and identification should be considered to be reciprocal. This is similar to the 'virtuous cycle' identified by Tarrant et al. (2013) where people who

identify experience enhanced identification also experience increases in efficacy, empowerment, and involvement, which in turn predicts more identification in a cyclical (rather than reciprocal) process.

Nonetheless, it is important to note that other research into wider social groups outside of organisational psychology has found that while empowerment predicts identification, identification does not predict empowerment (Rüsch et al., 2006). These findings may seem counter to that of organisational psychology, however they highlight that while within organisational psychology empowerment appears to be a complex cyclical (virtuous cycle) relationship. Indeed, the parallels discussed above between SIA concepts and empowerment research hint that perhaps the relationship between empowerment and identification is more similar to self-efficacy in the wider social context (such as within social groups), where empowerment is related to the collective efficacy outcome of identification, which then cycles back into the individual efficacy antecedent mentioned previously.

An important distinction to be made between traditional understandings of empowerment within organisational psychology and understandings of empowerment-related phenomena within the SIA is that, within organisational psychology, empowerment is understood in terms of the experiences of the individual, however the SIA posits that it is the social identity that is the locus of empowerment, rather than just the personal self within the organisation (Drury & Reicher, 2005). While this difference may seem fundamental, this section of the chapter has highlighted the many commonalities between the literature on empowerment and the SIAH literature. This suggests that exploring empowerment and more traditional SIA predictors of identification simultaneously could enable a novel (and arguably long-overdue) synthesis of these two literatures. Moreover, this could help to shed useful light on additional predictors of group identification in the context of veteran organisations such as the RBL. While empowerment is most important for leaders and high-status group members, another aspect that comes with increased power is increased engagement, which in wider psychological literature is heavily related to involvement.

Involvement

Another potential antecedent of group identification that comes from outside of the SIA is involvement. Involvement is a construct heavily used in brand and relations psychology and has been investigated for over 40 years (e.g., Zaichkowsky., 1985; Klein., & Sharma, 2022), including research where its principles have been applied within a SIA framework (e.g., Rather et al., 2018). In a consumer behaviour context, involvement is defined as the degree to which consumers are engaged in different aspects of the consumption process in terms of products, advertisements, and purchasing (Broderick & Mueller, 1999, p. 97), and it has been described as an imperative facet of consumer behaviour that is linked to behavioural and engagement outcomes. The construct is primarily operationalised via Zaichkowsky's (1985) Personal Involvement Inventory (PII), which includes items exploring consumers' cognitive and emotional involvement with brands/organisations.

Involvement has been linked to group identification in the context of sports teams (Fisher & Wakefield, 1998). Specifically, by adapting the traditional brand-related measure of involvement to instead measure fans' cognitive and emotional involvement with a sports team, this study showed that involvement is a significant positive predictor of identification. In turn, the authors found that this increased identification positively predicts ingroup social support; a finding which is consistent with the central tenets of the SIAH. More recent research exploring sport team identity has also shown that when fans' membership of their sport team is salient, involvement positively predicts their level of sports team identification (Laverie & Arnett, 2000). Additional research into the sports fan identity (Gwinner & Swanson, 2003) has again shown that involvement predicts sport team identification, which in turn predicts important group supportive behaviours such as sponsorship and monetary donations. Thus, in sum, a range of research supports the idea that involvement positively predicts group identification.

There is clear relevance of the concept of involvement for veteran organisations such as the RBL, especially since the RBL is a charitable organisation, with key branding and product/sponsorship/donation behaviours inherent to its financial survival. Brand psychology (e.g.,

Stokburger-Sauer et al., 2012) posits that involvement positively predicts brand identification, which in turn positively predicts normative behaviours with regards to brand-related product engagement (an observation which can also be applied to the behaviour of RBL members, such as group members buying and wearing a remembrance poppy each November). From this perspective, brand-related items such as the remembrance poppy form a coherent identity 'set', which are linked to a corresponding social identity (RBL member). Thus, by increasing involvement and activating the social identity, the normative behaviours of support are engaged, including increased consumption of branded goods (Kleine III et al., 1993). In sum, involvement seems vital for the RBL itself, since membership fees and donations are what keep the organisation running in a time of government funding cuts, but also for the RBL's members, due to the health-related benefits associated with the group identification it fosters (Haslam et al., 2018).

Taken together, the research findings support the idea that involvement is an important antecedent of group identification (Fisher & Wakefield, 1998; Gwinner & Swanson, 2003). Alongside this, the importance of brand psychology to charitable organisations such as the RBL cannot be understated. This suggests that there would be important advantages to synthesising the spheres of brand psychology and the SIA by including both involvement and SIA-related variables within an exploration of the potential predictors of RBL identification. The final section of this chapter will explore some current research which has attempted to synthesise some of the key antecedents of group identification in the context of psychological interventions.

Antecedents of Group Identification in the Context of Interventions

Recently there has been an attempt in the SIA literature to synthesise some of the key antecedents of group identification. This work, conducted by Mark Tarrant and colleagues (Hagger et al., 2020) has come from investigations into the psychological processes that take place when participants engage in interventions that are designed to help them experience the benefits of joining new and supportive groups, such as Groups4Health (C. Haslam et al., 2018), which was discussed in chapter 2. Tarrant and colleagues (2021) use data from their own social identity-related interventions, such as singing for mental health

groups and weight-loss support groups to explore what predicts participants' identification with these intervention groups. From these investigations, Tarrant et al. (2021) identify six of the 15 SIAH hypotheses (Haslam et al., 2018) which their research suggests are especially relevant for establishing and maintaining group identification in the context of interventions. These observations provide a framework through which people delivering interventions can foster and enhance group identification (Tarrant et al., 2020). Importantly, the authors argue that these antecedents of identification should be deliberately cultivated, rather than simply being allowed to occur naturally within group interventions.

Tarrant and colleagues summarise a series of variables, and theorising from social identity-based intervention groups, which they deem to be important in promoting group identification. First, they argue that group members need to develop a sense of group-related fit, which means that the differences between the members are seen as less than the similarities (in line with discussed SIT processes discussed in chapter 2), in line with the previously discussed antecedent of prototypicality (Steffens et al., 2015). Second, the authors argue that by increasing identity salience (through collective acts, and domain specific involvement) and using inclusive language (such as by leaders), members are more likely to identify with the group (Hogg, Hains, & Mason, 1998; Laverie & Arnett, 2000). Third, the authors argue that by increasing group members' familiarity of and trust in fellow ingroup members identification can be enhanced. They argue that this can be achieved by promoting interaction between members and promoting cooperation and trust such as through group-based problem solving and sharing. Finally, the authors suggest that identification can be enhanced by promoting group members' involvement in the group. They argue that this can be achieved by emphasizing the relevance of the group in helping members achieve behaviour change goals (in line with previously discussed research on self/group efficacy and its attendant effect on identification).

It is important to note that Tarrant et al.'s (2020) four suggestions for promoting group identification in the context of intervention groups overlap with concepts and constructs that have been explored earlier in this chapter, thereby providing additional evidence for the potential importance of

these aforementioned antecedents. For instance, their findings speak to constructs such as involvement (both in general terms and in terms of its specific meaning within brand psychology), the effects of leadership on group member trust, and the parallel of collective/self-efficacy and empowerment.

Conclusion

As can be seen from the evidence presented in this chapter, there is conceptual overlap in terms of the antecedents of group identification that have been identified within a wide variety of psychological domains. Group member prototypicality, leadership prototypicality, leaders as champions, empowerment, and involvement have all been evidenced as potential antecedents of identification, and conceptual linkages between these separate antecedents have also been highlighted.

Finally, the recent supportive evidence from Tarrant and colleagues also highlights that, while working from a practice to theory pathway evidenced by successful interventions utilising the SIAH, the conclusions as to the key components which create and enhance identification are strikingly similar to those examined in the earlier part of this chapter. This further supports the premise that these are some of the strongest constructs that we have at hand which we can be used to possibly enhance identification, and thus health and wellbeing in groups in general.

The Present Thesis

The present thesis aims to address various gaps in the literature. First, as identified in previous chapters, there is a gap in traditional literature on veterancy and veterans' groups; namely, that the relevance of social contexts and processes for veterans' health and wellbeing have largely been ignored. Moreover, although the field of SIAH research has the potential to address this shortcoming by exploring the relevance of social group memberships for health, very few SIAH studies have explored the veteran population. With this in mind, the first gap that this thesis aims to address is to identify patterns of group belonging, social support, health, and wellbeing within the veteran population. While these patterns have been well-established in other populations (e.g., the general population; Jetten et al., 2009, people who

use support groups; Crabtree et al., 2010, people with PTSD; Muldoon & Lowe, 2012, and depression; Cruwys et al., 2014, they have not been extensively studied in the veteran population.

There is already some evidence that social factors are important for wellbeing retirement (e.g., Cruwys et al., 2019a; Haslam et al., 2018). However, as discussed in previous chapters, retirement and veterancy are distinct concepts. It is also important to note that specific sub-groups of the population are often understudied within SIAH research: for example, while previous research has shown that group belonging is impactful for mental health outcomes in the general population (Jetten et al., 2009), it may be the case that the nature of these processes differ for specific sub-groups who have experienced extreme events or trauma (e.g., Kellezi et al., 2009). With these aspects in mind, the first step for this thesis is to establish empirically that the aforementioned SIA/SIAH processes and outcomes can be observed in the veteran population. To this end, the first research question in this thesis is:

RQ1: To what extent can established SIAH patterns of group belonging, social support, and health/wellbeing be observed in the veteran population?

To address RQ1, Study 1 will explore group belonging, social support, and health/wellbeing outcomes within a large pre-existing dataset. It is the first study to apply a SIAH lens to a pre-existing dataset with the aim of establishing the existence of these processes (as discussed in chapter 2) within a veteran population. More generally, Study 1 is also designed to provide evidence for SIA/SIAH being an appropriate theoretical lens through which to understand veteran health and wellbeing.

While Study 1 is intended to provide an initial exploration of SIAH processes in a pre-existing dataset, the fact that the variables in this dataset were not specifically designed to tap into these SIAH processes is an important limitation. The third study in the thesis will involve gathering primary longitudinal survey data from veterans (thereby enabling SIAH-specific measures to be utilised), though the understudied nature of the veteran population within the SIAH literature means that it would be inappropriate to move straight into selecting variables and conducting this longitudinal survey study before developing a clearer understanding of veterans' lived experiences of social identity and health.

With this in mind, study 2 (chapter 5) uses a qualitative methodology to explore participants' lived experiences of their membership of the Royal British Legion (RBL). This will include asking participants, via semi-structured interviews, to reflect on aspects of their membership such as what allows them to feel a sense of belonging to the RBL, whether they receive social support from fellow RBL members, and how they believe that being a member of the RBL may contribute to their health/wellbeing. Study 2 will fill an important gap in the traditional veteran research, as qualitative studies which explore the rich lived experiences of veterans are relatively rare in this domain. Moreover, although there have there been some recent qualitative explorations of participants' understanding of identity and belonging in veterans' organisations (e.g., Barnett et al., 2021), this work examined only recent veterans (less than 5 years since leaving military). As previously mentioned, the majority of veterans are older and the majority of members of these veterans' organisations are not veterans (see chapter 1). Thus, while a helpful initial exploration, for an understanding of the fuller veteran community as well as that of these organisations, a more representative sample, including older veterans, and civilian organisation members is required. Because processes such as group identification and feeling such as personal wellbeing are highly subjective, previous SIAH research (e.g., (Jetten et al., 2009)) highlights the importance of using qualitative research to explore participants' in-depth lived experiences of such processes. To this end, the second research question in this thesis is:

RQ2: How do Royal British Legion members understand social identity and its relationship to health/wellbeing?

As previously mentioned, this research question is addressed in study 2 (chapter 5), which reports a qualitative study exploring participants' understandings of group identity, group belonging, social support, and antecedents of identification in a sample of RBL members (both veteran and non-veteran). Study 2 extends the literature by providing the first in-depth analysis of RBL members' own experiences and understandings of their group memberships and health. More generally, this study is intended to provide further evidence for SIA/SIAH being an appropriate theoretical lens through which to understand

veteran health and wellbeing. A final aim of Study 2 is to specifically examine participants' understandings of the antecedents of group identification: what do they perceive as helping to enhance (or reduce) their feelings of belongingness to the RBL? Exploring this aim will help to determine which group identification antecedent measures need to be included in study 3 (the longitudinal survey study).

As established in chapter 3, there are a range of potential predictors of group identification, and the relevance of a number of these are clearly supported by the wider SIA/SIAH literature. Although Study 2 is (partially) designed to explore participants' personal options and perceptions of these antecedents, a qualitative study cannot investigate the relative contribution of each antecedent to explaining the variance in veterans' group identification, nor the extent to which that sense of group identification goes on to predict health/wellbeing in veterans. With this in mind, study 3 (chapter 6) will quantitatively explore antecedents of group identification, group identification itself, and outcomes of group identification in a longitudinal survey study with a veteran sample. Study 3 will contribute to knowledge in two important ways. First, it will be the first longitudinal survey study to explore SIAH processes in a veteran population. Second, it will be the first study (with any population) to investigate the relative contributions of numerous potential antecedents to explaining the variance in group identification. To this end, the third research question in this thesis is:

RQ3: What are the cross-sectional and longitudinal relationships between antecedents of group identification, group identification, and health-related outcomes of group identification in veterans who are RBL members?

Together, the three empirical studies reported in this thesis demonstrate the suitable grounding of SIAH processes in an established veteran dataset (Study 1), a qualitative exploration of recent veterans' experiences of the RBL (Study 2), and a longitudinal study of the antecedents and outcomes of group membership for RBL members (Study 3). The three studies together address gaps in the literature as they relate to veterans as an understudied population. This thesis addresses gaps methodologically as well as theoretically – in using three different approaches to study the veterans' groups.

Chapter 4: Study 1 - Exploring Social Cure Processes in Veterans in the Health and Retirement Survey

Introduction

The key aim of the first study in this thesis was to address Research Question 1 (To what extent can established SIAH patterns of group belonging, social support, and health/wellbeing be observed in the veteran population?) To this end, a suitable dataset was identified: the Health and Retirement Survey (HRS). This dataset was selected because it indicates which participants are veterans and it contains a range of relevant variables, including a measure of group belonging (specifically neighbourhood belonging), a measure of received social support (specifically neighbourhood social support), and health and wellbeing outcomes (satisfaction with life (SWL), anxiety, and depression). To address Research Question 1, study 1 involved examining the correlational and mediation patterns of these constructs in line with existing SIA/SIAH research (as examined in chapter 2).

First, in line with existing research (e.g., Haslam et al., 2021, the neighbourhood belonging measure in the HRS was used as a direct parallel to existing SIA/SIAH measures of neighbourhood identification (e.g., Haslam et al., Wakefield et al., 2017). Based on the results of these previous studies, it was expected that neighbourhood belonging would positively predict SWL and would negatively predict depression and anxiety in veterans. Second, it was expected that received neighbourhood social support would mediate these relationships, again directly in line with established SIA/SIAH processes (Haslam et al., 2012; Haslam et al., 2005). In summary, it was expected that the processes previously discussed in chapter 2, which are the keystones of the SIA/SIAH fill be found to exist and function within the veteran population in the same way as they have been found to exist and function in the general population (e.g., (C. Haslam et al., 2018; Jetten et al., 2009).

Hypotheses

Based on previous SIAH studies which have explored the relationship between neighbourhood identification and wellbeing (e.g., Fong et al., 2021; Heath et al., 2017; Fong 2021), the following predictions were made:

H1: There will be a positive relationship between neighbourhood belonging and satisfaction with life (SWL) in veterans.

H2: There will be a negative relationship between neighbourhood belonging and mental ill-health (**a**: depression, and **b**: anxiety) in veterans.

H3 The relationship between neighbourhood belonging and SWL will be mediated by neighbourhood support, such that neighbourhood belonging positively predicts neighbourhood support, which in turn positively predicts SWL.

H4: The relationship between neighbourhood belonging and mental ill-health (**a**: depression, and **b**: anxiety) will be mediated by neighbourhood support, such that neighbourhood belonging positively predicts neighbourhood support, which in turn negatively predicts mental ill-health.

Method

Data Selection Information

The dataset that was selected for use for this study was the HRS (Health and Retirement Study) which is sponsored by the National Institute on Aging (grant number NIA U01AG009740) and is conducted by the University of Michigan. This study examines the health and wellbeing of retired people in America using comprehensive biological, interview, and survey methods, with the aim of collating data on participants from each generation since the post-war period. Participants are recruited nationally across the USA to create a representative sample of 20,000 participants for each wave, with each wave featuring different participants.

The HRS dataset series is ongoing: data are collected every 2 years since 1992, with the psychosocial questionnaire section being included since 2006. The psychosocial questionnaire (which

contains the data used in this study) is a 'take home' additional optional section given to participants to complete in their own time after the biological and demographic data have been recorded via an in-person interview and examination.

This dataset was selected for the present study due to it involving a large number of participants (N = 43,398), the fact that veterans can be identified within the data, and the fact that it includes psychosocial measures which are suitable to serve as proxies for measures used in contemporary SIA/SIAH research.

Data Preparation Procedure and Participants

The psychosocial data section was downloaded for each 2-year release (7 individual datasets) and SPS coding was used to format the .dat files into SPSS compatible data. These were then filtered so that only veteran participants who had completed the psychosocial questionnaire remained. This resulted in a final dataset of 347 veteran participants with full data for the psychosocial measures (300 males, 47 females; M_{age} = 59.01 years, SD = 8.31, *age range*: 44-83 years). These data are not longitudinal: each 2-year release contains a unique set of participants, allowing them to be combined into a single file.

Measures/scales which enabled the study's hypotheses to be tested were then identified. Each was chosen because either i) it was a measure/scale that it commonly used in contemporary SIA/SIAH research, or: ii) it was a suitable proxy of a measure/scale that is commonly used in contemporary SIA/SIAH research. These measures are detailed in the next section. Finally, the data-files containing the chosen items/measures were transferred to a single SPSS file and were collated with demographic data for each participant from the full HRS data tracker file.

A post-hoc power analysis was conducted using GPOWER (Faul et al., 2007) assuming a medium effect size (f^2 = 0.15), .95 power, and nine predictors (our most complex model involves one predictor, one mediator, and six control variables) indicated that a sample size of one hundred and seven was required. Thus, suitable power was established.

Measures

Social Measures

Participants' *neighbourhood belonging* was measured with a single item from the Neighbourhood Cohesion Scale (Cagney et al., 2009): "*I really feel part of this area/I feel that I don't belong to this area*". Participants rated their agreement with this item on a scale ranging from 1 to 7, which was reverse-scored to create a measure where higher values indicate higher neighbourhood belonging. Participants were asked to define 'this area' as everywhere within a 20-minute walk (or about a mile) of their home. This measure serves as a proxy for multi-item belonging/identification scales used in current SIA/SIAH research, such as the Group Identification Scale (GIS) (Sani et al., 2012a).

Participants' *neighbourhood support* was measured with a single item from the Neighbourhood Cohesion Scale (Cagney et al., 2009): "If you were in trouble, there are lots of people in this area who would help you/If you were in trouble, there is nobody in this area who would help you". Participants rated their agreement with this item on a scale ranging from 1 to 7, which was reverse-scored to create a measure where higher values indicate higher neighbourhood support. This measure serves as a proxy for multi-item social support scales used in current SIA/SIAH research (Haslam et al., 2005). While single items are not ideal, the wording of the item, specifically addressing support, was deemed similar enough to commonly used measures of neighbourhood support to allow it to be an appropriate measure in this context.

Health/Wellbeing Measures

Participants' *satisfaction with life* (SWL) was measured with the five item Satisfaction with Life Scale (Diener et al., 1985). Participants rated their agreement with each item (e.g., "I am satisfied with my life") on a scale ranging from 1 ("I strongly disagree") to 7 ("I strongly agree"). These items were averaged, creating a measure (Cronbach's $\alpha = 0.88$) where higher values indicate higher satisfaction with life.

Participants' *depression* was measured with the six-item Depression Affect Scale (Watson et al., 1999). Participants rated the extent to which they had experienced each symptom (e.g., "hopelessness") during the last 30 days on a scale ranging from 1 ("All of the time") to 5 ("None of the time"). These items were reverse-scored and averaged, creating a measure (Cronbach's $\alpha = 0.67$) where higher values indicate higher depression.

Participants' *anxiety* was measured with the five items from the Beck Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988) used with older patients in previous research by Wetherall & Arean (1997). Participants were asked how often they had experienced each symptom (e.g., "I had fear of the worst happening.") in the past week, on a scale ranging from 1 ("Never") to 7 ("Most of the time"). These items were averaged, creating a measure (Cronbach's $\alpha = 0.85$) where higher values indicate higher anxiety.

Demographic Variables

Finally, participants' *age* and *gender* (0 = female, 1 = male) were used as control variables.

Results

Analysis Strategy

Version 26 of SPSS (Statistical Package for the Social Sciences) was used for all analyses. All analyses were two-tailed. Apart from calculating means, standard deviations, and correlations, the key analytic technique was mediation analysis, which was used to investigate the extent to which neighbourhood belonging predicted each of the mental health/wellbeing measures via neighbourhood support. These analyses were conducted using model 4 of Hayes' PROCESS macro, version 3.4 (Hayes, 2018). Each analysis involved 5,000 bootstrapping samples with bias corrected and accelerated 95% confidence intervals (Lower-Level Confidence Interval: LLCI, and Upper-Level Confidence Interval: ULCI), which is more conservative than percentile models (Hayes, 2013). As recommended by Hayes (2018), it was decided to mean centre products, report heteroscedasticity-consistent standard errors, and report Ordinary Least Squares/Maximum Likelihood confidence intervals.

Each mediation involved gender and age as control variables; these control variables were selected because they have been found to significantly predict mental health outcomes in previous research (C. Haslam, Jetten, Cruwys, Dingle, & Haslam, 2018). In order to examine any possible reverse effect of neighbourhood belonging mediating the relationship between neighbourhood support and each of the health/wellbeing measures, reversed mediation models were also conducted.

Analyses

Intercorrelations and Descriptive Statistics

First, to explore hypotheses H1 and H2a/b, the intercorrelations between neighbourhood belonging, neighbourhood support, and the mental health variables (SWL, anxiety, depression), as well as participants' gender, and age, were investigated. Table 4.1 shows the means and standard deviations for these variables, as well as inter-correlations.

Table 4.1.

Correlations for neighbourhood belonging, neighbourhood support mental health measures, age, and gender.

	1	2	3	4	5	6	7
1. Neighbourhood belonging (1-7) (*M*=4.86; *SD*=1.92)	-						
2. Neighbourhood Support (1-7) (*M*=4.59; *SD*=1.74)	0.46***	-					
3. Satisfaction with life (1-7) (*M*=4.40; *SD*=1.61)	0.35***	0.29***	-				
4. Anxiety (1-4) (*M*=4.63; *SD*=1.47)	-0.17*	-0.18**	-0.36***	-			
5. Depression (1-5) (*M*=25.73; *SD*=12.66)	-0.12*	-0.21***	0.67**	0.36***	-		
6. Age (44-83) (*M*=59.01; *SD*=8.31)	0.19	-0.03	-0.42***	-0.07	-0.06	-	
7. Gender (M=0/F=1)	-0.06	-0.11*	-0.02	-0.12	-0.09	-0.09	-

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

Supporting H1 and H2, neighbourhood belonging correlated positively with SWL ($p < .001$), and negatively with anxiety ($p = .004$), and depression ($p < .001$). SWL was negatively correlated with anxiety

($p < .001$), and positively with depression. Anxiety was correlated positively with depression ($p < .001$). Age was correlated negatively with SWL ($p < .001$).

Neighbourhood support was correlated with SWL ($p < .001$), anxiety ($p = .004$), and depression ($p < .001$), highlighting that higher neighbourhood support was associated with better mental health.

Finally, age correlated positively with SWL ($p = .01$), thus indicating that older participants experienced better satisfaction with life. Moreover, females experienced stronger neighbourhood support than males ($p = .038$). No other variables correlated significantly with either age or gender.

Exploring the Mediating effect of Neighbourhood Support on the Relationship Between Neighbourhood Belonging and Satisfaction with Life

To test H3, the possible mediating effect of neighbourhood support on the relationship between neighbourhood belonging and SWL was explored (while controlling for age and gender). The model can be seen in Figure 4.1.

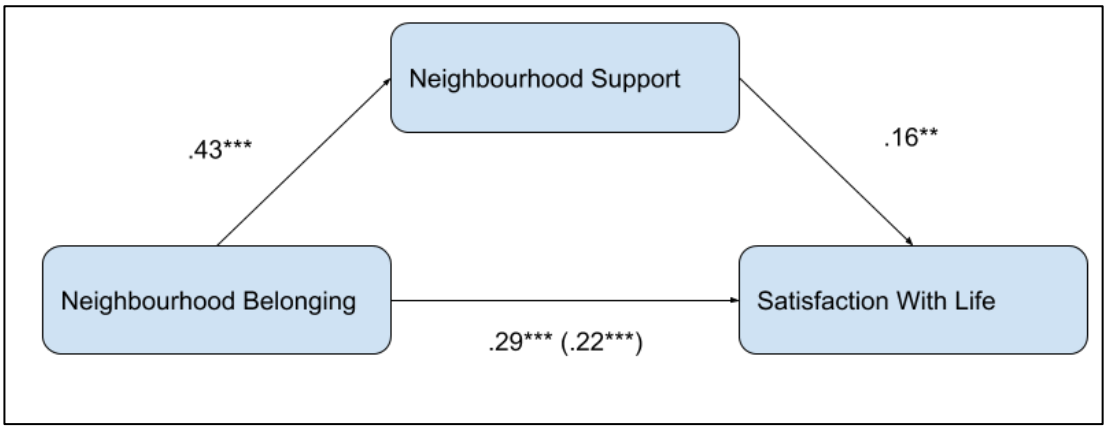

*Figure 4.1. Model exploring the mediating effect of Neighbourhood Support on the relationship between Neighbourhood Belonging and SWL. Age and Gender were included as covariates in the model, but are not shown in this figure. On the c path, the value outside of brackets is the total effect, which the value inside brackets is the direct effect. Note: *** p < .001, ** p < .01*

Neighbourhood belonging was a positive predictor of neighbourhood support (*coeff* = .43, *SE* = .04, *t* = 9.65, *p* < .001, *LLCI* = .34, *ULCI* = .51), while neighbourhood support was a positive predictor of SWL (*coeff* = .16, *SE* = .05, *t* = 3.06, *p* = .002, *LLCI* = .06, *ULCI* = .26). Supporting H3, the indirect

effect of neighbourhood belonging on SWL through neighbourhood support was significant (*effect* = .07, *BootSE* = .03, *BootLLCI* = .02, *BootULCI* = .12). The total effect of neighbourhood belonging on SWL was significant (*effect* = .29, *SE* = .04, *t* = 6.61, *p* < .001, *LLCI* = .20, *ULCI* = .37) and this became less significant when neighbourhood support was accounted for (direct effect), indicating partial mediation (*effect* = .22, *SE* = .05, *t* = 4.49, *p* < .001, *LLCI* = .12, *ULCI* = .31).

Exploring the Mediating effect of Neighbourhood Support on the Relationship Between Neighbourhood Belonging and Depression

To test H4a, the possible mediating effect of neighbourhood support on the relationship between neighbourhood belonging and depression was explored (while controlling for age and gender). The model can be seen in Figure 4.2.

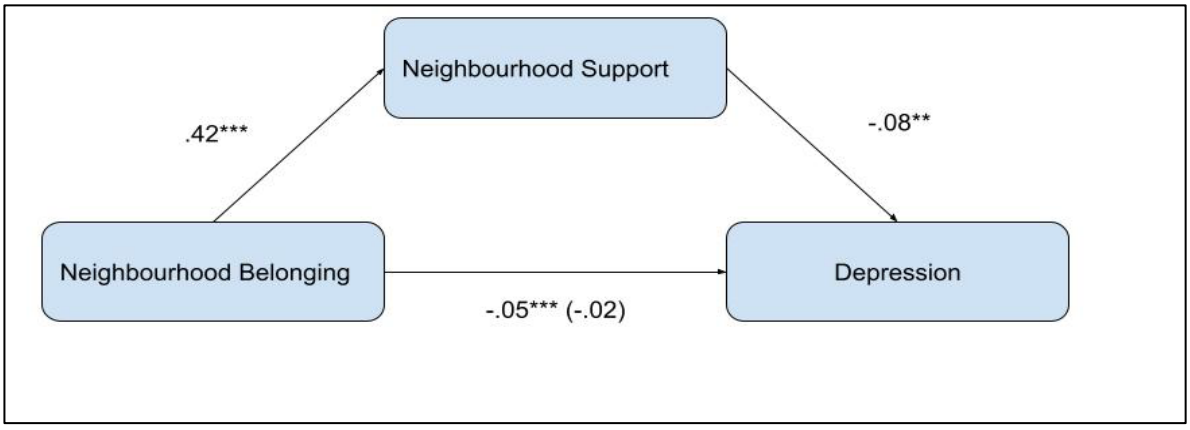

*Figure 4.2. Model exploring the mediating effect of Neighbourhood Support on the relationship between Neighbourhood Belonging and Depression. Age and Gender were included as covariates in the model, but are not shown in this figure. On the c path, the value outside of brackets is the total effect, which the value inside brackets is the direct effect. Note: *** p < .001, ** p < .01*

Neighbourhood belonging was a positive predictor of neighbourhood support (*coeff* = .42, *SE* = .04, *t* = 9.76, *p* < .001, *LLCI* = .34, *ULCI* = .51), while neighbourhood support was a negative predictor of depression (*coeff* = -.08, *SE* = .03, *t* = -2.92, *p* = .004, *LLCI* = -.14, *ULCI* = -.03). The indirect effect of neighbourhood belonging on depression through neighbourhood support was significant (*effect* = -.04, *BootSE* = .01, *BootLLCI* =-0.6, *BootULCI* = -.01). The total effect of neighbourhood belonging on depression was significant (*effect* = -.05, *SE* = .02, *t* = -2.29, *p* = .023, *LLCI* = -.10, *ULCI* = -.01) and this

became non-significant when neighbourhood support was accounted for, indicating full mediation (*effect* = -.02, *SE* = .03, *t* = -.68, *p* = .498, *LLCI* = -.07, *ULCI* = .03).

Exploring the Mediating effect of Neighbourhood Support on the Relationship Between Neighbourhood Belonging and Anxiety

To test H4b, the possible mediating effect of neighbourhood support on the relationship between neighbourhood belonging and anxiety was explored (while controlling for age and gender). The model can be seen in Figure 4.3.

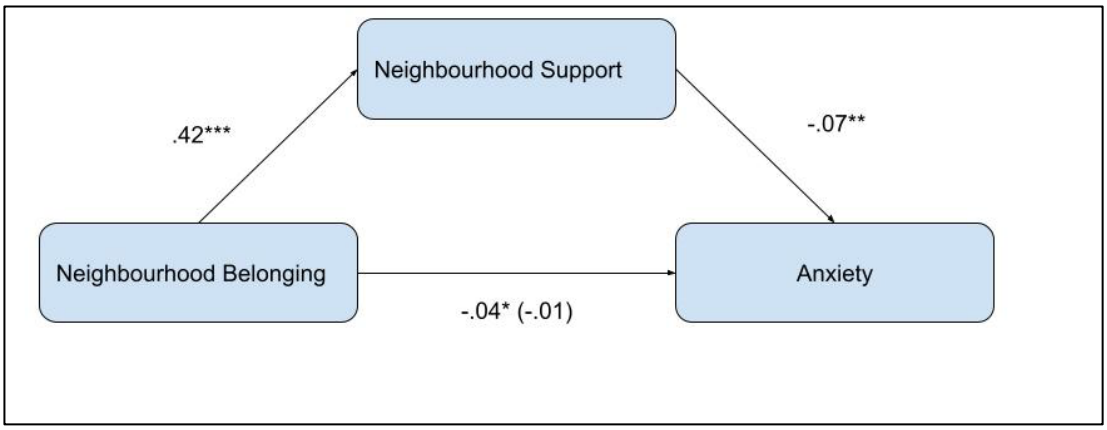

*Figure 4.3. Model exploring the mediating effect of Neighbourhood Support on the relationship between Neighbourhood Belonging and Anxiety. Age and Gender were included as covariates in the model, but are not shown in this figure. On the c path, the value outside of brackets is the total effect, which the value inside brackets is the direct effect. Note: *** p < .001, ** p < .01*

Neighbourhood belonging was a positive predictor of neighbourhood support (*coeff* = .42, *SE* = .05, *t* = 8.91, *p* < .001, *LLCI* = .33, *ULCI* = .52), while neighbourhood support was a negative predictor of Anxiety (*coeff* = -.07, *SE* = .30, *t* = -2.65, *p* = .008, *LLCI* = -.12, *ULCI* = -.02). The indirect effect of neighbourhood belonging on anxiety through neighbourhood support was significant (*effect* = -.03, *BootSE* = .01, *BootLLCI* = -0.6, *BootULCI* = -.01). The total effect of neighbourhood belonging on anxiety was significant (*effect* = -.04, *SE* = .02, *t* = -1.99, *p* = .049, *LLCI* = -.08, *ULCI* = -.01) and this became non-significant when neighbourhood support was accounted for, indicating full mediation (*effect* = -.01, *SE* = .02, *t* = -.29, *p* = .769, *LLCI* = -.05, *ULCI* = .04).

Discussion

Study 1 was intended to explore Research Question 1 by investigating the extent to which established SIAH patterns of group belonging, social support, and health/wellbeing can be observed in the veteran population. This was achieved through analysis of the pre-existing HRS dataset. Neighbourhood belonging, a simpler and less conceptually specific measure than the group identification measures that are usually used in SIAH research (e.g., Sani et al., 2012), acted as a proxy for neighbourhood identification, and was the predictor variable. Neighbourhood support, again a more simplistic measure than the received social support measure traditionally used in SIAH research (e.g., Haslam., 2018), acted as a proxy for neighbourhood received support, and was the mediator variable. Finally, with SWL, depression, and anxiety being widely-used measures in SIAH research (e.g., Haslam et al., 2018; Jetten et al., 2009), these variables were used as outcomes. In sum, through proxy measures, this study enabled an exploration of the extent to which established SIAH processes could be observed within a veteran dataset, thereby also examining SIAH's suitability for use as a theoretical framework underpinning veteran research.

Summary of Findings

Correlations

There was evidence that the established patterns of SIAH processes and outcomes were mirrored in this veteran sample. Supporting Hypotheses 1 and 2, the correlational analysis showed significant relationships between neighbourhood belonging, neighbourhood support, SWL, anxiety, and depression. In short, veterans show the same data patterns as indicated in previous (non-veteran) SIAH literature. These findings were obtained even though unidimensional proxy measures were used as stand-ins for identification and received support. As neighbourhood belonging and neighbourhood support significantly correlated with the health and wellbeing measures, it was also appropriate to explore the predicted mediation models.

Mediating Role of Received Support

Supporting Hypotheses 3 and 4, neighbourhood support was found to significantly mediate the relationship between neighbourhood belonging and mental health (SWL, depression, and anxiety). These results also highlight that the commonly-studied SIAH pathway from group identification to group support to mental wellbeing (e.g., Haslam et al., 2020) is visible within the veteran population, even when using secondary data involving unidimensional proxy measures.

Conclusion

Even though these results were obtained from secondary data that involves unidimensional proxy measures, they still provide an important indication that the SIA/SIAH approach is applicable for use in veteran research. Moreover, this study is one of the first to show these relationships in the veteran population, which has been understudied in SIA/SIAH research, but for whom the relevance of social group memberships is likely to be especially important (e.g., due to their previous military experiences of camaraderie).

Limitations and Future Directions

The exploratory nature of Study 1 meant that a number of improvements for future studies were informed by its limitations and shortcomings. Four limitations are discussed below.

i) The Use of Proxy Measures

A key element of this present study was the use of proxy measures for two of the most common SIAH constructs currently in use (i.e., group identification and group support). While the SWL, anxiety, and depression measures were established and validated measures that are widely used in psychological research (including SIAH research), the neighbourhood belonging and neighbourhood support measures were single item, meaning that they were unable to tap into the multi-faceted concepts of group identification and group support (e.g., see Sani et al., 2012). For example, while group identification involves a belongingness component, it also involves other components, such as perceiving one to have

a sense of commonality with fellow group members (e.g., Sani et al., 2012). Moreover, social support receipt may involve the receipt of multiple specific types of support (e.g., emotional, financial, informational, etc.; e.g., Dunkel-Schetter et al., 1987; Gottlieb & Bergen, 2010). Neither of the single-item measures enabled these nuances to be explored. These shortcomings will be addressed in study 3, which will involve utilising SIA/SIAH-specific measures more in line with contemporary understanding of identity and belonging.

Additionally, the measures only explored participants' sense of belonging to and received support from the neighbourhood, even though people (including veterans) are likely to be members of multiple social groups, where each may have an impact on their health/wellbeing (e.g., Iyer et al., 2009; Jetten et al., 2015; Miller et al., 2017; Sani et al., 2015). The RBL is a group of particular interest in this thesis, but so are groups that have been shown to be significant for health in previous SIAH research, such as the family (e.g., Barker et al., 2018; Frenzel et al., 2022). This limitation will be addressed in studies 2 and 3, which will explore participants' membership in multiple groups.

ii) The Cross-Sectional Nature of the Study

The use of cross-sectional data, while useful in explorative and establishment studies such as this has a major limitation in that it cannot establish any temporal ordering of variables. This means that while we can identify relationships between variables, any examination of the complex pattern of identification and health outcomes (in line with previous SIAH research) is limited in its exploration of complex relationships and effects. This will be addressed in study 3, which is longitudinal in nature and will rectify this by allowing for an examination of these complex patterns, temporal ordering, and establish an evidence base to link the patterns of SIAH to veteran research in a novel way.

iii) The HRS being An American Dataset

While the HRS is a complex dataset with many participants, it is limited to the United States and US veteran organisations. As there were no UK-based veterans' datasets, this study focused on the HRS instead. Though the US and UK veterans may share many qualities, there are demographic, cultural, and organisational differences that would make the use of a US-based dataset a limitation in this study. In addition, the different healthcare systems in the US and UK significantly affect outcomes with regards to health and wellbeing, which could potentially affect the identified patterns. In short, while suitable for this exploratory study to ground the thesis in the SIAH and veteran literature, more examination for a UK veteran population, and for UK organisations (the RBL) are required. Study 2 will address this by examining specifically the RBL members in a qualitative fashion. Study 3 will also address this by not only examining antecedents but also these same relationships explicitly with RBL populations.

iv) The Use of Purely Quantitative Methods and Data

While the use of quantitative measures enables the statistical analysis of established constructs, it prevents in-depth examination and understanding of the rich and interactive social phenomenon that is social life. Alongside this, quantitative research reduces the complex relationships between social processes that were highlighted in the earlier chapters of this thesis to simple broad processes which do relatively little to enhance our understandings of the relevance of social group memberships for the wellbeing of this understudied and vulnerable population. To this end, any examination of the topic of veteran social identity must also explore the rich and nuanced aspects of social life from a qualitative perspective. With this in mind, Study 2 provides an investigation of these subtle processes through the use of qualitative methods (specifically semi-structured interviews). Study 2 will thus enable exploration of research Question 2: *How do Royal British Legion members understand social identity and its relationship to health/wellbeing?*

Chapter 5: Study 2 - How do Royal British Legion members understand social identity and its relationship to health/wellbeing?

Background

The key aim of the first study in this thesis was to explore whether SIAH processes (the existence of which have been well-established in a range of populations) can be observed in the veteran population through the use of a pre-existing dataset (the HRS). While study 1 allowed this research question to be tested and supported, the study had a range of clear limitations, including the fact that this was a secondary analysis of data not collected for the purpose of testing my hypotheses, so only enabled a relatively limited quantitative analysis. To address these limitations, study 2 will involve gathering primary qualitative data in order to explore the rich lived experiences of Royal British Legion members. Specifically, study 2 will address Research Question 2: How do Royal British Legion members understand social identity and its relationship to health/wellbeing? This research question enables an examination of RBL members' experiences of the group-level processes affecting their health and wellbeing, as well as their understandings of what processes might promote or discourage their sense of identification with the RBL (i.e., potential antecedents of group identification). To this end, study 2 involved conducting semi-structured interviews with members of the RBL, and then using theoretically-guided thematic analysis (Braun & Clarke, 2021) to analyse the data.

It is important to note that there is a significant shift in the nature of the study population in study 2 (and study 3) compared to study 1. Specifically, while study 1 involved analysing secondary data from veterans living in the USA who were not necessarily associated with any veteran group/organisation, study 2 (and 3) involve gathering primary data from veterans *and the wider AFC*, and all participants are *members of the RBL*. This means that, unlike study 1, study 2 (and 3) involve participants who are members of the RBL but who are not veterans (i.e., members of the wider AFC, including friends and family of veterans). Two key decisions thus must be justified in terms of the selection of a population for

studies 2 and 3: the reason to recruit RBL members rather than simply veterans (as in study 1), and the reason to recruit non-veteran members of the RBL (i.e., members of the wider AFC, including friends and family of veterans).

In terms of the first decision regarding the recruitment of RBL members, the RBL as an organisation is central to this thesis. Although study 1 involved analysing secondary data from non-RBL veterans in the USA, this was done simply to investigate whether the expected SIAH relationships and processes would be observable in a veteran population (which they were), and to provide an initial stepping-stone to the topic at the heart of this thesis (the RBL) by exploring social psychological processes in one of the key populations who comprise the RBL (veterans). Moving forward, studies 2 and 3 will thus involve solely recruiting participants who are members of the RBL, so that the social psychological antecedents, processes, and health-related outcomes can be explored within this unique group setting.

In terms of the second decision regarding the recruitment of non-veteran RBL members (i.e., members of the wider AFC, including friends and family of veterans), it should be noted that while veterans may be the most prototypical members of the RBL, they only make up approximately two-thirds of its membership (Legion Scotland, 2019). With this statistic in mind, it was felt that including both veteran and non-veteran RBL members as participants in study 2 (and study 3) would be advantageous, because it would lead to the creation of a rich dataset that enables the exploration of the experiences and perspectives of both veteran and non-veteran RBL members. This is especially useful when exploring complex group processes such as helping/support transactions, which may be perceived and engaged with rather differently by veteran and non-veteran RBL members. As previously discussed in chapters 1 and 2, the transition to veterancy is often a psychologically difficult process, and transitioning individuals can benefit from family and community support at this time. However, while focusing specifically on the veteran experience would provide a particular view of members' experiences within the RBL, it would

only be a partial picture that would prevent a full understanding of RBL members' experiences, including how non-veteran RBL members provide the key support that veterans may need for a healthy transition, as well as whether these non-veteran RBL members also receive support themselves and experience a sense of belonging (and resultant wellbeing) within the RBL.

Rationale

As discussed earlier, there is little literature exploring veterans' organisations from a SIAH perspective. To this end, study 2 was designed to qualitatively explore RBL members' lived understandings of social identity and group belonging through a SIAH framework. In addition, study 2 investigated whether any as-yet unidentified predictors of veteran group identification might be reported during the interviews. If additional predictors were found, they would inform the survey items included in study 3 (i.e., the longitudinal survey study).

Additionally, while study 1 only involved veteran participants (due to the nature of the pre-existing HRS dataset), RBL members include veterans and non-veterans, so both veteran and non-veteran members of the RBL were interviewed in study 2 in order to develop a richer and more nuanced understanding of the social psychological processes involved in RBL membership. Ontological and Epistemological Grounding

As ontologies (understandings of the nature of being) and epistemologies (understandings of the nature of knowledge and knowing) are highly relevant to qualitative research, it is important to ground any qualitative analysis within a relevant framework (Braun & Clarke, 2006; Coyle, 2012; Wertz, 2011).

Ontology

The ontological stance taken in this study is firmly grounded in the critical realist tradition (as is most common in thematic analysis; Braun & Clarke, 2021). This assumes that while there may be an objective reality, the measuring of this reality is inherently flawed or biased due to the subjective nature of human existence and the fallible nature of human experience, objectivity, and perceptions/memory

(Maxwell, 2012b). Coupled with this is the belief that social worlds themselves exist in the abstract sense yet have a very real impact on our behaviours and cognitions (Willig, 1999). This means that while we can be sure of the existence and impact of social worlds, their interpretations, processes, and outcomes are all coloured by participants' experiences and values in a way that reflects the critical realist ontology (Pilgrim, 2014). In short, the assumption is that the central tenets of the SIAH are based on the very real phenomena of participants' social worlds, but that participants' experiences of these phenomena are refracted through their subjectivity and unique understandings.

Epistemology

The epistemological stance taken in this study is one of contextualism. While contextualism retains a sense of truth in a way that is similar to critical realism, it emphasises that language and meaning depend on theory and interpretation in order to have a 'meaning' and to 'make sense' in their wider ideological and political contexts (Alvesson & Sköldberg, 2009). In short, it maintains that humans should not be examined in isolation from the contexts in which they exist. This is important when using the SIAH to examine participants' interview data in this study, as the processes that the participants discuss are related to the wider context (RBL), as well as being related to the other individuals within the RBL and its wider political/ideological sphere. These interconnections are inseparable and will be reflected on throughout this study.

Summary

Together, critical realism and contextualism create a synergistic approach in this study. Critical realism occupies a position 'between' realism and relativism, meaning that a material reality is assumed, but experiences and representations of reality are believed to affect our perceptions. Contextualism occupies a space 'between' positivism and constructionism (Braun & Clarke, 2022). Together, this means that social influences and processes are acknowledged within the present study yet are also understood within the wider contexts of the RBL and the SIAH theoretical framework.

Study Aims

1. To qualitatively examine participants' experiences of social identity-related processes and outcomes within the Royal British Legion (RBL).
2. To qualitatively examine participants' understandings of the factors that may influence their identification with the RBL.

Method

Participants and Design

Twenty-two adult members of the RBL were recruited via opportunity sampling through RBL communications (magazine and online), as well as via online distribution of a study advert by the researcher (11 men, 11 women, M_{age} = 57.60 years, *SD* = 14.36, *age range* = 33-87 years). Due to the homogenous nature of the membership and the fact that the data were to be analysed via thematic analysis, this sample-size was deemed sufficient for saturation to occur (Baker & Edwards, 2012; Guest, Bunce, & Johnson, 2005; Mason, 2010), whilst still recognising that the concept of saturation is contested within the qualitative research community (e.g., Braun & Clarke, 2019).

Eleven of the participants were located in Scotland, eight in England, and three were from various international branches of the RBL. Participants were in various RBL roles, and from various backgrounds (military service/civilian/uniformed services), as shown in Table 2.1 (note that participant names are pseudonyms).

The study involved a one-to-one semi-structured interview design. The interview schedule questions are listed in Appendix A. Various topics were covered, including belonging, support, diversity, and commonality. As a semi-structured interview schedule, these questions gave plenty of leeway for participants to engage with the topics as they saw fit.

Qualitative studies, in general, involve smaller sample sizes than quantitative research, although there are no specific rules for what constitutes 'enough' participants in a qualitative study (see Patton,

2002). That being said, when seeking patterns across data, a sample size of approximately 15-30 seems fairly common (e.g., Terry & Braun, 2011). There are various factors to consider when determining sample size in a qualitative study, including aspects such as the scope and nature of the subject and what sort of data the researcher will obtain from participants. One method used to help determine sample size in qualitative studies is *saturation*, which is a concept that was developed from grounded theory (Bowen, 2008). Saturation generally refers to the point when additional qualitative data no longer produces new themes or information. Again, there is no particular sample size at which a qualitative study reaches saturation, although research by Guest et al. (2006) showed that saturation could occur within the first twelve interviews. Morse (2000) notes that studies with a broader scope in terms of research topic may require more participants, while a more specific scope or a study involving expert interviewees may mean that fewer participants are needed to reach saturation.

The concept of saturation is controversial, however. Indeed, its usefulness as a guide to sample size in qualitative research (especially thematic analysis) has been questioned, with the argument being made that the concept of saturation is at odds with the values and assumptions of thematic analysis (Braun & Clarke, 2021). These issues and controversies notwithstanding, in the present study a sample size of fewer than 12 participants (i.e., Guest et al.'s (2006) cut-off) was deemed likely to be too small to provide rich enough data. With this in mind, Terry and Braun's (2011) recommendation to recruit that 15-30 participants was adopted.

Table 2.1

Study 2: Participant details

Participant Pseudonym	Age	Sex	veteran (Y/N)	Locale	Position
Alan	46	m	y	Scotland	Ordinary member
Les	49	m	y	Scotland	Committee/executive member
Dick	66	m	n	Scotland	Ordinary member
Charlie	67	m	y	Scotland	Ordinary member
Dodd	53	m	y	Scotland	Committee/executive member
Kim	88	f	n	Scotland	Ordinary member
Elisabeth	68	f	y	Scotland	Ordinary member
Dave	54	m	y	Scotland	Committee/executive member
John	33	m	y	Scotland	Committee/executive member
Ainsley	73	m	y	Scotland	Committee/executive member
Cara	43	f	n	Scotland	Committee/executive member
Sara	46	f	n	England	Ordinary member
Oliver	75	m	y	England	Ordinary member
Simon	51	m	y	Channel Isles	Committee/executive member
Emma	49	f	n	England	Ordinary member
Flora	50	f	y	England	Ex-member (women's' section)
Kate	66	f	n	England	Ordinary member
Anne	45	f	n	England	Ordinary member
Alice	36	f	y	England	Ordinary member
Kim	67	f	n	England	Ordinary member
Shona	76	f	n	New Zealand	Committee/executive member
Rob	68	m	y	Germany	Committee/executive member

Procedure

Interviews took place pre covid, in person, over Skype, or over the phone. In-person interviews took place in various locales, including coffee shops, participants' homes, university rooms, and RBL branches. Interviews were conducted by the researcher, and all participants engaged with and were actively involved in both the answering of questions and the guiding of topics through the interview

process. Participants were informed that their data would be anonymised, as well as of their right to withdraw their data up to three months post interview. They were also informed that extracts from their interview may be used in research publications, but that they would be given a pseudonym, and could not be personally identified from the extracts selected.

Each participant received a Participant Information Sheet and an Informed Consent Form, which they either signed by hand or electronically. Verbal informed consent was also recorded at the beginning of the interview. Interviews were audio-recorded. After completion of the interview, participants were informed again about their right to withdraw and were debriefed, as well as being provided with support service contact details in case of a need for support post interview. Interviews lasted between 20 and 91 minutes (M_{length} = 42 minutes).

Reflexivity, Positionality, and Ethical Considerations

Within qualitative research, effort must be made to understand the role of the interviewer/researcher in the production of data. Aspects of the social dynamic, including perceptions of the interviewer, interviewee, situation, location, context, and power dynamics must be reflected on in order to be sure of valid and robust data (Braun & Clark, 2021). In this study a number of issues must be reflected on.

First, I believe it is important to note that my twin brother is in the military. He has served in the Navy and the Royal Marines for 18 years. It was his military service that got me interested in the impact of SIAH processes in the transition into veterancy in the first place. This means that while I have lived around the veteran culture for many years. So, while I am not a veteran, I am not quite positioned as an outsider, and have some of the 'cultural capital' or social knowledge needed to understand this population (see Voloder, 2014). This capital was essential, as perceptions of me belonging to 'civvy street' (where civilians are othered and mistrusted within veteran communities) could have prevented meaningful interactions. I also believe that my identifications and appearance – I am male, in my early 30's, and

clearly masculine – also meant that I somewhat fitted the norms of military personnel, which made connecting with participants easier. Before the interview, many participants questioned my 'credentials and connection to military life.' Whenever this happened, I was able to point to my family connections to the military. Moreover, my knowledge of the norms and language of military groups, as well as my understanding of many of the distinctions in these groups (such as services, culture, ethos, etc.), allowed me to alleviate any participant concerns regarding my potential lack of perceived 'legitimacy'.

Second, the context within which interviews were conducted is important. Many participants were informed about the study through the larger RBL organisation, and some participants asked if what they said in the interview could be traced back to them by the RBL. While they did want the RBL to know their views, they did not want those views to be able to be traced back to them. To counter this, all participants were reassured that all data would be anonymous, even to partner organisations, and nothing they said would ever be connected back to them. This allowed participants to feel at ease and not to be concerned about being open and honest during their interview.

Third, the locations where interviews were conducted is an important factor to note. Interviews were conducted in person in various locations, from interview rooms at the university, to RBL clubs, coffee shops, and online. Each participant was given various location options and chose the one they perceived as being most comfortable and appropriate. This provision of options and participant agency regarding the interview location appears to have allowed for maximum comfort for participants (evidenced by the longer interview times for those set in such locales).

Finally, any potential negative impact of the interview process on participants was examined: in only two cases were participants upset by the topics they discussed. One was when the participant openly talked about suicide: during this interview I stopped frequently, asked if the participant felt ok to continue, provided resources (mental health, charitable, and RBL sources) to the participant after the interview (in addition to the regular debrief resources), and after the interview again asked the participant if they would

like to withdraw their data, due to the nature of what was discussed. This participant assured me that they wished their data to be included and, in a follow up message a month later, assured me that they were in good mental health and still wanted to include their data in the study. The second case of distress was a participant who discussed war trauma and injuries: they were referred to services in case of need and in a follow up message assured that they were well. This key aspect of care and responsibility should never be ignored in qualitative research, both for its potential to affect individual participants as for its potential to affect the integrity of data.

Analytic Strategy

The interviews were analysed via theoretically-guided thematic analysis (Braun & Clarke, 2006). This analytic method was chosen for its suitability in identifying themes from a top-down (deductive) approach, while still providing the researcher with the option of using a bottom up (inductive) approach in order to find novel themes in the data, as well as when attempting to explain deviant cases (Braun & Clarke, 2021). By using a theoretically guided approach, the researcher can thus identify existing topics related to established theories (in this case SIA/SIAH), as well as novel themes within the data.

Thematic analysis enables a flexible approach to be taken by the researcher when coding and analysing data. Specifically, it allows the researcher to code and analyse data in an inductive (i.e., data-driven, or 'bottom-up') manner, where the participants' accounts drive the analysis, or in a deductive (i.e., theory-driven, or 'top-down') manner where an underpinning theory drives the analysis, or in a hybrid manner (which involves both inductive and deductive aspects) (Braun & Clarke, 2021). For the present study, a hybrid analytic approach was adopted (for a discussion of this process, see Fereday & Muir-Cochrane, 2006; for examples of papers which have used this methodology, see Bowe et al., 2019; Këllezi et al., 2022, 2021, 2019). This hybrid approach was used at step 2 (initial data coding) of Braun and Clarke's (2006) six steps for thematic analysis. Data coding was both inductive (i.e., developed from participants' own stories, perspectives, and accounts) and deductive (i.e., developed from established

tenets of the SIA/SIAH). This hybrid coding approach then fed through into the development of initial themes (step 3), the reviewing of themes (step 4), and the refinement and naming of themes (step 5), since the themes were simultaneously developed around participants' accounts and around theoretical assumptions of SIA/SIAH. Step 6 (selecting extracts and writing up the analysis) was also hybrid in nature, as the analysis of the selected extracts involved reflecting on participants' personal accounts and using SIA/SIAH to help make sense of these.

Following the six steps outlined by Braun and Clarke (2006) for conducting rigorous thematic analysis, familiarisation with the data (step 1) was achieved with transcription (over a number of months), as well as reading and re-reading the data and noting initial ideas and potential codes. Initial research question-relevant codes were then generated (step 2). This initial coding was both data-driven (inductive, e.g., codes such as 'outside experience') and theory-driven (deductive, e.g., codes such as 'emotional support') and was done across the dataset using NVivo software. Step 3 involved searching for themes, with the initial codes being gathered into potential research question-relevant themes such as 'negative outcomes'. For step 4, the initial themes were reviewed continuously over a period of months. Data and themes were revisited various times, and re-coding of data and reorganisation of themes (and the division of themes into appropriate sub-themes) was conducted. Final themes and sub-themes were them refined and named (step 5), with, for example, the theme 'negative outcomes' eventually being given the label 'it's not all good'. Clear definitions of each theme were also established, finally, the 6th step involved selecting compelling extracts from the transcripts to illustrate each theme and sub-theme, as well as writing up the analysis of each extract, sub-theme, and theme.

Three broad themes were identified which were deemed to appropriately represent participants' various understandings of and experiences regarding RBL membership (see Table 2.2). Extracts are used to evidence each theme and sub-theme (note that ellipses (...) are used to indicate word omission for brevity).

Table 2.2

Study 2: Thematic structure

Theme	Sub-Theme
1. Helping is what we do	1.1 Service not self
	1.2 The giving and receiving of support
	1.3 We help everyone, but veterans first
2. It's not all good	
3. There are many reasons to belong	3.1 A link to other groups
	3.2 I belong for a purpose

Results and Analysis

Theme 1: Helping is What We Do

Most members described a sense of a supportive ethos at the core of the RBL, with many referring to the RBL motto 'Service not self' when discussing support and help within the organisation. Sub-theme 1.1 shows that the consensus among these participants is that helping RBL members is at the core of the organisation and of the groups within the organisation. At the same time, sub-theme 1.2 describes how the helping behaviour that is central to veteran identity is not unidirectional, but rather involves the mutual giving and receiving of help. Sub-theme 1.3 suggests that veteran identity seems to trump other identities (including the RBL identity itself) when deciding who receives help from the RBL and its members.

Sub-theme 1.1: Service not Self

Many participants described the focus of the RBL as supporting veterans in various ways and that this was key to the experience of being a member (either supporting or being supported).

Extract 1: Dave, Male, 54, veteran

Dave: The whole ethos of the Legion is service not self, and that's what we're trying to do, we try to get those who have done service for their country and support them as much as we can. Not just ex-servicemen, cadet forces, um, you know, even the merchant navy, who are the fourth armed forces service. So it really just, I see it as me saying thank you to them through the branches, through the Legion of which we are affiliated to.

Dave describes the ethos of the RBL in the clear terms of the motto and reflects on this as the central 'core' around which the group coheres. This motto and group purpose provides a clear direction for the group identity, that of supporting veterans. This sense of purpose centres the group around distinct norms, goals, and purpose, all key components of social identity (Abrams & Hogg, 1990). This clear purpose not only provides group cohesion, but has also helped to maintain a clear continuity for the group throughout its 100-year existence. This is especially true in organisations such as the RBL with a distinct population of core members (i.e., veterans), as it focuses the resources and support on a 'worthy' group (those who have 'served' the country in military service). While this may seem altruistic, the help itself is often focused on the more prototypical group members (i.e., veterans) than on others who may not fully fit the prototype (as Dave says '*even the merchant navy'* (i.e., non-military) sometimes receive support, implying that this is rarer than military veterans receiving support). The idea that veteran identity is the key determinant of who is helped (even over and above RBL membership itself) will be further explored in sub-theme 1.3.

In terms of social identity processes, we see how Dave (like most other RBL members), has a social identity that is based on the groups to which he belongs (Tajfel & Turner, 1979), in this case the Legion. These group memberships are a source of pride and self-esteem, and they give us a sense of belonging to the world (Tajfel, 1971), as well as providing arenas for social support. While there are many mediating processes between identification and health, one seems to be vital to groups such as the

RBL: social support. One of the most-studied mediators of the relationship between group identification and health/wellbeing is social support (S. A. Haslam et al., 2012b; S. A. Haslam, et al., 2005). Social support refers to "acts in which individuals and groups provide supportive resources to others" (Jetten et al., 2009, p. 409). Those who provide support are often fellow group members (such as family members, community members, or co-workers), but not always. Resources can be material (such as money), emotional, and informational (such as advice) (House, 1981), resulting in the feeling that one is valued and part of a network (Taylor, 2007). Social support reduces the stress of life events, which could potentially have a negative impact on a person (Cohen & Wills, 1985). Most participants talked about such support, and theme 1 focused on the explicit expression of this process.

While some (mainly veteran) participants focused on the meaning that the 'Service not Self' motto has for veterans specifically, others had a different focus, and instead described the motto as being reflective of how the RBL supports all of its members (even non-veterans) within the organisation as a whole, and how the RBL identity is a generally supportive one.

Extract 2: Cara, Female, 43, non-veteran

Cara: it's not about me, it's, I suppose it's back to that sense of purpose. It's what I can do for my fellow members what I can do for the branch to make a difference. What I can do in here to make a difference [to] the organisation as a whole.

For Cara, the focus of the motto is more on the service to the RBL rather to veterans specifically. Instead of just helping veterans, she sees her purpose as being supportive of all members and of the organisation as a whole. For her, it is about what actions she can take to support everyone within the RBL, from individual members to branches, to the whole organisation. We see in the progression of her extract how she slowly expands from micro to macro levels of self-categorisation within the organisation (Turner & Reynolds, 2011). It is important to note that Cara is not a veteran. Thus, she includes those

like herself (non-veterans) in the category of beneficiaries that the supportive ethos and norms of the RBL affects. She does so in a way that highlights the supportive role of the RBL that also focuses support on those like her (non-veteran RBL members) rather than solely on veterans. We know that providing support can be a process in limiting discrimination and enhancing group similarity both, which in turn promotes identification (Hornsey & Hogg, 2000).

We know from previously discussed literature that the social identity of both the giver and receiver of social support is important, with in-group members being more likely to receive social support than outgroup members (Levine et al., 2005). Shared ingroup membership also increases trust, which means that help is less likely to be treated with suspicion, and more likely to be taken on-board, and accepted in the manner in which it was intended. In short, the help given by perceived ingroup members is effective in reducing our experience of stress; this same perception can also dictate how we perceive support offered, with the greatest benefit coming from help from ingroup members. With Cara's ethos of 'giving back', the reciprocal nature of social support within the Legion is brought to the fore once again. Belonging to a social group means that one is perceived as an ingroup member, and ingroup members have various advantages and privileges bestowed upon them. Together, these processes create a context where supportive and effective helping transactions are commonplace, and where this social support is offered and received to benefit the health and wellbeing of the individual.

While participants understood the RBL to be a supportive institution, not all felt that the motto and its supportive ethos had been upheld:

Extract 3: Alan, Male 46, veteran

Alan: The motto "service not self" has certainly been lost as I dare say, a lot of that is due to social change (…) I feel that the traditions and a lot of the history in a local branch is only there for show and there is no real um, how do we put it, no real gumption behind it, and no, willingness to maintain that

over a long period of time. There's no younger members coming through that have that drive and enthusiasm to carry the Legion banner, and I think that's where I am.

Here Alan reflects on how his local RBL branch failed to uphold the same values. He describes how the motto has been lost to '*social change',* indicating that this is a recent development, and highlighting how his branch had suffered from a lack of focus on the RBL norms and ethics of support. These processes are central to the loss of identity that can occur when a sub-group (an RBL branch) deviates from the main values of the group (the RBL) and loses cohesion, and is also the basis for group schism (Sani, 2005). This suggests that the motto goes beyond just helping other members and is also tied into the broader traditions and history of the RBL. Within this context, help giving becomes an act of identity enactment and management (Wakefield et al., 2021). Thus, for Alan, the lack of new young branch members with the drive and enthusiasm to uphold the motto and the RBL's associated broader values threatens the group's continuity, as this history and these traditions risk being lost. Thus, we see how support-giving is central to the identity of RBL members, and that adherence to this supportive norm has the potential to enhance the self-esteem of members, while its loss can also demotivate and disengage them. With the importance of social processes such as normative influence, prototypes, and ingroup perceptions all having an effect on the giving and receiving of support, the effect of the received support, as well as the norms and adherence to group values (such as traditions), we can see that the SIAH provides not only an understanding of the impacts of social identity on health in members like Alan; it also includes a complex understanding of the processes through which the relationship between group identification and health/wellbeing can occur.

While the norms and values surrounding the motto and the concept of support are important to participants, their experiences of the reciprocal nature of service through mutual exchange of support and help were also important, which will be explored in the next sub-theme.

Sub-theme 1.2: The Mutual Giving and Receiving of Support

Although the motto focuses on the giving of support, it is important to remember that when support is given, it is also received, which can create dynamic cycles of reciprocity and mutual helping (Wakefield et al., 2014). Numerous participants discussed the dimensions of the giving and receipt of support, and how this reciprocal relationship has benefits for both parties. Even the simple provision of support was deemed to have a positive impact, not only on the receiver, but on the giver too:

Extract 4: Les, Male, 49, veteran

Les: I would like to think it's made me a better person because it's allowed me to be more helpful to others and in turn receiving assistance myself through that. You know it may just be that by helping somebody you feel better. So self-worth is increased and that's all it is sometimes.

For Les, the motives behind his provision of support are not just focused on the norms and purposes of the group, but also how they enhance his own sense of self-worth. These interactions thus not only help the receiver by enhancing their mental health and self-worth, they may also reduce reluctance to seek or receive help and may possibly reinforce group identity (Merino, 2014), a key component of SI theory being that group memberships are a source of pride and self-esteem, and they give us a sense of belonging to the world (Tajfel, 1971). We also know that support is likely to have its most positive impact when providers and recipients share the same social identity and hence have the same framework for interpreting the act of giving (Haslam, 2004; Haslam, et al., 2012; Postmes, 2003). Therefore, the RBL not only provides a boost to mental health, it provides support and encourages seeking and receiving help. Relatedly, the receipt of help then can spur those recipients on to give help:

Extract 5: Alan, Male, 46, veteran

Alan: That's I think another reason that, that, drives me to support and want to help the Legion because at the end of the day somebody took the decision to support me at my time of need.

Alan describes how receiving help from someone in the RBL is one of the reasons that he in turn helps others. This reciprocal relationship has been found to be impacted by a common social identity which engenders trust and reciprocity in line with SIA processes (Martin & Tom, 2005), such that the common identity can create trust, which could increase reciprocity of support. Reciprocity involves a sense of 'giving back' after receiving help being seen as important. This provides a sense of fairness and a return of assistance which not only creates a 'virtuous cycle' but a sense of empowerment when the support is returned (Bowe et al., 2019)

While reciprocity was considered important, a few participants described it as non-essential for providing support to fellow RBL members:

Extract 6: Anne, Female, 45, non-veteran

Anne: Help and support without any expectation, it's, any of the girls could pick up the phone to any of us and know, regardless of what was being asked of, one of us would be there for her. It's, it's, it is like a family doing things together, just being able to just call on somebody else without there needing to be a reason.

Here Anne describes how there is no expectation of reciprocity or even reason needed for support, comparing her relationship to members of the women's branch to a family. That this expected support network is described in such terms is reflected in the deep connection that Anne and other members of the women's branch possess, one which is based on a strong cohesive subgroup identity within the larger RBL (Tanis & Postmes, 2005).

It is of note that Anne disliked and felt alienated by the wider (male dominated) RBL; her description of her women-only subgroup as being strong and supportive highlights that in an intragroup context there are still intergroup interactions (such as between subgroups such as branches), as described in SIA research (Doosje et al., 1995; C. Haslam et al., 2018; Jetten et al., 2009; Postmes et al., 2005; Stone & Crisp, 2007). An intersectional identity, one that is comprised of multiple minority identities, is often considered non-prototypical of any of the comprising identities (Moradi, 2016; Perez & Strizhko, 2018) Take for example a young, non-veteran woman in the RBL – she is non-prototypical of the RBL in terms of her age, gender and veteran status. A woman like this may lack recognition from others of the specific challenges she faces and experiences (Purdie-Vaughns & Eibach, 2008). It makes sense, therefore, that Anne felt alienated by the wider RBL, and felt a stronger supportive connection to the women-only subgroup she describes.

This sub-theme shows the many ways that helping is core to the RBL. Participants described the ways that the organisation as a whole, as well as its subgroups, all believe helping to be an essential part of the RBL, and that the helping behaviour is mutual, rather than unidirectional. Participants also note, though, that veteran identity can supersede others; veterans, who are more prototypical RBL members, may be more likely to receive key instrumental support than non-veterans. Indeed, when it comes to deciding who receives support, the veteran identity may even trump the RBL identity.

Sub-theme 1.3 We Help Everyone, but Veterans First

A third dimension of the experiences of RBL members was that different types of support were provided and available to different types of people (veterans and non-veterans), With veterans receiving not only more organised, but more material support (such as funds and focused events) and on veterans having limited access to these (with a focus on more implied and social support). Participants perceived these types of support in different ways. While related to the previous subtheme of ‘Service not Self’, the provisioning of support and perceived eligibility to receive support was described in different ways depending on the level at which it was administered (individual/branch/organisation), the type of support

(instrumental/social), and the perceived eligibility of the recipient (non-member/veteran/non-veteran). Within the RBL, Les talked about the ethos of supporting veterans, and how even veteran non-members were recipients of support:

Extract 7: Les, Male, 49, veteran

Les: Recently my brother-in-law died. He had a brain tumour. It came on very quickly, and straight away he was able to borrow a wheelchair from here. which is obviously good because he couldn't walk you know, so they were quite willing to give him a wheelchair.

Here Les talks about how the RBL provided instrumental support (a wheelchair) to his brother-in-law, a veteran yet not a member of the RBL. In terms of social identity processes, we see the provision of material support for veterans who are even outside of the group (RBL). This highlights the complex interconnectedness and fluidity of identification, in that while Les' brother-in-law was technically a member of the outgroup (non-RBL members), the perception of veterans as the group upon which RBL instrumental support is predominantly focused reframed the recipient as an ingroup member (C. Haslam et al., 2018). Thus, the perception of the RBL as an organisation to support veterans provides the context in which giving support to a non-member is appropriate, as the support is still toward a veteran (Haslam, 2004; Haslam, Reicher, & Levine, 2012; Postmes, 2003).

Furthermore, even within a xenophobic environment such as the RBL, the veteran identity is framed as more important than traditionally strong identities like national identity when it comes to the provisioning of support, as Elisabeth reflects:

Extract 8: Elisabeth, Female, 68, Veteran

Elisabeth: [my] Fijian husband discovered that he was not entitled to be in the UK even though he had served in the army. He suddenly discovered, "I'm not legal here, ... I'm being deported". So the Legion helped with that and put it on the right channel and now he's there happily living in Edinburgh.

Elisabeth relates how her veteran husband, despite being Fijian and not having legal status in the UK, was given the support of the RBL in assisting his visa reapplication after finding he was not legally allowed to be in the country. This highlights how, despite being ethnically and nationally an outsider, and technically without legal status, Elisabeth's husband's superordinate veteran identity was perceived as being salient and consequential by the RBL members, and so he was helped (C. Haslam et al., 2018).

Though instrumental support may only be given to veterans in most cases, general social support such as emotional support does not. This is not to say that non-veteran RBL members do not receive support: it just that it is unlikely to be practical support, but more likely to be emotional support. This is similar to extract 2, where the help-giving of a non-veteran RBL member was highlighted. This sub-theme focuses on the idea that veterans are helped first, but this actually seems to only be the case for instrumental/practical support: non-veterans are provided with emotional/social support.

Many (non-veteran) participants reported examples of emotional support and its importance:

Extract 9: Cara, Female, 43, non-veteran

Cara: I mean it's hard to sort of separate it from getting support as a member in contact with all, all of these guys, um, to, to just personally I mean I've not, not having served, I'm not entitled to your financial support. Any of those things. I don't have the issues that a lot of them are dealing with, um, but I think the guys in here that are members that I've socialised with and got to know and become good friends with, yeah, there's been a lot of emotional support that comes through when you're feeling things a bit tough when you're maybe struggling with things to go with a membership in general. These guys are here to just automatically give that support because again, that, you know, they're happy to do that… it's been

more emotional, spiritual that side of it, you know, the friendship making new friends. Yeah. Yeah. It's not so much I haven't needed practical financial or medical or any of those kinds of assistances, but the other side of it is just as important if not more.

Here Cara talks about the emotional support she receives, despite not being a veteran. She describes the emotional support as 'spiritual', and just as important as instrumental support. Previous SIA research has highlighted that social support is a key process in helping group members cope with stress (Aspinwall & Taylor, 1997; Cohen & Wills, 1985; Underwood, 2000). That discussion of this support is present in most participants' accounts is evidence of this key SIA process occurring in RBL groups. We can see from this extract and previous how the different types of support and their availability are a key component of experience and understanding of being a part of the RBL. However, not only are the types of support and their criteria (veteran/non-veteran)and group level (individual/branch/national) important for the provision, reception, and perception of support, but also the reciprocal nature of our helping relationships. Support both given and received has an impact on all parties involved, and this was reflected in the second sub-theme of this theme.

As discussed throughout this theme, supportive and close-knit relationships with group members are key benefits to group membership. However, it can often be the case that group memberships may have negative effects on group members (Kellezi et al., 2019) Sometimes help is withheld, people are isolated, ostracised, and even tormented by their group memberships. Participants in the present study discussed such issues, so it this darker side of the group experience we turn to next.

Theme 2: It's not all good: Negative experiences of RBL membership

A second dimension of RBL membership was the negative outcomes and experiences of some of its individual members and members of subgroups (branches/demographics). The participants who discussed negative outcomes largely stated that they were not going to renew their RBL membership and spoke of the (sometimes highly significant) negative impact that the RBL had had on their mental health,

as well as the pain of being ostracised from a group to which they had previously felt they belonged. This distinct theme explores participants' understandings of the negative experiences they had, from individual negative impacts to the negative impacts on whole (no longer extant) RBL subgroups/branches. The converse of the 'Social Cure', the 'Social Curse'(Kellezi et al., 2019; Muldoon et al., 2019) highlights how identification can be particularly damaging when expected support is withdrawn and a person is suddenly isolated from a group with which they identify. The negative individual impact is reflected most keenly in Flora's account, her opinion of the RBL, and her reasons for leaving the group:

Extract 10: Flora, Female, 50, veteran

Flora: Basically, the Legion is a bunch of bollocks now run by fucktards who haven't a clue, it's a drinking club nothing more …

Interviewer: What kind of impact has being a member in the Legion had on your life?

Flora: Nearly ruined it, as I am a believer in sticking up for rights, I was actually on the committee at [branch] and raised thousands for the branch then I found out that our guest who took the salute at Poppy Day had claimed expenses to attend, which disgusted me as we as a branch paid for his wreath plus a meal for him and his family, so I resigned from committee the evening before the parade, then I wrote a letter about it and made the newspapers (…) the chairman of a branch I didn't even know jumped on it and went to press slating me, saying the Legion were appalled - it had nothing to do with the Legion it was me, pure and simple, I then was shunned by the club despite me raising thousands for them.

While acting on what she perceived to be the values of herself and the RBL, Flora was ostracised from the RBL and slated by management of other branches. Ostracism is the feeling of being excluded or ignored by others within a group (Williams, 2008) and has been called 'the kiss of social death,' as it can threaten one's social identity, one's sense of belonging, and one's self esteem (Williams et al., 2000).

It can even be a powerful influencing factor in the death of older and disabled people (Archad et al., 2021; Borgstrom, 2017; Kravola, 2015). This effect is both strong and immediate (Smith & Williams, 2004) and can result in group members becoming hesitant to speak up when they see anti-normative behaviour occurring within the group (Sarwar et al., 2021). Flora explicitly states how much she has 'done' for the group and how she was disgusted by what she perceived to be a misuse of funds (an anti-normative act) and that her diligence was not reciprocated, but instead vilified. In turn, other members of her branch and other branches then ostracised her from an organisation that is supposed to be focused on supporting veterans like her. Under these circumstances such ostracism results in a significant and powerful negative impact, of which she recounts the culmination later in her interview:

Extract 11: Flora, Female, 50, veteran

Flora: disgusting as it made me have a breakdown, I had a right wobble and needed their support as I had lost my husband to PTSD, he killed himself, and I had 3 children to look after and I knew nobody else, as friends stopped talking as they didn't know what to say, they would cross the road, rather than ask how we were doing, the Legion should have been there, the welfare officer should have been there, but no, it was too much effort. I actually sat one night with pills and vodka, but the youngest [child] had a nightmare and that took me out of that state of mind

Here Flora openly talks about her suicidal ideation that resulted from being ostracised, to the point of being ready to attempt the act because she had lost the support previously given and could no longer cope. She talks about support that should have been there and how she was now socially isolated, which can have a powerfully negative impact on health and wellbeing, including increased suicidal ideation and suicide attempts (Bornheimer at al., 2020; Yadegarhard, 2014). Flora specifically talks in group-based terms, focused on family, friends, and community (including the RBL), which are traditionally strong beneficial groups in SIAH literature (see chapter 3). This loss of support was the key driver in Flora's

negative experience of the RBL, and this loss can be felt even more strongly when one is ostracised from a group with which one strongly identifies, as was the case for Flora (Dahl et al., 2019). Indeed, the withholding of ingroup support from a group member who has been perceived to have broken ingroup norms is a key Social Curse process (Kellezi & Reicher, 2014), whereby social groups can negatively impact health and wellbeing (as discussed previously) and seems to apply well to Flora's experience.

Other participants highlighted that this lack of ingroup support can occur not only at an individual level, but at that of a subgroup too:

Extract 13: Emma, Female, 49, non-veteran

Emma: The RBL is trying desperately to get rid of the Women Section and all of their members. Their treatment towards women in particularly is the worst I have ever witnessed. With people not telling us what is going on, with the RBL making decisions behind closed doors, anything they said in the past they certainly went back on their word and now they just hope we disappear into the RBL and close completely all because they want the section's money

For Emma there is no sense of belonging to the RBL. While identification with a superordinate group (such as the RBL) has been found to sometimes be the most beneficial to member wellbeing (Smith et al., 2003), here Emma identifies most strongly with the women's section (a subgroup/branch of the RBL) and not at all with the RBL overall. She also highlights her personal experience of RBL support being unavailable to her when she desperately needed it after a housefire. Meanwhile, she highlights that those who do receive support are the prototypical and core RBL members (older male veterans who attend the RBL premises regularly to drink), while ancillary members are ignored and unsupported. This ignoring of the subgroup and lack of support results in her feeling that not only her but the entire women's section is not only being ignored, but actively subsumed for purely monetary reasons to benefit the superordinate group. Of note is that less than 6 months later her prediction came true, and the women's

section was ‘folded’ into the RBL, and many members (Emma included) terminated their membership. We see from this example how not only individuals but whole subordinate groups can also be ignored or ostracised, to the detriment of their members. In SI Terms we can see how Emma had joined the group and had contact, yet the lack of meaningful interactions has meant that she does not identify with the Legion identity, nor is she likely to be able to receive, or give support within the group. She highlights that this is (in her opinion) something the whole women’s subgroup feels. The minoritized subgroup within the Legion (women) do not fit the existing prototype, which as previously discussed has implications for belonging and the provision/receipt of support.

While Emma highlighted the important intergroup context of the RBL and how the perception of change had created a feeling of isolation and non-support, Flora had a much more evocative analogy with regards to not only the negative experience and loss of support, but also the experience of finding new groups and support after leaving the RBL:

Extract 14: Flora, Female, 50, veteran

Flora: My analogy of the Legion and my involvement is that I was like a flower in the middle and I needed support and they were the petals, but they died off as [they] were no use but I am still the middle of that flower and new petals have grown

As Flora’s final analogy states, group membership consists of a network that can provide support and community for the individual. The loss of that group membership is only remedied by the creation of a new group, the joining of a pre-existing group, or re-engaging with groups to which one already belongs. Such transitions from negative group experiences, leaving the group, and re-establishing groups and support networks are frequently explored within SIAH research via the Social Identity Model of Identity Change (SIMIC; Cruwys et al., 2021; Haslam et al., 2018, 2021). SIMIC states that possessing multiple group memberships before the transition will have beneficial health-related impacts post

transition (C. Haslam et al., 2021a). This means that losing an important group membership during the transition (e.g., the work group if one is retiring) will not mean that the individual is left without any group memberships. This could be particularly problematic during the veterancy transition, as the all-encompassing nature of the military identity may leave little opportunity (or need) for people to join additional groups. In Flora's case we see how the loss of a supportive and previously identified with group can have significant impact, especially when support is rescinded. With no parallel groups for support Flora was left adrift in her social world, and only found new groups with significant time and effort. It is easy to see how her story could have ended had she not had her family to ground her. While Flora's RBL experience was a strongly negative one, understanding how such experiences come about is key to not only preventing them in the future, but also to understanding how groups help and hurt their members, and under what conditions individuals remain within or leave a group.

In summary, this theme described the negative experiences that can come from RBL membership. Participants described instances of ostracism and its impact on their mental health at the individual level, as well as consequences of ostracism for subgroups of the RBL as a whole, such as the women's section. Both prototypical members, such as Alan, and non-prototypical members, such as Flora and Anne, can experience these outcomes. Thus, there are myriad reasons why an experience can be positive or negative, and just as many different types of outcomes that could be experienced due to RBL membership. Yet these experiences and processes are undoubtedly couched in terms of groups, identities, and health. Alongside these many different experiences, participants who were relatively happy with their membership in the RBL discussed different aspects that encouraged them to feel a sense of belonging to the group. It is to this topic that we now turn.

Theme 3: There are Many Reasons to Belong

This theme focuses on participants' perceived antecedents of identification in the RBL; the constructs which participants considered to be the precursors to and enhancers of RBL identification. Many participants discussed why they had become an RBL member and why they continued to be one.

Sub-theme 3.1 focuses on the links that RBL has to other groups either ideologically (such as the military etc.) or practically (such as the local community) and explores how this sense of intergroup linking was deemed to promote RBL identification. Sub-theme 3.2 reflects on the key concept of possessing a sense of purpose, which was deemed to be both a predictor and outcome of RBL identification.

Sub-theme 3.1: A Link to Other Groups

Across interviews, many participants described the RBL as being ideologically linked to other groups: most notably to the military, nation, and local community. For example, when asked why she joined the RBL, Sara explained it was because of patriotism and 'green blood':

Extract 15: Sara, Female, 46, non-veteran

Sara: Oh, I think it's partly because I'm sort of patriotic. Nobody in our family actually served in any of the wars but they were in reserve professions and my Granddad, they were both, I think one, one within the air. Uh, ATF, APS like the fire services and they have the greengrocer shop like all the time. So they didn't actually serve during the war, but they had, they did an awful lot like, um, like putting out fires in Birmingham and like serving rations and things like that. And my other granddad during the Second World War, he worked on mines. Looking after the pit ponies. Uh, so it was, you know, I, I just, I don't know, that's a, it's always been part of me that I've always wanted to do sort of I would say I've got green blood, but that's the only way I can get near green blood at the moment because. How's that for an excuse?

Here we see Sara explicitly tie her joining and belonging to the RBL in terms of its inherent linkages to the military, and by proxy to the local community and the nation, through her family. She uses a strong and direct linkage to family and evokes images of their wartime service, and from this links to the nation and her own patriotism. She then states that this is the only way she can get near 'green blood' (a military reference to the colour servicepeople wear, and how military service is inherently

linked to patriotism for many). For Sara, her membership in the RBL and its key aim of supporting veterans (and thus the military), is her way of acting on this wider national identity in a positive and fulfilling way. Thus, RBL membership to her has its core in its association with the nation through the military, to the wider community, as well as to her family, providing an important sense of continuity of identity (Sani et al., 2008, 2009). SIMIC argues there are three ways to cope well with a life transition: possessing multiple pre-transition groups, joining new groups post-transition, and ensuring groups are compatible with each other. The link to previous (military) identities, as well as to national/patriotic groups (such as those voiced by Sara) that have high compatibility is thus highly consistent with SIMIC, and shows the model's applicability to military/veteran groups.

We know that such compatibility of identities is a factor in both identification and its explored health benefits in that there are particular health benefits to belonging to multiple groups that are deemed to be compatible with each other in terms of their norms and values. (e.g., Haslam et al., 2018). For some, though, this compatibility is more direct, with Alan relating his reason for feeling a sense of belonging to the RBL being rooted in his military background as a child, and the RBL being a direct link to this: Alongside this is provides an important context for the continuity of identity throughout one's life, and important aspect of identity (Haslam et al., 2008).

Extract 16: Alan, Male, 46, veteran

Alan: I'm a forces brat so I've travelled around the UK, Germany, lived in various places, and lived the family life of a forces brat. I've lived a military life, I've lived it for the first 18 years of my life. And any PAD brat will tell you (PAD is partners and dependants). Any Brat will tell you that they search for a sense of belonging because of the fact that a lot of the time they obviously are travelling around the UK and overseas territories, and I think in essence that's what drives us, that sense of belonging. I think the Legion is maybe just one aspect of that sense of belonging. It's manifested through probably loads of

different community things I do. I think it's maybe not even consciously, but I think there's maybe a subconscious need to belong(...) I'm in it for the long haul, you know what I mean? I'm an army brat, military brat, it's in my blood, so you know, I'll fight them, and I'll fight for the cause.

For Alan, his reason to belong is part of an inherent search for belonging which is rooted in his childhood as a 'PAD brat' in which he lived on various military bases around the world as his father was in the military. In such upbringings there is a sense of impermanence as military personnel and their families are moved around often and the military itself becomes the only permanent group outside of the family; in essence, the military becomes one's community. Alan explicitly stated that what drives such individuals is the sense of belonging and the RBL is an aspect of this which links to his military history. For Alan this continuity of identity is key as it provides a sense of stability that can be lacking among those who, like Alan, transition between local communities multiple times through their military (and wider) lives. Such continuity of identity has a significant effect on various social identity processes, from enabling groups to benefit people's health to determining what makes for a good leader (C. Haslam et al., 2008).

For Alan and others, the RBL is also a link to the family group as their family is inherently linked to the military, as Cara also reflects:

Extract 17: Cara, Female, 43, non-veteran

Cara: my brother is in the Royal Irish [guards], my mum's dad was in the Royal Irish as well. So it goes, it goes farther back again. Then there's other ones as well. My daughter's godfather is a Fijian soldier, he's in the Royal Scots. I have, my husband's best friend was in the marines. He's come out. His wife is in the RAF …

my brother being in it and what he's been through and what we've been through as a family over the last 10, 20 years. Being able to be a member of the Legion and to do work for the Legion. I feel like that just

gets me closer to all that. I understand it a lot better now and my brother and I can sit down and talk about things that we would never have had conversations with or about five or six years ago. He, he would always have been of the opinion. I was civvy street, he was army and it's like you run in parallel, you don't tend to meet and I think a lot of people that are in service are like that the walls are up, you know, they only communicate with their own because they feel like it's only their own understand them. But I think being involved with these guys, it's just given me a completely different perspective on and it's opened up, closened, the relationship with my brother…
we don't see each other that often, but now when we do, I think since I got involved with the Legion it's just completely changed the whole thing, which has been really, really, really good for me. So it's like win/win.

Here Cara again links the RBL to the military, and to her family explicitly. For her, joining the RBL, despite not being a prototypical veteran member, is linked to the supporting of veterans, and through this to supporting the most important group in her life: her family. She describes how not only does her RBL membership make her feel closer to the military/veterans but also how it has had a direct positive effect on her relationship with her brother and has thus benefitted her family dynamic in turn. In a sense her membership in the RBL has given them a common group through which another linkage (with common norms, vales, language etc.) through which their existing familial bond can be strengthened, We can see how these intergroup linkages not only support identification with the RBL itself, but also that multiple group identities interact to strengthen each other (C. Haslam et al., 2018). Thus, belonging is inherently contextual not only in and of the group identity itself (RBL), but through its relationship with other groups such as the military, family, nation, and local community. For Simon, this linkage to the local community was his key reason for joining the RBL:

Extract 18: Simon, Male, 51, veteran

Simon: because I saw it as a way of becoming part of the community. And I also also, I knew the effort, the ethos of the Legion. I had tried other things when I first came back out [of the military] by me joining things like Sea Cadets and what have you. I didn't have a good time with them unfortunately as an adult. They'd changed since I've been there myself. I felt that this was a good of doing my bit and doing something that feels good on the island [where Simon lives].

Simon explicitly states again that his reason for joining was related to becoming a part of the community, citing groups he joined (Sea Cadets) and the linkages to the wider community. For Simon we see a sense of obligation to the wider community as well in doing his part for not only his small branch but the wider island community that he could not get as part of other groups. For him the RBL being embedded and a part of the community is key, alongside the sense of purpose, whereas other groups he has tried (such as sea cadets) did not address that need.

While many participants cited such linkages to other groups as their reason for joining and belonging to the RBL, others were more abstract in where they found their root of belonging. For some it was related to a sense of purpose, which is described in the next sub-theme.

Sub-theme 3.2: I Belong for a Purpose

Many participants cited a desire for a sense of purpose when asked about their reasons for joining the RBL, as well as being key to their feelings of belonging to the RBL. This sense of purpose was not only perceived to be a product of being a member, but also a key component of identification itself, and was participants' most commonly cited reason for joining or remaining a part of the RBL.

Extract 19: Alan, Male, 46, veteran

Alan: would say it gives me a purpose (...) So yeah, it gives you that same sense of purpose. Also as sense of pride, and that feeling part of a group. You know? Which you miss when you come out the Forces

Alan's response to why he joined the RBL states explicitly that he was seeking purpose, which we know to be a key component of social identity wherein groups provide an individual with purpose, a key need in human life (Greenaway et al., 2016). For Alan, who has come out of the Armed Forces and is looking to maintain some structure and order, the RBL serves this function well. Such transitions, as noted previously, are difficult and fraught with potential disastrous outcomes, leaving one socially vulnerable and with a sense of identity loss (Praharso et al., 2017; Scheepers et al., 2009). For Alan the RBL has helped to compensate for this loss by providing him with a group with similar ethos, language, and norms as the forces which can potentially ease this transition, or at least mitigate some of its more negative outcomes.

Social identities come with social roles, norms, and expectations (Jetten et al., 2009; Tajfel et al., 1971), yet provide purpose, efficacy, and goals for which one can strive. Whether this desire for purpose provides the initial motivation to join the RBL or fosters feelings of belonging to the RBL (or both) depends on the individual, but what is clear is that when such a purpose is missing it can be harder to maintain a sense of identification, as Cara highlighted:

Extract 20: Cara, Female, 43, non-veteran

Cara: ...you know, the, the rubbish days really are rubbish. But you stick at it because you love what you're doing because it is more than a job and there is a sense of purpose to it. You're making a difference or at least you hope you are anyway. So yeah, for that purpose wasn't there. It would raise a lot of questions. That would make it a lot harder.

Not only is sense of purpose related to members' motives for joining the RBL, it is also a necessary component for maintaining and continuing group membership, even when things are hard. Purpose is thus an antecedent of belonging, but also an expression of it. Without it, group members can experience lower levels of identification, and some may even leave the group. The more people identify

with the group, the more likely they are to experience the benefits of group membership, participate in the group, and interact with other members, making group membership worthwhile and beneficial. As Les states, a group or purpose being 'worthwhile' is component not only in belonging but also in the processes previously discussed, such as social support.

Extract 21: Les, Male, 49, veteran

Les: I think it's got that sense of belonging to something that's worthwhile. I think that's important. You know everyone can join a club but unless you feel it's worthwhile being a member you're not going to get a hundred percent to it. You're not going to be fully integrated and support it. And by not supporting it you won't be supported. I think for me it's it it's all about a feeling of belonging to something that's actually worthwhile.

As Les points out, when group membership is worthwhile, it provides a sense of purpose and belonging, and integrates the person into the group. When they experience belonging, group members not only benefit personally from the group's support, they also in turn provide support to others, again we see the inherent 'mission' of support evident from the RBL motto (as discussed in theme 1) as well as the importance of reciprocity and the importance of identification not only to support, but also the importance of support and reciprocity to enhancing identification. He also shows an understanding of the distinction between *being* part of a group and *feeling* a part of the group, which we know in SI as identification, simply being a part of something is not enough for the full SIAH effect to occur. As we know from previous research it is not the objective contact which predicts the beneficial effects of social groups, it is instead that subjective sense of belonging (Sani et al., 2012a).

Theme 3 shows that one of the key reasons we join and belong to groups is their linkages to other groups. For some members the link to family members who have/do serve in the military can not only provide one with an increase in existing connection (such as Cara) but also a new group and source of

support. This synergy between compatible groups provides and enhancement to other groups with the same values and ethos. Multiple social identities are beneficial to health, and this is even more so the case when those groups are compatible in terms of their norms and values (Cruwys et al., 2016; Iyer et al., 2009; Jetten et al., 2015; Miller et al., 2017; Sani et al., 2015a). This theme also shows that perceived sense of purpose plays a dual role in group belonging; purpose and meaning are key reasons why people join groups, but these also function as a way to maintain group membership and belongingness. Sense of purpose is therefore a key component of social identity and ensures that group members find their membership to be valuable, thus ensuring their integrated role in the group, both receiving and providing support, and therefore receiving the key health benefits that come from group membership (C. Haslam et al., 2018, 2021b; Jetten et al., 2009).

Discussion

Study 2 aimed to address Research Question 2: How do Royal British Legion members understand social identity and its relationship to health/wellbeing? This research question enables an examination of RBL members' experiences of the group-level processes affecting their health and wellbeing, as well as their understandings of what processes might promote or discourage their sense of identification with the RBL (i.e., potential antecedents of group identification). A Social Identity approach (Tajfel & Turner, 1986) was utilised to explore these understandings and in doing so was used not only to highlight the processes inherent but also to examine possible antecedents of identification with the population examined in this thesis, members of the RBL. While existing research has highlighted the complex and sometimes subtle 'ingredients' within social (both curative and curse) phenomena this study is the first to examine these within a UK veterans organisation and specifically within the RBL. This study is not only vital from a veteran perspective, with this being a substantial, vulnerable, and understudied population for a Social Identity perspective, it is also important in that with a better understanding of the antecedents of identification we can further increase the curative processes (while decreasing those related to social curse) in not only the veteran, but the wider social contexts. Through

this advancement to the literature, it has hopefully been demonstrated that not only is the RBL a group in which social identity processes are common and through which social cure processes provide beneficial effect, but also that members are cognisant of them (through the guise of 'camaraderie') and the complex intra/intergroup landscape of such an organisation is rich in social processes that can enhance our understanding of these inherently human needs and processes. With accounts from a varied selection of members, male/female, veteran/non-veteran, and various locales we have identified three themes that shed light on these issues.

Theme 1, 'Helping is what we do' concerned the reasons why and ways in which RBL members help each other. Data suggested this was central to the 'mission' of the RBL (supporting veterans) with the motto of 'service not self' allows members to centre their identity on a tenant of support. This core cohesive group purpose provides a clear motivation not only to enact that support in helping veterans but provides a wider culture of support within the organisation and an ideal to live up to. By explicitly centring the group around the ideal of support the RBL has created a context within which not only are the common SIAH processes experienced but are more deeply entwined with the group than in most others. This theme also highlighted the reciprocal nature of supportive relationships (e.g., Wakefield et al., 2014) within such a group, as well as the hierarchy of provision inherent in a group with such a focus on helping a single demographic. Within a context where support is prioritised, we see not only the benefits of receiving support (Jetten et al., 2009), but also the different types of support available such as material/emotional and the distinctions in outcomes and understandings of eligibility and outcomes that can occur from such a distinction. The perceptions of both the helper and the helped are vitally important in not only the provision of support but also the reception and understandings of the nature in which such help is offered (e.g., Drury et al., 2016; S. A. Haslam et al., 2012. Etc.) even to the point where it can affect whether the outcomes and processes are curative or curse.

While the 'typical' RBL member can be considered older male veterans, participants in study 2 were quite heterogenous (i.e., males and females, veterans and non-veterans, older and younger). The sense that the Legion is an "old boys' club" indicates that there is a clear ingroup prototype (which was understood by the study 2 participants). While individual perceptions of the group's prototype may vary slightly, these variations still tend strongly towards central tendencies (i.e., the average group member), and are negotiated between members within the context of the group (Bartel & Wiesenfeld. 2013). In fact, the protype of the older male veteran in the Legion is so strong that is has been previously discussed as a challenge by Legion leadership; the perception of the old boys' club makes it harder for them to encourage new membership from younger and more diverse populations. Interestingly, an examination of the RBL's demographics shows that older male veterans actually make up a minority of the organisation (stated in private correspondence from Legion Scotland's CEO). This indicates that the prototype is based on perceived qualities of the 'typical' RBL member, rather than on the most common type of RBL member.

As discussed in chapter 3, perceived prototypicality of both the individual group members and the group's leaders can have a significant effect on the nature of members' group identity. For instance, a young female nonveteran member may have different experiences of the Legion than an older male veteran, and may also have different understandings of their identity as an RBL member. They may also be less likely to identify strongly with the RBL, or to seek ingroup help when they need it. Thus, due to the aim of exploring the complexities of processes such as identification and helping transactions within the RBL, a varied range of participants were purposefully recruited for study 2 (i.e., veteran/nonveteran, male/female, age 33-87). Rather than claiming that the non-male/non-veteran/younger participants inevitably 'do not fit' the prototype, it would be more apt to say that perceived psychological distance from the prototype (on any dimension) varies from individual to individual, so two individuals who possess the same key demographic traits might differ in terms of their perceived prototypicality of the group. These varying perceptions of prototypicality and 'fitting in' were explored in study 2 participants'

accounts, leading to rich data regarding how members' perceptions of prototypicality (or otherwise) can colour their experiences and opinions of their fellow members, and of the RBL as a whole. In sum, it seems far more useful to take a nuanced and multi-faceted approach to the concept of prototypicality within the RBL, rather than attempting to dichotomise members into those who 'fit' and those who 'do not fit'.

Theme 2, 'It's not all good', highlighted the negative outcomes, both individually, and at a group/subgroup level that can occur is such contexts when an individual or subgroup is seen to either violate or not fit the perceived norms or is in a marginalised position. This is evidenced by not only the majority of these accounts coming from non-prototypical members (such as women) but also the severity of the outcomes (such as with Flora's particularly vivid account) but also reflected in existing literature on the 'social curse (Bowe et al., 2019; S. A. Haslam et al., 2012; Kellezi et al., 2019). That such outcomes and processes are evident in the RBL is further incentive to not only examine these groups from a SI/SIAH lens, but also highlights the applicability of such perspectives within the wider realm of veteran psychology. Theme 3, 'There are many reasons to belong', evidenced the complex nature of the antecedents of belonging, in terms of not only the explicit ethos of such a group salving the human need for purpose but also giving a domain through which one can enact other group identities (ideally compatible ones). This theme also highlights the ways in which such intergroup linkages can strengthen and enhance the outcomes from other groups (such a becoming closer to veteran family members) and how existing groups such as family and community interact with the RBL identity in both positive and negative ways. Finally, it evidences the ways in which identity continuity is important in such contexts, such as those who experience military life as a child, military life themselves, and the difficult transition to 'civvy street' (which can be jarring and detrimental) and how organisations like the RBL provide and important connection to previous identities. This complex relationship between ethos/purpose, support, efficacy, and other groups once again highlights the complex nature of antecedents in SI processes as well as within the specific context of the RBL. This study suggests that veterans' organisations, and

specifically the RBL is right not only in the complexities of outcomes and processes, but also provides further evidence for the applicability of the currently underutilised SI perspective within the veteran sphere.

As mentioned at the outset of study 2, one important point to note about it (and also about study 3) is that it involved recruiting RBL members rather than simply veterans (as in study 1), and it involved recruiting non-veteran members of the RBL (i.e., members of the wider AFC, including friends and family of veterans). Although the reasoning behind these decisions was explored at the outset of study 2, it is useful to consider the limitations, opportunities, and potential practical applications of study 2's qualitative data in light of these recruitment decisions.

In terms of limitations of recruiting veteran and non-veteran RBL members, it is important to note that there is the potential for veteran and non-veteran members to have very different perceptions, experiences, and stories, although comparing these groups was not the purpose of this study, as the focus was on exploring experiences within the RBL as a whole. Nonetheless, future work could compare and contrasts veterans' and non-veterans' experiences and perceptions (e.g., via Structural Analysis of Group Arguments, see Reicher & Sani, 1998).

In terms of opportunities created by recruiting veteran and non-veteran RBL members, this decision enabled the exploration of the experiences and perceptions of not only veterans, but also the wider AFC. This is particularly important when exploring helping dynamics, as norms within the RBL mean that non-veteran members are sometimes more likely to provide help to veterans, whereas veterans are more likely to receive help from non-veterans. Thus, to only recruit veterans for study 2 would have meant that processes such as helping transactions could only be partially explored.

This also highlights an important practical application of study 2's findings, which would not exist if it had not involved recruiting both veteran and non-veteran members of the RBL. Specifically,

the findings from study 2 can be applied to enhance RBL members' experiences as a whole (rather than just focusing on veteran members). Any recommendations made from reflecting on the study's data thus have the potential to benefit the wellbeing of all RBL members. Specific recommendations will be explored in the General Discussion.

The discussions of purpose, perceived prototypicality, hegemony, reciprocity, and received social support we observed in the interviews are well-established health/well-being processes/outcomes within the wider Social Cure literature (Jetten et al., 2012). Indeed, it seems that understanding of SI processes are embedded within the context of the RBL and understood by members to be a complex yet integral part of social life (under the guise of camaraderie). Ultimately this work sheds a much-needed light on not only the processes and outcomes but also this inherent understanding, simply drawing the line between what we as social psychologists know about our social worlds, and what members of these organisations have known and practiced from more than 100 years. With a deeper and more comprehensive understanding of such a group and its members we not only enhance our own understandings of identity processes, we can also highlight the ways in which we can enhance and refine these already practiced processes to enhance outcomes for all involved.

Limitations and Future Directions

Study 2 provides an investigation of the subtle SI/SIAH processes through the use of qualitative methods (specifically semi-structured interviews) and thus enabled exploration of research Question 2: *How do Royal British Legion members understand social identity and its relationship to health/wellbeing?* In an exclusively qualitative way. Building on not only study 1 of this thesis, but also on the SI literature in a novel area and exploring not only the understandings of SI processes but also those possible antecedents contextually important within the RBL. While building on the previously discussed study 1 of this thesis it also has its own limitations in addressing the wider aim of this thesis:

The Purely Qualitative Nature of the Study

While the use of qualitative methods enables the in depth understanding of the subtle and complex social phenomenon that is social life it lacks the generalisability of wide scale quantitative methods in examining the patterns evident in large populations. Alongside this while it sheds some light on the complex relationships between antecedents and identification it also lacks the numbers and the evidence base from which we can draw generalisable patterns for whole group level populations. To this end the third and final study in this thesis will attempt to not only examine the social curative effect of belonging to the RBL, it will also use validated and reliable psychometric measures to not only examine SI processes and outcomes. Finally, it will investigate the possible antecedents of identification in a more comparative and comprehensive manner which is longitudinal in nature and will rectify this by allowing for an examination of these complex patterns across time, thereby providing stronger evidence of the existence of SIAH processes within the veteran population.

Study 3 will thus enable exploration of research Question 3: *What are the cross-sectional and longitudinal relationships between antecedents of group identification, group identification, and health-related outcomes of group identification in veterans who are RBL members?*

Chapter 6: Study 3 - A Longitudinal Online Survey Study Exploring Antecedents and Outcomes of Group Identification in Veterans

Background and Rationale

The rationale for this study was developed from the findings of study 1 and study 2. The key aim of the first study in this thesis was to explore whether SIAH processes (the existence of which have been well-established in a range of populations) can be observed in the veteran population through the use of a pre-existing dataset (the HRS). While study 1 allowed this research question to be tested and supported, the study had a range of clear limitations, including the fact that this was a secondary analysis of cross-sectional USA-based data which were not collected for the purpose of testing the SIAH-inspired hypotheses stated in study 1. This meant that only a relatively limited quantitative analysis could be conducted. To address these limitations, study 2 involved gathering primary qualitative data in order to explore the rich lived experiences of Royal British Legion members. While this provided a detailed insight into participants' experiences and understandings of social identity and its relationship to health/wellbeing, its qualitative nature meant that study 2 lacked generalisability, and no conclusions could be drawn regarding the relationships between variables.

As discussed in the introduction to study 2, study 3 involved recruiting participants who are members of the RBL, which includes both veterans and the wider AFC (i.e., non-veterans). The reasoning behind these decisions were explored at length in the introduction to study 2, so will not be repeated here.

Study 3 is designed to address the limitations of studies 1 and 2, as well as to support and extend their findings. Specifically, study 3 will address RQ3: What are the cross-sectional and longitudinal relationships between antecedents of group identification, group identification, and health-related outcomes of group identification in veterans who are RBL members? By attempting to answer this question, study 3 extends studies 1 and 2 in important ways. First, it enables a deeper examination of the patterns found in study 1's exploratory (and USA-based) secondary data by utilising primary data from

a UK-based sample, as well as by using psychometric scales that have been specifically created by social identity researchers in order to explore SIA/SIAH processes such as strength of group identification. Second, it builds on the qualitative findings of study 2 by enabling a statistical exploration of the relationships between group identification and health/wellbeing, as well as a statistical exploration of the relationships between potential antecedents of group identification (previously discussed in chapter 3 and explored qualitatively in study 2) and group identification itself. Third, the study extends both study 1 and study 2 by utilising a longitudinal dataset to explore the temporal ordering of these variables (e.g., the relationship between antecedents of identification at Time 1 and group identification at Time 2 whilst controlling for group identification at Time 1). Together, these aspects give study 3 the potential to provide a robust answer to RQ3, as well as the ability to support, strengthen, and extend the findings of studies 1 and 2.

Measuring Group Identification

Group identification is a key concept in Study 3. While the secondary data analysed in study 1 only permitted exploration of participants' sense of belonging to their local community, the SIA posits that people belong to multiple social groups (e.g.,(Cruwys et al., 2016; Iyer et al., 2009; Jetten et al., 2015)). For this reason, and also in light of the findings obtained in studies 1 and 2, study 3 will involve measuring participants' strength of identification with four groups: the RBL as a whole, the RBL branch of which the participant is a member, the participant's family, and the participant's local community. The relevance for measuring strength of identification with each of these groups will be explored in turn.

RBL and RBL Branch Identification

Study 2 showed that both supergroup (Legion) identification and subgroup (branch) identification are important, especially considering the themes of conflict between Legion and branch identities that were identified. With the nature of the RBL as both a superordinate (Legion) organisation as well as subordinate (branch) organisation, this complexity must be an integral part of any examination of

identification with these groups. While research has indicated that superordinate identification appears to be the more beneficial for wellbeing (e.g., (Eggins, Haslam, & Reynolds, 2002) there are also indications (as discussed in chapter 2) that subgroup identity is also important for health, with negative health consequences for highly identifying subgroup members during reorganisation (such as the subsummation of the women's section discussed by participants in study 2) (Crisp et al., 2006) or within certain subgroups (Seppälä et al., 2012) such as women or non-veteran members. It is therefore important in study 3 to measure identification with both the RBL and the participant's specific branch of the RBL.

Family Identification

Study 2 also highlighted the relevance of family for veterans' wellbeing. This is consistent with a large amount of SIAH research with non-veteran populations which has shown positive relationships between strength of family identification and health/wellbeing outcomes (e.g., Sani et al., 2017; Wakefield et al., 2016). For many people, family is their 'first group,' and one that they usually have a lifelong membership (Kellezi et al., 2021). Family identification is associated with greater life satisfaction and lower depression and stress (Sani et al., 2012). It is therefore also important to measure participants' identification with their family.

Local Community Identification

Study 1 showed that sense of belonging to the local community predicted participants' mental wellbeing. Moreover, participants in study 2 discussed the benefits they obtained from feeling integrated into their communities. These findings are also consistent with a large body of SIAH research which highlights the positive relationship between strength of community identification and health/wellbeing (e.g., Bowe et al., 2022; Mcnamara et al., 2013) It is therefore also important to measure participants' identification with their local community.

Multiple Group Identifications

Measuring strength of identification with four separate groups also enables an exploration of the number of group identifications each participant has (i.e., the number of groups, from zero to four, with which the participant strongly identifies). The health-related relevance of possessing multiple group identifications was discussed in chapter 2 and has also been evidenced in a range of studies which show a positive relationship between number of group identifications and health/wellbeing (Miller et al., 2016; Sani et al., 2015a). It is therefore also important to measure participants' number of group identifications.

Measuring Mental Health and Wellbeing

Since group identification (and number of group identifications) was expected to positively predict mental health and wellbeing. It was important to select relevant measures of mental health/wellbeing. To be consistent with study 1 (as well as a wide range of studies within the SIAH literature), mental health/wellbeing was measured via three variables: depression (or depressive symptomology), anxiety (or anxiety symptomology) and satisfaction with life (SWL). Together, these variables are able to provide a rounded picture of participants' mental health and wellbeing.

Measuring Mediators of The Relationship Between Group Identification and Mental Health/Wellbeing

To be consistent with study 1 (as well as a wide range of studies within the SIAH literature), it was expected that social support would mediate the relationship between group identification and mental health/wellbeing (and also between number of group identifications and mental health/wellbeing).

Measuring Potential Antecedents of RBL Identification

A key understanding from chapter 3, as well as from the results of study 2 was that the possible antecedents of group identification are complex and intertwined. The research covered in chapter 3 highlighted the individual importance of each of the possible antecedents (a: group member prototypicality, b: empowerment through group membership, c: involvement, d: leader prototypicality, e: group members' perceived intragroup status, f: leaders as group champions, g: contact). While these

have been investigated individually in certain contexts, there has been little effort to synthesise and compare not only their individual relationships with group identification, but also their relative strengths at predicting group identification when they are simultaneously entered into a regression model. Study 3 will enable exploration of all of these aspects within the context of identification with the RBL.

Group Member Prototypicality

As outlined in chapter 3, the extent to which participants perceive themselves to be prototypical of the RBL is expected to positively predict RBL identification. This is consistent with previous literature (e.g., Hogg et al., 2017).

Empowerment Through Group Membership

As outlined in chapter 3, the extent to which participants perceive themselves as being empowered through their membership of the RBL is expected to positively predict RBL identification. This is consistent with previous SIAH literature (e.g., Knight et al., 2010). Within this research, however, the topic has largely been explored through the use of SIA-related measures of empowerment, rather than through the use of those that are commonly used in the wider psychological literature. The utilisation of a wider empowerment construct that is commonly used in organisational psychology, advertising psychology, and the wider psychological literature (Spreitzer, 2007) would allow for the possibility of more than 25 years of empowerment research in organisational and brand psychology to then be integrated into the SIA/SIAH literature, allowing for new connections between ideas and disciplines to be made.

With this in mind, two subscales from the empowerment construct (Spreitzer, 1995) were used in study 3.; The subscales were Meaning (which refers to the sense of meaning that people derive from the group), and Impact (which refers to the individual power one has). Meaning was chosen as previous research has shown that group identification and meaning are interlinked, with meaning being either a precursor of group identification, or a possible outcome of it (e.g., Brown & Williams, 1984; Deaux,

1996; Deaux, Reid, Mizrahi, & Cotting, 1999; Ellemers, Kortekaas, & Ouwerkerk, 1999; Jackson & Smith, 1999). Impact has also been found to be an important predictor of group identification (e.g., Knight et al., 2010). Using these subscales from the empowerment construct thus not only enables an investigation of the potential for these variables to predict group identification, but also allows for the potential synthesis of a wealth of wider psychological research into the SIA/SIAH approach.

Involvement

As outlined in chapter 3, the extent to which participants perceive themselves as having high involvement in the RBL is expected to positively predict RBL identification. This is consistent with previous literature, including non-SIA/SIAH literature (e.g., Fisher & Wakefield, 1998). Again, this provides the potential for integration of psychological research from other domains (e.g., consumer behaviour) into the SIA/SIAH literature.

Leader Prototypicality

As outlined in chapter 3, the extent to which participants perceive the leadership of the RBL as prototypical of the RBL is expected to positively predict RBL identification. This is consistent with previous literature (e.g., Steffens et al., 2021).

Group Members' Perceived Intragroup Status

As outlined in chapter 3, the extent to which participants perceive themselves as having a relatively high status within the RBL is expected to positively predict RBL identification. This is consistent with previous literature (e.g., Sani et al., 2010).

Leaders as Group Champions

As outlined in chapter 3, the extent to which participants perceive the leaders of the RBL to act as champions for the RBL is expected to positively predict RBL identification. This is consistent with previous literature (e.g., van Zomeren et al., 2010).

Contact

While group contact has been largely found to be less important than identification for predicting wellbeing (Sani, Herrera, Wakefield, Boroch, & Gulyas, 2012). This warranted contact's inclusion in study 3. It is therefore predicted that the extent to which participants perceive themselves as having contact with other members of the RBL will positively predict RBL identification.

With these issues in mind, the following hypotheses were made, which will be explored both cross-sectionally (at T1) and longitudinally (across T1 and T2):

Hypotheses

H1: Identification with each of the four selected key social groups (a: RBL, b: Legion branch (hereafter branch), c: family, d: community) will positively predict mental health (i.e., lower levels of anxiety and depression, and higher levels of satisfaction with life).

H2: The relationship between identification with each of the four groups and mental health with be mediated by social support (that is, higher levels of identification with the group in question will predict higher levels of social support, which in turn will predict better mental health).

H3: The number of groups with which the participant identifies out of the four groups mentioned above (i.e., number of group identifications) will positively predict mental health. This means that the more groups with which a participant identifies, the better their mental health will be.

H4: The relationship between number of group identifications and mental health with be mediated by social support (that is, more group identifications will predict higher levels of social support, which in turn will predict better mental health).

H5: Legion identification will be a stronger positive predictor of mental health than branch identification, consistent with the previously discussed research into sub/supergroup identification, which shows that identification with the supergroup is more beneficial than identification with the subgroup (e.g., (Stone & Crisp, 2007).

H6: The seven identified possible antecedents of RBL identification (a: group member prototypicality, b: empowerment through group membership, c: involvement, d: leader prototypicality, e: group members' perceived intragroup status, f: leaders as group champions, g: contact) will each positively predict RBL identification.

Since H6 is an exploratory hypothesis, no specific predictions were made regarding the extent to which each antecedent variable will predict RBL identification when they are simultaneously entered into a linear regression analysis.

Method

Participants and Procedure

One hundred and forty-four Royal British Legion (RBL) members completed Wave 1 of a two-wave Qualtrics online survey in May 2018. Participants were recruited through social media and by distribution of the survey link via RBL/Legion Scotland communication channels (e.g., internal emails, social media communications, and word of mouth). Twenty-two of the participants were excluded from the data-file due to at least 20% of their data being missing. This led to a sample of 122 participants (90 males, 28 females, 4 unspecified; M_{age} = 59.88 years, *SD* = 12.04, *age range*: 25-81 years) at Time 1 (T1).

Participants were then contacted six months later and asked to complete the survey again at Time 2 (T2) ($M_{\text{time-gap}}$ = 237.14 days, *SD* = 6.14, *range* = 231-263 days). Six months was chosen as a substantial but not too long gap between waves. Forty-seven participants (32.64%) did so (37 males, 8 females, 2 unspecified, M_{age} = 60.95 years, *SD* = 11.39, *age range*: 34-81 years). The potential reason for this low T2 response rate will be discussed in the study's Discussion.

The opening screen of both the T1 and T2 survey contained participant information details and a consent statement (Appendix B). The final screen of the survey contained debrief information, including sources of support (Appendix C). The survey was examined by the Nottingham Trent University Schools

of Business, Law, and Social Sciences Research Ethics Committee in line with BPS ethics guidelines (Oates et al., 2021), and was given a favourable ethics opinion after review.

Power Analyses

An a priori power analysis in GPOWER (Erdfelder, Faul, & Buchner, 1996) assuming a medium effect size (f^2 = 0.15), .95 power, and five predictors (the most complex model tested involves one predictor, one mediator, and two control variables) indicated that a sample size of 129 was required. T1 thus had sufficient power, but T2 had insufficient power, such that the longitudinal analyses will be underpowered, so these results should be interpreted with caution.

Survey Measures

Social Measures

Participants' *group identification* was measured with the four-item Group Identification Scale (GIS; Sani et al., 2015a, e.g., "I feel a sense of belonging to my [group]"). Participants completed this scale four times: with reference to the RBL as a whole, to their RBL branch, to their family (which participants were asked to define in any way that was meaningful to them), and to their local community (which again participants were asked to define in any way that was meaningful to them). Participants responded to each item using a scale ranging from 1 ("I strongly disagree") to 7 ("I strongly agree"). These were averaged to create overall measures of RBL identification (T1 Cronbach's α = 0.93, T2 Cronbach's α = 0.91), branch identification (T1 Cronbach's α = 0.93, T2 Cronbach's α = 0.91), family identification (Cronbach's α = 0.95, T2 Cronbach's α = 0.95), and local community identification (T1 Cronbach's α = 0.96, T2 Cronbach's α = 0.93), where higher values indicate higher identification.

Participants' *number of group identifications* was calculated as per Sani et al. (2015a), three binary variables were created and summed, one variable for each group identification measure (i.e., Legion, branch, family, and community). The participant's average identification score for each of the groups was then calculated. A score of 5 or less was coded 0 (indicating the participant did not identify

strongly with that particular group), and 6/7 coded 1 (indicating the participant identified highly with that particular group). The four (Legion, branch, family, community) binary variables were then summed in order to create a variable indicating each participant's number of group identifications. This variable ranged from 0 (indicating the participant did not identify with any of the four groups) to 4 (indicating the participant identified with all four groups).

Participants' *received social support* was measured with Haslam's (2018) four-item measure. Participants rated their agreement with each item (e.g., "Do you have someone close in whom you can confide?") on a scale ranging from 1 ("Not at all") to 7 ("Definitely"). Participants' responses were averaged, creating a measure of received social support (Cronbach's $\alpha = 0.94$, T2 Cronbach's $\alpha = 0.92$), where higher values indicate higher received social support.

Health/Wellbeing Measures

Participants' *satisfaction with life* (SWL) was measured with the four-item Satisfaction with Life Scale (Diener et al., 1985). Participants rated their agreement with each item (e.g., "I am satisfied with my life") on a scale ranging from 1 ("I strongly disagree") to 7 ("I strongly agree"). These items were averaged, creating a measure (Cronbach's $\alpha = 0.88$, T2 Cronbach's $\alpha = 0.90$) where higher values indicate higher SWL.

Participants' *anxiety* was measured with the seven-item Generalised Anxiety Disorder Assessment (Spitzer et al., 2006). Participants rated how often they had experienced each symptom in the last two weeks (e.g., "Feeling nervous, anxious or on edge") on a scale ranging from 0 ("Not at all") to 3 ("Nearly every day"). These items were summed, creating a measure (T1 Cronbach's $\alpha = 0.93$, T2 Cronbach's $\alpha = 0.90$) where higher values indicate higher anxiety.

Participants' *depression* was measured with the twelve-item Major Depression Inventory (Bech, Rasmussen, Olsen, Noerholm, & Abildgaard, 2001). Participants rated how often they had experienced each symptom in the last 2 weeks (e.g., "Have you lost interest in your daily activities?") on a scale ranging from 0 ("At no time") to 5 ("All the time"). For two pairs of items (Pair 1: "Have you felt very

restless?" and "Have you felt subdued or slowed down?"; Pair 2: "Have you suffered from reduced appetite?" and "Have you suffered from increased appetite?") only the higher-rated of the two items in the pair was included in the measure calculation. These ten items were summed to create of a measure of depressive symptomology (T1 Cronbach's $\alpha = 0.94$, T2 Cronbach's $\alpha = 0.95$) where higher values indicate higher depression.

RBL Identification Predictor Measures

Participants' *perceived prototypicality within the RBL* was measured with Jetten's (C. Haslam, Jetten, Cruwys, Dingle, & Haslam, 2018) three-item prototypicality measure.

Participants rated their agreement with each item (e.g., "I am very similar to the average Legion member") on a scale ranging from 1 ("I strongly disagree") to 7 ("I strongly agree"). Participants' responses were averaged, creating a measure of prototypicality (Cronbach's $\alpha = 0.83$, T2 Cronbach's $\alpha = 0.81$) where higher values indicate higher participant prototypicality.

Participants' *empowerment through RBL membership* was measured using two of Spreitzer's (1995) four Empowerment Scale subscales (Meaning and Impact – three items each). Participants rated their agreement with each item in the Meaning subscale (e.g., "My role within the Legion is personally meaningful to me") and with each item in the Impact subscale (e.g., "My impact on what happens within my branch/club is large") on a scale ranging from 1 ("I strongly disagree") to 7 ("I strongly agree"). Participants' responses were averaged, creating a mean for each subscale (T1 Cronbach's $\alpha = 0.86$, $\alpha = 0.89$ respectively, T2 Cronbach's $\alpha = 0.88$, $\alpha = 0.86$ respectively). These subscales were then averaged to create an overall empowerment measure (Spreitzer, 1995).

Participants' *involvement with the RBL* was measured with Zaichkowsky's (1985) Personal Involvement Inventory (PII). Participants were asked to rate the RBL on 10 word-pair continua, each of which ranged from 1 to 7 (e.g., "important (1)/unimportant (7)"). Items 1, 3, 4, 6, 7, and 9 were negatively worded, so were reverse scored. The items were then averaged to create a measure of involvement

(Cronbach's α = 0.93, T2 Cronbach's α = 0.90), where higher values indicate higher involvement with the RBL.

Participants' *perceived prototypicality of RBL leadership* was measured with a prototypicality of leadership measure. Participants were asked to think about the leadership of the RBL and rate the extent to which they agreed with 6 statements about that person/those people (e.g., "Stands for what people who are members of the Legion have in common") on a scale ranging from 1 ("I strongly disagree") to 7 ("I strongly agree"). Item four was reverse scored, and participants' responses were averaged, creating a measure of perceived prototypicality of RBL leadership (Cronbach's α = 0.75, T2 Cronbach's α = 0.77), where higher values indicate higher perceived prototypicality of leadership.

Participants' *perceived intragroup status within the RBL* was measured with an adaptation of the MacArthur Scales of Subjective Social Status (Adler et al., 2000). Participants were presented with an image of a ten-rung ladder and were asked to "Please click the rung where you think you stand relative to other people in the Legion". The participant's rung selection was recoded as a value between 1 and 10, with higher values indicating higher perceived intragroup status.

A single-item measure (Gleibs & Haslam, 2016) was used to measure participants' *perceptions of RBL leaders as champions*. Participants were asked to rate their agreement with the statement ("The leadership of the Legion works in the interests of its members") on a scale ranging from 1 ("I strongly disagree") to 5 ("I strongly agree").

Participants' RBL *group contact* was measured by the procedure described in previous work (Sani et al., 2015a) . Participants were asked three questions assessing the extent to which they interacted with other RBL members and participated in RBL group-related activities. The first two questions were: "On average, with how many different members of your Legion do you have a face-to-face conversation in a single week?" and "On average, with how many different members of your Legion do you have a telephone/Internet conversation in a single week?". The third question was: "On average, how many events related to your Legion group (for instance parties, gatherings, trips, etc.) do you attend in a single

year?". Each participant's responses to the three questions regarding each group were transformed into *Z*-scores and summed into a measure of RBL contact, as per (Sani et al., 2015). .

Demographic Variables

Finally, participants' age, gender (0 = female, 1 = male), and military service (civilian =0, served = 1) were measured. These were conceptualised as control variables because of their potential impact on mental health-wellbeing (e.g., Afifi, 2007; Keyes & Westerhof, 2012)

Results

Analysis Strategy

Version 25 of SPSS (Statistical Package for the Social Sciences) was used for all analyses. All analyses were two-tailed. Apart from calculating means, standard deviations, and correlations, the key analytic techniques were hierarchical linear regression and mediation analyses. These were used in order to investigate the extent to which group identification predicts mental health (H1, H5). Each regression involved two control variables (gender and age) being entered in Step 1(military service (yes/no) was also originally entered at Step 1 as a control variable, but since it was not found to be a significant predictor and had minimal effect on the results of the analyses, it was removed for parsimony). Group identification was then entered at Step 2. This enables the additional proportion of variance in the outcome variable explained by group identification to be measured after accounting for the proportion of variance explained by gender and age. This procedure was followed individually for each group identification variable (strength of identification with the Legion, branch, family, and community), and for the overall number of group identifications variable.

The possibility of social support mediating the relationship between identification with each group/number of group identifications and health and wellbeing (H2, H3, H4) was examined using mediation/indirect effect analysis. This was conducted using model 4 in Hayes' PROCESS macro, version 3.4 (Hayes, 2018). Each analysis involved 5,000 bootstrapping samples with bias corrected and

accelerated 95% confidence intervals (Lower-Level Confidence Interval: LLCI, and Upper-Level Confidence Interval: ULCI), which is more conservative than percentile models. Age and gender were controlled for in each analysis. As recommended by Hayes (2018), it was decided to report heteroscedasticity-consistent standard errors, and to report Ordinary Least Squares/Maximum Likelihood confidence intervals.

Overview of Results Structure

T1 Cross-Sectional Analyses

Exploring Group Identification (with Legion, Branch, Family, and Community, as well as Overall Number of Group Identifications) as a Predictor of Mental Health.

Exploring the Mediating Effect of Social Support on the Relationship Between Group Identification (with Legion, Branch, Family, and Community, as well as Overall Number of Group Identifications) and Mental Health.

Exploring Predictors of Legion Identification.

Longitudinal Analyses

Exploring T1 Group Identification (with Legion, Branch, Family, and Community, as well as Overall Number of Group Identifications) as a Predictor of T2 Mental Health (when Controlling for T1 Mental Health).

Exploring the Mediating Effect of T2 Social Support on the Relationship Between T1 Group Identification (with Legion, Branch, Family, and Community, as well as Overall Number of Group Identifications) and T2 Mental Health (when Controlling for T1 Social Support and T2 Mental Health).

Exploring T1 Predictors of T2 Legion Identification (when Controlling for T1 Legion Identification).

T1 Cross-Sectional Analyses

Exploring Group Identification as a Predictor of Mental Health

Intercorrelations and Descriptive Statistics. First, to explore hypothesis H1, the intercorrelations between the identification variables (Legion, branch, family, community, and overall number of group identifications) and the mental health variables (depression, anxiety, SWL), as well as participants' gender, and age, were investigated. Table 6.1 shows the means and standard deviations for these variables, as well as inter-correlations.

All five of the group identification measures (Legion, branch, family, community, number of group identifications) correlated positively with each other at $p < .001$, apart from the correlation between branch and family identification ($p = .01$). Moreover, supporting Hypothesis H1, identification with each of the four groups (Legion, branch, family, community) correlated negatively with depression ($p = .01$, $p = .042$, $p < .001$, $p < .001$ respectively), indicating that higher group identification was associated with lower depression. Moreover, Legion, family, and community identification each positively correlated with SWL ($ps < 0.05$), indicating higher identification with these groups was associated with higher life satisfaction.

Further supporting H1, family and community identification correlated positively with anxiety ($p = .001$ and $p = .002$ respectively), indicating that higher identification with these groups was associated with lower anxiety, while community identification also correlated positively with SWL ($p < .001$), indicating that higher identification with the community was associated with higher satisfaction with life.

Number of group identifications correlated negatively with depression ($p < .01$) and anxiety ($p < .001$), and positively with SWL ($p < .001$) (supporting H3 by indicating that identifying with more groups was associated with better mental health), and positively with age ($p = .007$), indicating that older participants identified with more groups.

Finally, age correlated positively with SWL ($p < 0.001$), and negatively with depression ($p < 0.01$), and anxiety ($p < 0.001$), indicating that older participants experienced better mental health.

*Table 6.1: T1 Descriptive statistics and inter-correlations for the identification variables, mental health variables, and control variables (age/gender). Note: *p < .05, ** p < .01, *** p<.001*

Variable	1	2	3	4	5	6	7	8	9
1. Legion Identification (1-7) (*M*=5.21; *SD*=1.32)	-								
2. Branch Identification (1-7) (*M*=5.14; *SD*=1.49)	.71***	-							
3. Family Identification (1-7) (*M*=5.78; *SD*=1.53)	.29**	.23*	-						
4. Community Identification (1-7) (*M*=4.63; *SD*=1.47)	.47***	.29**	.41***	-					
5. Number of Identifications (0-4) (*M*=2.32; *SD*=1.36)	.72***	.66***	.61***	.65***	-				
6. Depression (0-50) (*M*=12.30; *SD*=11.19)	-.24**	-.19*	-.33***	-34***	-.32**	-			
7. Anxiety (0-21) (*M*=5.64; *SD*=5.72)	-.13	-.11	-.31**	-.27**	-.23**	.83***	-		
8. Satisfaction with life (1-7) (*M*=4.70; *SD*=1.47)	.18*	.07	.45***	.42***	.37***	-.55***	-.55***	-	
9. Age (*M*=59.88, *SD*=12.04)	.14	.09	.25**	.15	.25**	-.29**	-.35***	.41***	-
10. Gender (Male = 0, Female = 1)	-.13	-.11	-.15	-.11	-.14	.10	.16	-.11	-.39***

Hierarchical Multiple Regression Analyses. Hierarchical multiple regression analysis was then used to assess the extent to which identification with each group (Legion, branch, family, community), as well as number of group identifications (0-4) predict depression, anxiety, and SWL, when controlling for gender and age (testing Hypothesis 1: that identification with each group will positively predict mental health, and Hypothesis 3: that number of group identifications will positively predict mental health).

Assumptions. Before the analyses were conducted, data were checked to determine whether they met the various assumptions required for linear regression. This assumption analysis was repeated for each of the regressions (i.e., with depression, anxiety, and SWL as the outcome respectively). Tolerance values ranged from 0.84 to 0.97, while the highest

Variance Inflation Factor value was 1.19, clearly indicating a lack of multicollinearity (Menard, 2001). Outliers were investigated (cases with standardized residuals more than two standard deviations from the mean). There were six (4%) outliers in the depression analysis, six in the anxiety analysis (4%), and five in the SWL analysis (4%); this was less than the 5% expected by chance (Wardlaw, 2000), and removing these outliers did not alter the pattern of the results described below, so they were included in the analyses.

Analysis. The control variables (gender, age) were entered at Step 1, while identification with one of the four groups was entered at Step 2. This enables an examination of the unique contribution of each group identification variable: Legion (see Table 6.2), branch (see Table 6.3), family (see Table 6.4), community (see Table 6.5), and number of group identifications (see Table 6.6) in predicting depression, anxiety, and SWL.

Exploring Legion Identification as a Predictor of Mental Health. When age and gender were controlled, Legion identification was a significant negative predictor of depression (p= 0.04), but not anxiety (p = 0.53) or SWL (p = 0.18). This provides partial support for the hypothesis that Legion identification will be a positive predictor of mental health (H1a).

*Table 6.2. Summary of T1 hierarchical regression analysis with Legion identification predicting mental health. Note: *p < .05, ** p < .01, *** p<.001*

	Depression				Anxiety				SWL			
	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*
Step 1												
Gender	-0.55	2.58	-0.02	.83	0.38	1.28	0.04	.77	0.18	0.32	0.05	.57
Age	-0.28	0.09	-0.29**	.003	-0.16	0.05	-0.34***	.001	0.05	0.01	0.43***	< .001
	(R^2=0.08)				(R^2=0.13)				(R^2=0.17)			
Step 2												
Gender	-0.99	2.55	-0.04	.70	0.32	1.29	0.02	.80	0.21	0.32	0.06	.51
Age	-0.26	0.09	-0.27**	.005	-0.16	0.05	-0.34***	.001	0.05	0.01	0.42***	< .001
Legion Identification	-1.61	0.76	-0.19*	.04	-0.23	0.38	-0.05	.56	0.12	0.10	0.11	.21
	(R^2=0.12 ΔR^2=0.04* Δp = .04)				(R^2=0.13 ΔR^2=0.003 Δp = .56)				(R^2=0.18 ΔR^2=0.01 Δp = .21)			

Exploring Branch Identification as a Predictor of Mental Health. When age and gender were controlled, branch identification did not significantly predict any of the mental health outcomes. This does not support the hypothesis that branch identification will be a positive predictor of mental health (H1b).

*Table 6.3: Summary of T1 hierarchical regression analysis with branch identification predicting mental health. Note: *p < .05, ** p < .01, *** p<.001*

	Depression				Anxiety				SWL			
	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*
Step 1												
Gender	-0.55	2.58	-0.02	.83	0.38	1.28	0.03	.71	0.18	0.32	0.05	.57
Age	-0.28	0.09	-0.29**	.003	-0.16	0.05	-0.34**	.001	0.05	0.01	0.43***	< .001
	(R^2=0.08)				(R^2=0.13)				*(R^2=0.17)*			
Step 2												
Gender	-0.87	2.57	-0.03	.74	0.33	1.29	0.03	.32	0.19	0.32	0.06	.56
Age	-0.27	0.09	-0.28**	.004	-0.16	0.05	-0.34**	.001	0.05	0.01	0.43***	< .001
Branch Identification	-1.15	0.69	-0.15	.10	-0.18	0.34	-0.05	.53	0.02	0.09	0.03	.78
	(R^2=0.10 ΔR^2=0.02 Δp=.10)				(R^2=0.13 ΔR^2=0.002 Δp=.60)				(R^2=0.17 ΔR^2=0.001 Δp=.78)			

Exploring Family Identification as a Predictor of Mental Health. When age and gender were controlled, family identification was a significant negative predictor of depression (p = .004) and anxiety (p = .015), and a positive predictor of SWL (p < 0.001). This supports the hypothesis that family identification will be a positive predictor of mental health (H1c).

*Table 6.4: Summary of T1 hierarchical regression analysis with family identification predicting mental health. Note: *p < .05, ** p < .01, *** p<.001*

	Depression				Anxiety				SWL			
	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*
Step 1												
Gender	-0.55	2.58	-0.02	.83	0.38	1.28	0.03	.77	0.18	0.32	0.05	.57
Age	-0.28	0.09	-0.29**	.003	-0.16	0.05	-0.34**	.001	0.05	0.01	0.43***	< .001
	(R^2=0.08)				(R^2=0.13)				(R^2=0.17)			
Step 2												
Gender	-0.98	2.50	-0.04	.70	0.20	1.25	0.02	.87	0.26	0.30	0.08	.38
Age	-0.22	0.09	-0.23*	.02	-0.14	0.05	-0.29**	.003	0.04	0.01	0.34***	< .001
Family Identification	-1.95	0.66	-0.27**	.004	-0.81	0.33	-0.22**	.015	0.35	0.08	0.37***	< .001
	(R^2=0.15 ΔR^2=0.07** Δp=.004)				(R^2=0.17 ΔR^2=0.05* Δp=.015)				(R^2=0.30 ΔR^2=0.13*** Δp<.001)			

Exploring Community Identification as a Predictor of Mental Health. When age and gender were controlled, community identification was a significant negative predictor of depression ($p < .001$) and anxiety ($p = .013$), and a positive predictor of SWL ($p < 0.001$). This supports the hypothesis that community identification will be a positive predictor of mental health (H1d).

*Table 6.5: Summary of T1 hierarchical regression analysis with community identification predicting mental health. Note: *p < .05, ** p < .01, *** p<.001*

	Depression				Anxiety				SWL			
	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*
Step 1												
Gender	-0.55	2.58	-0.02	.83	0.38	1.28	0.03	.77	0.18	0.32	0.05	.57
Age	-0.28	0.09	-0.29**	.003	-0.16	0.05	-0.34**	.001	0.05	0.01	0.43***	< .001
	(R^2=0.08)				(R^2=0.13)				(R^2=0.17)			
Step 2												
Gender	-1.01	2.47	-0.04	.68	0.21	1.25	0.02	.87	0.26	0.29	0.08	.38
Age	-0.24	0.09	-0.26**	.008	-0.15	0.05	-0.31**	.001	0.05	0.01	0.38***	< .001
Community Identification	-2.30	0.66	-0.30**	<.001	-0.85	0.34	-0.22**	.013	0.38	0.08	0.38***	< .001
	(R^2=0.17 ΔR^2=0.09*** Δp<.001)				(R^2=0.17 ΔR^2=0.05* Δp=.013)				(R^2=0.31 ΔR^2=0.14*** Δp<.001)			

Exploring Number of Group Identifications as a Predictor of Mental Health. When age and gender were controlled, number of group identifications was a significant negative predictor of depression (p = .005) but not anxiety (p = .17), and a positive predictor of SWL (p < .001). This partially supports the hypothesis that number of identifications will be a positive predictor of mental health (H3).

*Table 6.6: Summary of T1 hierarchical regression analysis with number of group identifications predicting mental health. Note: *p < .05, ** p < .01, *** p<.001*

	Depression				Anxiety				SWL			
	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*
Step 1												
Gender	-0.55	2.58	-0.02	.83	0.38	1.28	0.03	.77	0.18	0.32	0.05	.57
Age	-0.28	0.09	-0.29**	.003	-0.16	0.05	-0.34**	.001	0.05	0.01	0.43***	< .001
	(R^2=0.08)				(R^2=0.13)				(R^2=0.17)			
Step 2												
Gender	-0.85	2.51	-0.03	.74	0.31	1.28	0.02	.81	0.22	0.31	0.06	.47
Age	-0.22	0.09	-0.23*	.02	-0.15	0.05	-0.31**	.002	0.04	0.01	0.36***	< .001
No. of Identifications	-2.15	0.75	-0.26**	.005	-0.53	0.38	-0.13	.17	0.29	0.09	0.27**	.002
	(R^2=0.14 ΔR^2=0.06** Δp = .005)				(R^2=0.14 ΔR^2=0.02 Δp= .17)				(R^2=0.24 ΔR^2=0.07** Δp = .002)			

Exploring the Mediating Effect of Social Support on the Relationship Between Group Identification and Mental Health. Next, to test H2 and H4, mediation analyses were conducted to examine the extent to which social support mediated the relationship between each of the group identification measures and each of the mental health measures.

Exploring the Mediating effect of Social Support on the Relationship Between Legion Identification and Depression. It was found that there was a significant indirect effect of Legion identification on depression through social support, *Effect* = -1.26, *Boot SE* = 0.36, *Boot LLCI* = -2.02, *Boot ULCI* = -0.65. Legion identification positively and significantly predicted social support, *Coeff* = 0.37, *SE* = 0.10, *t* = 3.77, *p* = .0003, *LLCI* = 0.18, *ULCI* = 0.56. Social support negatively and significantly predicted depression, *Coeff* = -3.39, *SE* = 0.66, *t* = -5.16, *p* < .001, *LLCI* = -4.69, *ULCI* = -2.09. The total effect of Legion identification on depression was significant, *Coeff* = -1.61, *SE* = 0.76, *t* = -2.13, *p* = .04, *LLCI* = -3.11, *ULCI*

= -0.11, and this became non-significant when social support was accounted for, *Coeff* = -0.36, *SE* = 0.72, *t* = -0.49, *p* = .63, *LLCI* = -1.79, *ULCI* = 1.08, indicating full mediation, and supporting H2a. This model is shown in Figure 6.1.

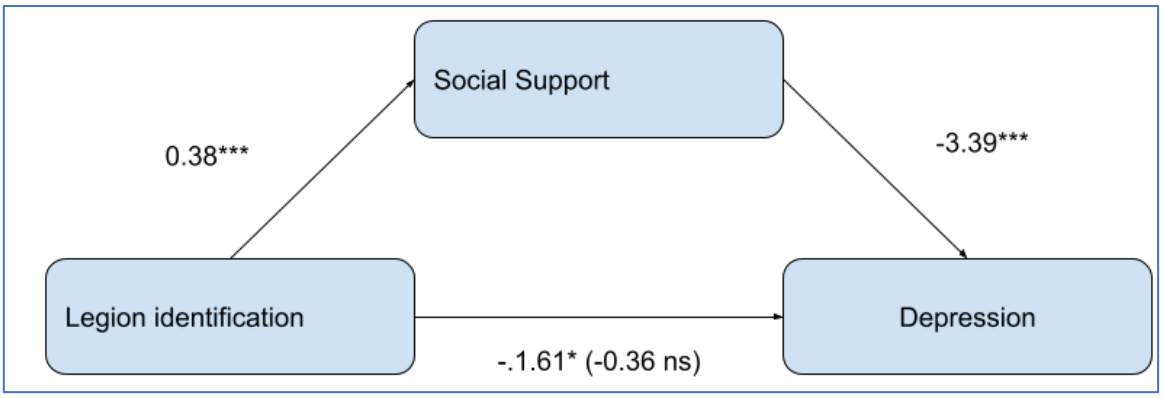

*Figure 6.1: Study 3: Model exploring the mediating effect of Social Support on the relationship between Legion Identification and Depression at T1. Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring the Mediating effect of Social Support on the Relationship Between Branch Identification and Depression. There was a significant indirect effect of branch identification on depression through social support, *Effect* = -0.88, *Boot SE* = 0.36, *Boot LLCI* = -1.69, *Boot ULCI* = -0.27. Branch identification positively and significantly predicted social support, *Coeff* = 0.26, *SE* = 0.09, *t* = 2.84, *p* = .005, *LLCI* = 0.08, *ULCI* = 0.44. Social support negatively and significantly predicted depression, *Coeff* = -3.43, *SE* = 0.64, *t* = -5.35, *p* < .001, *LLCI* = -4.70, *ULCI* = -2.16. The total effect of branch identification on depression was not significant, *Coeff* = -1.15, *SE* = 0.68, *t* = -1.68, *p* = .09, *LLCI* = -2.51, *ULCI* = .20, and this became less significant when social support was accounted for, *Coeff* = -.27, *SE* = 0.63, *t* = -.43, *p* = .67, *LLCI* = -1.53, *ULCI* = 0.98, indicating indirect-only mediation (Zhao et al., 2010). This model is shown in Figure 6.2.

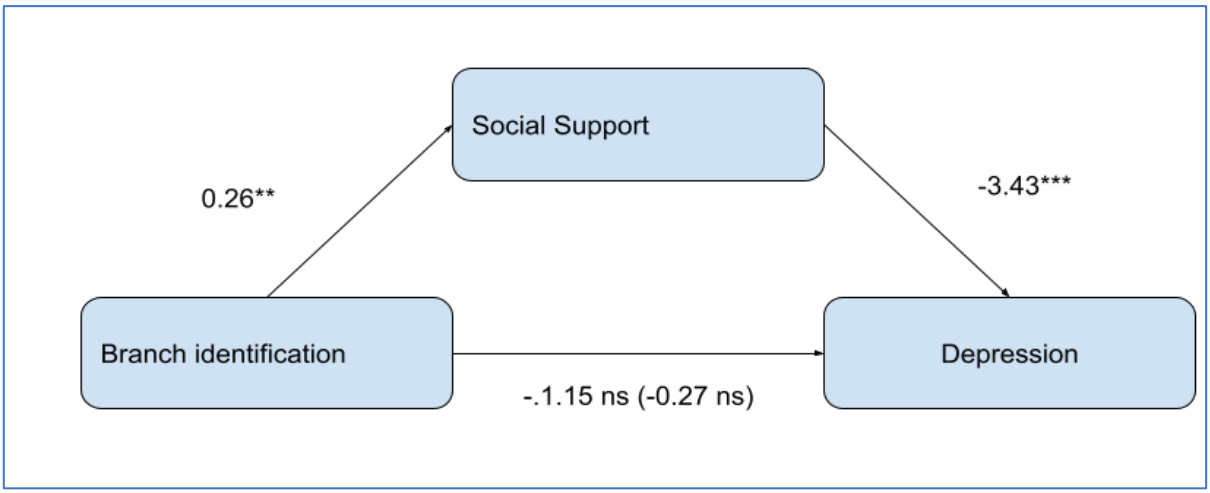

*Figure 6.2: Study 3: Model exploring the mediating effect of Social Support on the relationship between Branch Identification and Depression at T1. Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring the Mediating effect of Social Support on the Relationship Between Family Identification and Depression. There was a significant indirect effect of family identification on depression through social support, *Effect* = -1.35, *Boot SE* = 0.45, *Boot LLCI* = -2.39, *Boot ULCI* = -0.61. Family identification positively and significantly predicted social support, *Coeff* = 0.42, *SE* = 0.08, *t* = 5.01, *p* < .001, *LLCI* = 0.26, *ULCI* = 0.58. Social support negatively and significantly predicted depression, *Coeff* = -3.24, *SE* = 0.68, *t* = -4.74, *p* < .001, *LLCI* = -4.59, *ULCI* = -1.88. The total effect of family identification on depression was significant, *Coeff* = -1.95, *SE* = 0.66, *t* = -2.96, *p* = .004, *LLCI* = -3.25, *ULCI* = -0.64, and this became non-significant when social support was accounted for, *Coeff* = -0.59, *SE* = 0.67, *t* = -0.89 *p* = .37, *LLCI* = -1.92, *ULCI* = 0.73, indicating full mediation, and supporting H2a. This model is shown in Figure 6.3.

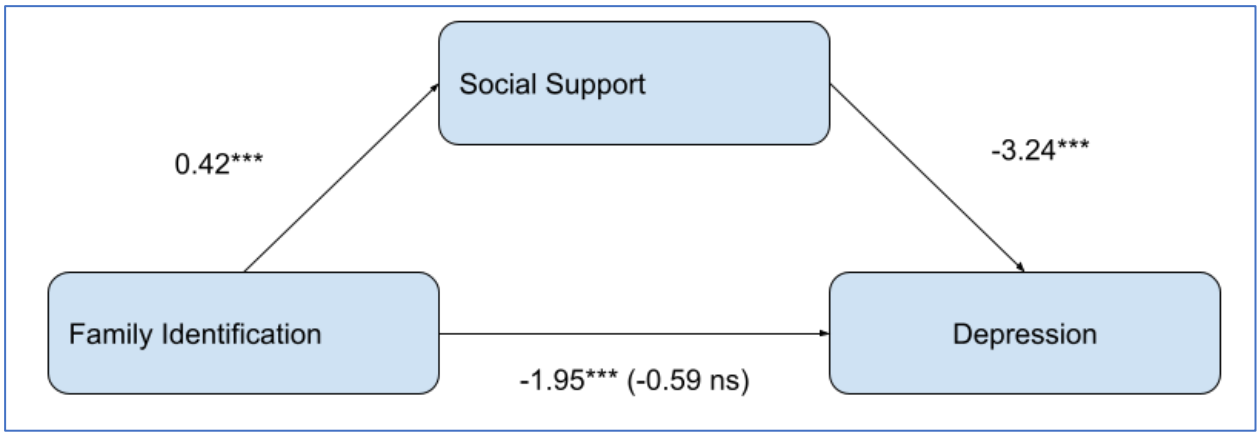

*Figure 6.3: Study 3: Model exploring the mediating effect of Social Support on the relationship between Family Identification and Depression at T1Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring the Mediating effect of Social Support on the Relationship Between Community Identification and Depression. There was a significant indirect effect of community identification on depression through social support, *Effect* = -1.33, *Boot SE* = 0.33, *Boot LLCI* = -2.01, *Boot ULCI* = -0.72. Community identification positively and significantly predicted social support, *Coeff* = 0.43, *SE* = 0.08, *t* = 5.10, *p* < .001, *LLCI* = 0.26, *ULCI* = 0.60. Social support negatively and significantly predicted depression, *Coeff* = -3.07, *SE* = 0.68, *t* = -4.51, *p* < .001, *LLCI* = -4.42, *ULCI* = -1.72. The total effect of community identification on depression was significant, *Coeff* = -2.30, *SE* = 0.66, *t* = -3.48, *p* = .0007, *LLCI* = -3.62, *ULCI* = -0.99, and this became non-significant when social support was accounted for, *Coeff* = -0.97, *SE* = 0.68, *t* = -1.44, *p* = .15, *LLCI* = -2.32, *ULCI* = 0.37, indicating full mediation, and supporting H2a. This model is shown in Figure 6.4.

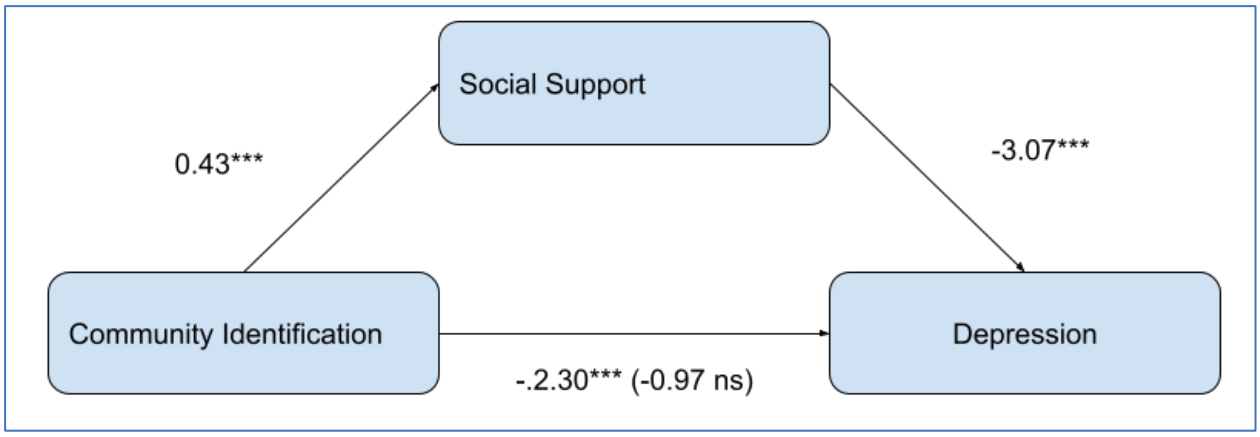

*Figure 6.4: Study 3: Model exploring the mediating effect of Social Support on the relationship between Community Identification and Depression at T1Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring the Mediating effect of Social Support on the Relationship Between Number of Group Identifications and Depression. There was a significant indirect effect of number of group identifications on depression through social support, *Effect* = -1.68, *Boot SE* = 0.40, *Boot LLCI* = -2.51, *Boot ULCI* = -0.97. Number of identifications positively and significantly predicted social support, *Coeff* = 0.51, *SE* = 0.09, *t* = 5.44, *p* < .001, *LLCI* = 0.32, *ULCI* = 0.69. Social support negatively and significantly predicted depression, *Coeff* = -3.30, *SE* = 0.70, *t* = -4.75, *p* < .001, *LLCI* = -4.68, *ULCI* = -1.93. The total effect of number of identifications on depression was significant, *Coeff* = -2.15, *SE* = 0.75, *t* = -2.88, *p* = .0049, *LLCI* = -3.64, *ULCI* = -0.66, and this became non-significant when social support was accounted for, *Coeff* = -0.47, *SE* = 0.77, *t* = -0.61, *p* = .54, *LLCI* = -2.00, *ULCI* = 1.06, indicating full mediation, and supporting H4. This model is shown in Figure 6.5.

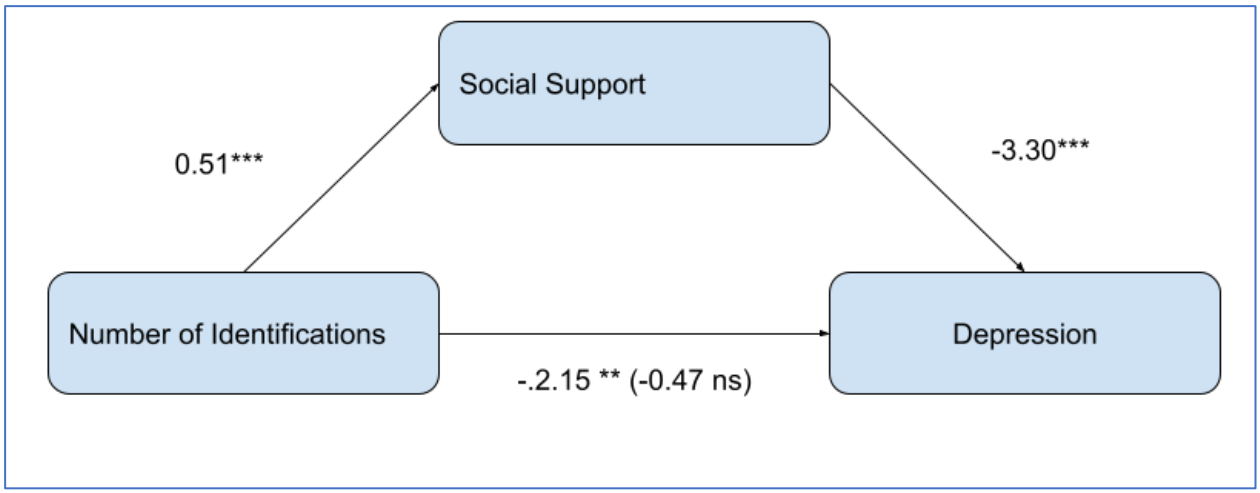

*Figure 6.5: Study 3: Model exploring the mediating effect of Social Support on the relationship between Number of Identifications and Depression at T1Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring the Mediating effect of Social Support on the Relationship Between Legion Identification and Anxiety. It was found that there was a significant indirect effect of Legion identification on anxiety through social support, *Effect* = -0.59, *Boot SE* = 0.18, *Boot LLCI* = -.97, *Boot ULCI* = -0.29. Legion identification positively and significantly predicted social support, *Coeff* = 0.37, *SE* = 0.10, *t* = 3.77, *p* = .0003, *LLCI* = .18, *ULCI* = .56. Social support negatively and significantly predicted anxiety, *Coeff* = -1.58, *SE* = 0.34, *t* = -4.68, *p* < .001, *LLCI* = -2.25, *ULCI* = -.91. The total effect of Legion identification on anxiety was not significant, *Coeff* = -0.23, *SE* = 0.38, *t* = -0.59, *p* = .55, *LLCI* = -0.98, *ULCI* = 0.53, and this remained non-significant when social support was accounted for, *Coeff* = 0.36, *SE* = 0.37, *t* = 0.96, *p* = .34, *LLCI* = -0.38, *ULCI* = 1.10. This does not indicate mediation (note that, for brevity, non-significant mediation models are not depicted in figures).

Exploring the Mediating effect of Social Support on the Relationship Branch Identification and Anxiety. It was found that there was a significant indirect effect of branch identification on anxiety through social support, *Effect* = -0.39, *Boot SE* = 0.17, *Boot LLCI* = 0.76, *Boot ULCI* = -0.12. branch identification positively and significantly predicted social

support, *Coeff* = 0.26, *SE* = 0.91, *t* = 2.84, *p* = .005, *LLCI* = 0.08, *ULCI* = 0.44. Social support negatively and significantly predicted anxiety, *Coeff* = -1.52, *SE* = 0.33, *t* = -4.62, *p* < .001, *LLCI* = -2.18, *ULCI* = -.87. The total effect of branch identification on anxiety was not significant, *Coeff* = -0.18, *SE* = 0.34, *t* = -0.53, *p* = .60, *LLCI* = -0.86, *ULCI* = 0.50, and this remained non-significant when social support was accounted for, *Coeff* = 0.21, *SE* = 0.33, *t* = 0.64, *p* = .53, *LLCI* = -0.44, *ULCI* = 0.86, indicating no mediation.

Exploring the Mediating effect of Social Support on the Relationship Between Family Identification and Anxiety. It was found that there was a significant indirect effect of family identification on anxiety through social support, *Effect* = -0.57, *Boot SE* = 0.22, *Boot LLCI* = -1.08, *Boot ULCI* = -0.23. Family identification positively and significantly predicted social support, *Coeff* = 0.42, *SE* = 0.08, *t* = 5.01, *p* < .001, *LLCI* = 0.25, *ULCI* = 0.58. Social support negatively and significantly predicted anxiety, *Coeff* = -1.36, *SE* = 0.35, *t* = -3.87, *p* = 0.002, *LLCI* = -2.06, *ULCI* = -0.66. The total effect of family identification on depression was significant, *Coeff* = -0.81, *SE* = 0.33, *t* = -2.47, *p* = .02, *LLCI* = -1.47, *ULCI* = -0.16, and this became non-significant when social support was accounted for, *Coeff* = -0.24, *SE* = 0.34, *t* = 0.71, *p* = .48, *LLCI* = -0.93, *ULCI* = 0.44, indicating full mediation, and supporting H2b. This model is shown in Figure 6.6.

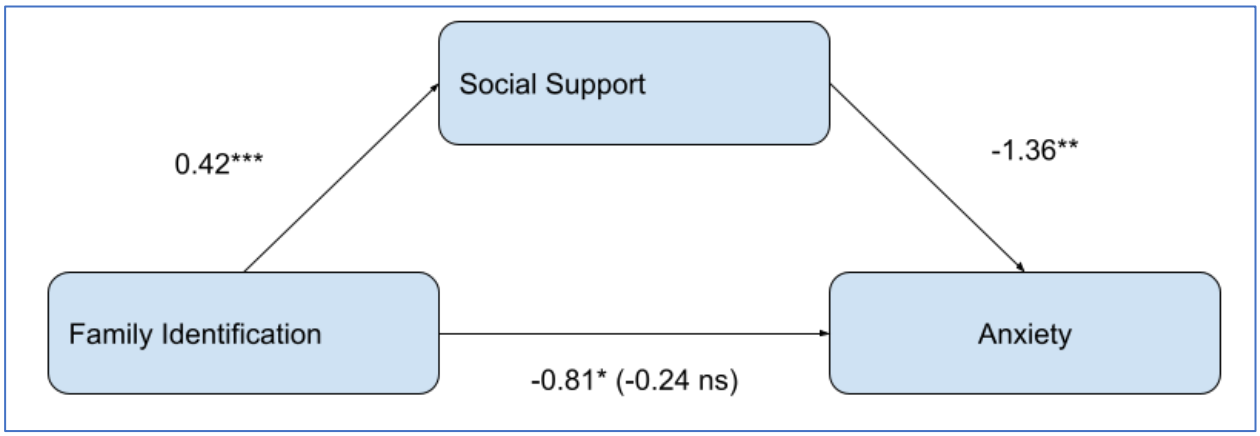

*Figure 6.6: Study 3: Model exploring the mediating effect of Social Support on the relationship between Family Identification and Anxiety at T1Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring the Mediating effect of Social Support on the Relationship Between Community Identification and Anxiety. There was a significant indirect effect of community identification on anxiety through social support *Effect* = -0.59, *Boot SE* = 0.18, *Boot LLCI* = 0.96, *Boot ULCI* = -0.27. Community identification positively and significantly predicted social support, *Coeff* = 0.43, *SE* = 0.08, *t* = 5.10, *p* < 0.001, *LLCI* = 0.26, *ULCI* = 0.60. Social support negatively and significantly predicted anxiety, *Coeff* = -1.35, *SE* = 0.35, *t* = -3.83, *p* = .0002, *LLCI* = -2.06, *ULCI* = -0.65. The total effect of community identification on anxiety was significant, *Coeff* = -0.85, *SE* = 0.34, *t* = -2.53, *p* = .01, *LLCI* = -1.52, *ULCI* = -0.18, and this became non-significant when social support was accounted for, *Coeff* = -0.26, *SE* = 0.35, *t* = -0.75, *p* = .45, *LLCI* = -0.96, *ULCI* = 0.43, indicating full mediation, and supporting H2b. This model is shown in Figure 6.7.

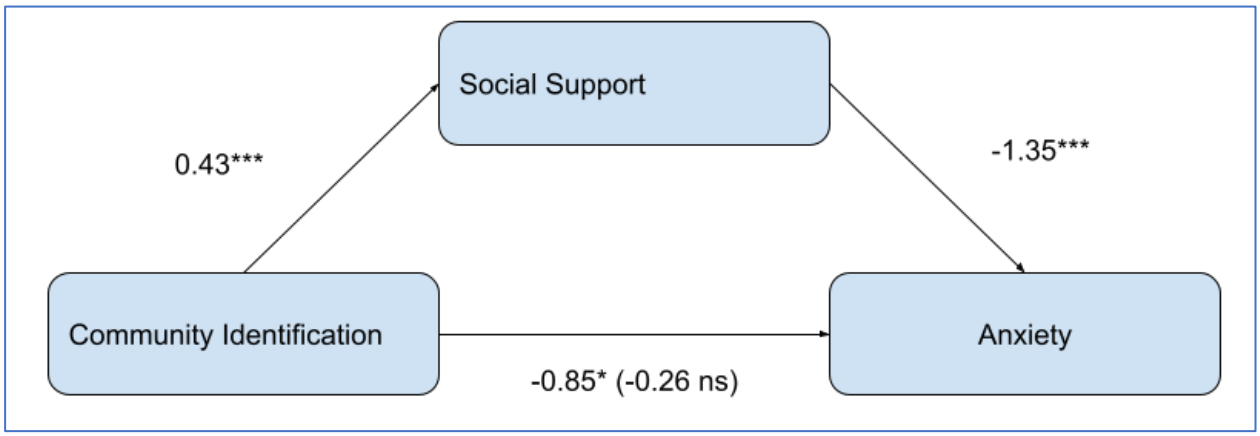

*Figure 6.7: Study 3: Model exploring the mediating effect of Social Support on the relationship between Community Identification and Anxiety at T1Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring the Mediating effect of Social Support on the Relationship Between Number of Group Identifications and Anxiety. There was a significant indirect effect of number of group identifications on anxiety through social support, *Effect* = -0.80, *Boot SE* =

0.21, *Boot LLCI* = -1.23, *Boot ULCI* = -0.44. Number of group identifications positively and significantly predicted social support, *Coeff* = 0.51, *SE* = 0.09, *t* = 5.44, *p* < .001, *LLCI* = 0.32, *ULCI* = 0.69. Social support negatively and significantly predicted anxiety, *Coeff* = -1.58, *SE* = 0.36, *t* = -4.41, *p* < .001, *LLCI* = -2.29, *ULCI* = -0.87. The total effect of number of identities on anxiety was non-significant, *Coeff* = -0.53 *SE* = 0.38, *t* = -1.40, *p* = .17, *LLCI* = -1.29, *ULCI* = 0.22, and this remained non-significant when social support was accounted for, *Coeff* = 0.27, *SE* = 0.40, *t* = 0.68, *p* = 0.50, *LLCI* = -0.52, *ULCI* = 1.06, indicating indirect-only mediation, and supporting H4. This model is shown in Figure 6.8.

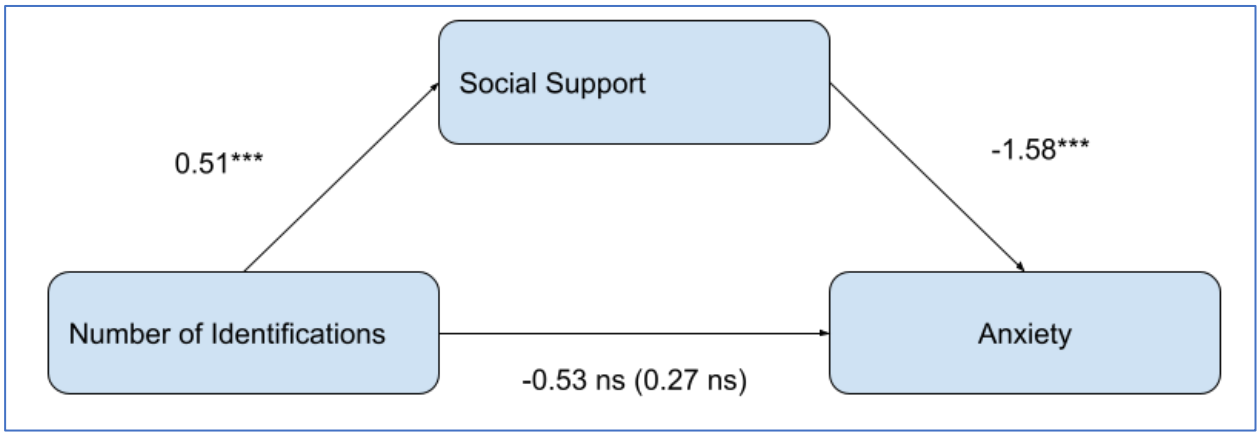

*Figure 6.8: Study 3: Model exploring the mediating effect of Social Support on the relationship between Number of Identifications and Anxiety at T1Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring the Mediating effect of Social Support on the Relationship Between Legion Identification and Satisfaction With Life (SWL). There was a significant indirect effect of Legion identification on SWL through social support, *Effect* = 0.15, *Boot SE* = 0.05, *Boot LLCI* = 0.07, *Boot ULCI* = 0.25. Legion identification positively and significantly predicted social support, *Coeff* = 0.37, *SE* = 0.10, *t* = 3.77, *p* = .0003, *LLCI* = 0.18, *ULCI* =

0.56. Social support positively and significantly predicted SWL, *Coeff* = 0.40, *SE* = 0.08, *t* = 4.82, *p* < .001, *LLCI* = 0.24, *ULCI* = 0.57. The total effect of Legion identification on SWL was non-significant, *Coeff* = 0.12, *SE* = 0.09, *t* = 1.27, *p* = .21, *LLCI* = -0.07, *ULCI* = 0.31, and this remained non-significant when social support was accounted for, *Coeff* = 0.03, *SE* = 0.09, *t* = -0.31, *p* = .76, *LLCI* = -0.21, *ULCI* = 0.15, indicating indirect-only mediation, and supporting H2a. This model is shown in Figure 6.9.

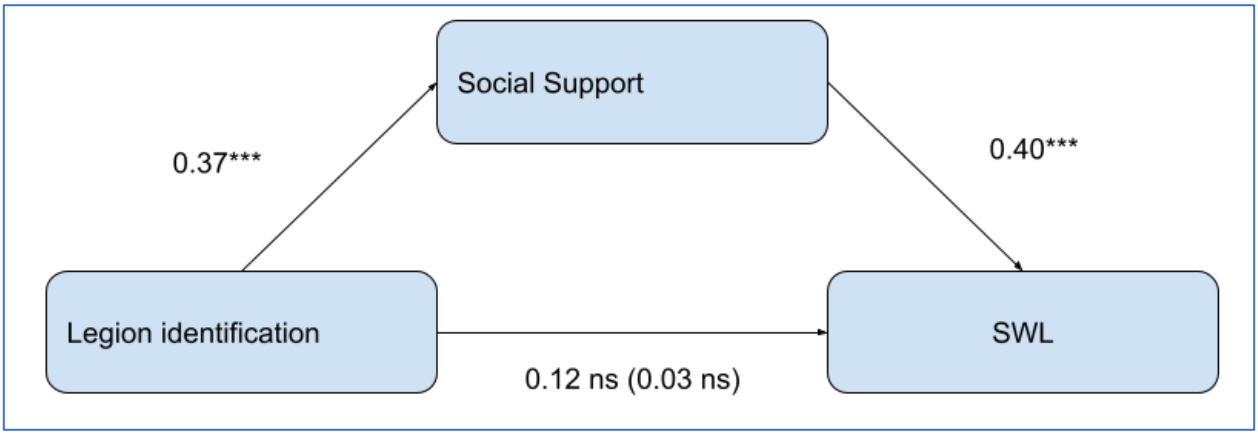

*Figure 6.9: Study 3: Model exploring the mediating effect of Social Support on the relationship between Legion Identification and SWL at T1Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring the Mediating effect of Social Support on the Relationship Between Branch Identification and Satisfaction With Life (SWL). There was a significant indirect effect of family identification on SWL through social support, *Effect* = 0.11, *Boot SE* = 0.05, *Boot LLCI* = 0.03, *Boot ULCI* = 0.21. Branch identification positively and significantly predicted social support, *Coeff* = 0.26, *SE* = 0.09, *t* = 2.84, *p* = .005, *LLCI* = 0.08, *ULCI* = 0.44. Social support positively and significantly predicted SWL, *Coeff* = 0.41, *SE* = 0.08, *t* = 5.12, *p* < .001, *LLCI* = 0.25, *ULCI* = 0.57. The total effect of branch identification on SWL was not significant, *Coeff* = 0.02, *SE* = 0.09, *t* = 0.28, *p* = .78, *LLCI* = -0.15, *ULCI* = 0.19, and this

remained non-significant when social support was accounted for, *Coeff* = -0.08, *SE* = 0.08, *t* = 1.02, *p* = .31, *LLCI* = -0.24, *ULCI* = 0.08, indicating indirect-only mediation, and supporting H2b. This model is shown in Figure 6.10.

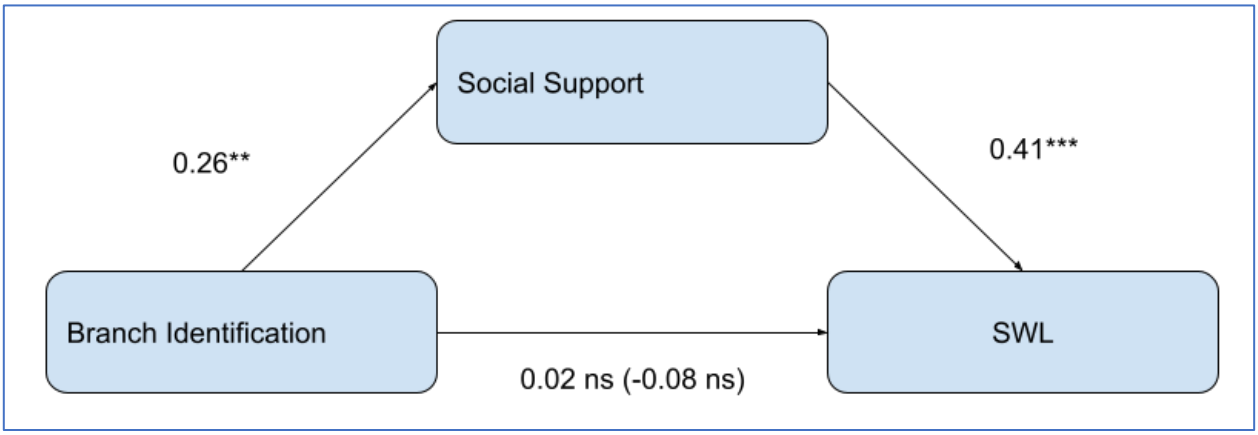

*Figure 6.10: Study 3: Model exploring the mediating effect of Social Support on the relationship between Legion Identification and SWL at T1Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring the Mediating effect of Social Support on the Relationship Between Family Identification and Satisfaction With Life (SWL). There was a significant indirect effect of family identification on SWL through social support, *Effect* = 1.12, *Boot SE* = 0.05, *Boot LLCI* = 0.04, *Boot ULCI* = 0.23. Family identification positively and significantly predicted social support, *Coeff* = 0.42, *SE* = 0.08, *t* = 5.01, *p* < .001, *LLCI* = 0.5, *ULCI* = 0.58. Social support positively and significantly predicted SWL, *Coeff* = 0.29, *SE* = 0.08, *t* = 3.47, *p* = .001, *LLCI* = 0.12, *ULCI* = 0.46. The total effect of family identification on SWL was significant, *Coeff* = 0.35, *SE* = 0.78, *t* = 4.57, *p* < .001, *LLCI* = 0.20, *ULCI* = 0.51, and this remained significant when social support was accounted for, *Coeff* = 0.23, *SE* = 0.08, *t* = 2.84, *p* = .005, *LLCI* = 0.07, *ULCI* = 0.40, indicating partial mediation, and supporting H2a. This model is shown in Figure 6.11.

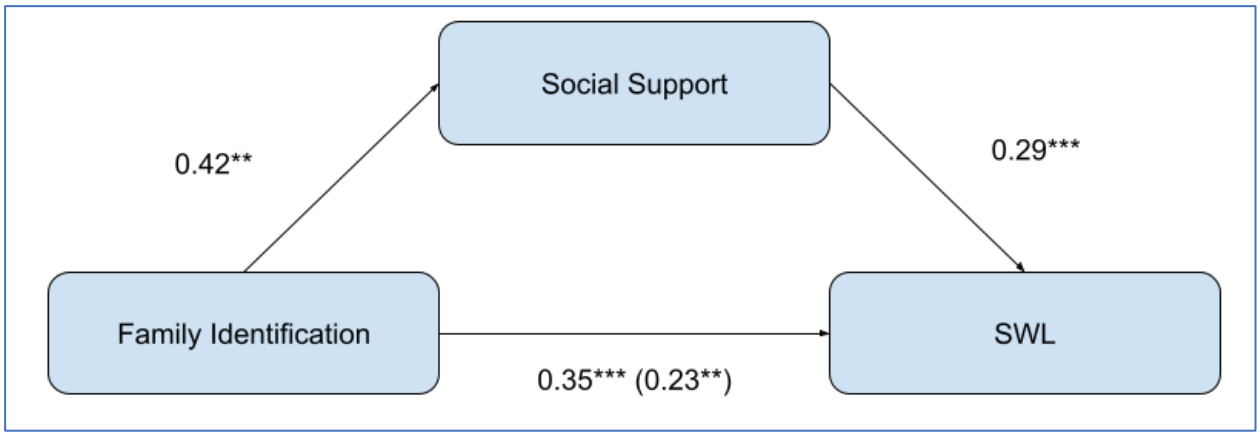

*Figure 6.11: Study 3: Model exploring the mediating effect of Social Support on the relationship between Family Identification and SWL at T1Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect.*

Exploring the Mediating effect of Social Support on the Relationship Between Community Identification and Satisfaction With Life (SWL). There was a significant indirect effect of community identification on SWL through social support, *Effect* = 0.12, *Boot SE* = 0.05, *Boot LLCI* = 0.03, *Boot ULCI* = 0.24. Community identification positively and significantly predicted social support, *Coeff* = 0.43, *SE* = 0.08, *t* = 5.10, *p* < .001, *LLCI* = 0.26, *ULCI* = 0.60. Social support positively and significantly predicted SWL, *Coeff* = 0.28, *SE* = 0.84, *t* = 3.37, *p* = .001, *LLCI* = 0.12, *ULCI* = 0.45. The total effect of community identification on SWL was significant, *Coeff* = 0.38, *SE* = 0.08, *t* = 4.80, *p* < .001, *LLCI* = 0.22, *ULCI* = 0.593 and this became weaker when social support was accounted for, *Coeff* = 0.26, *SE* = 0.83, *t* = 3.06, *p* = .003, *LLCI* = 0.09, *ULCI* = 0.42, indicating partial mediation, and supporting H2a. This model is shown in Figure 6.12.

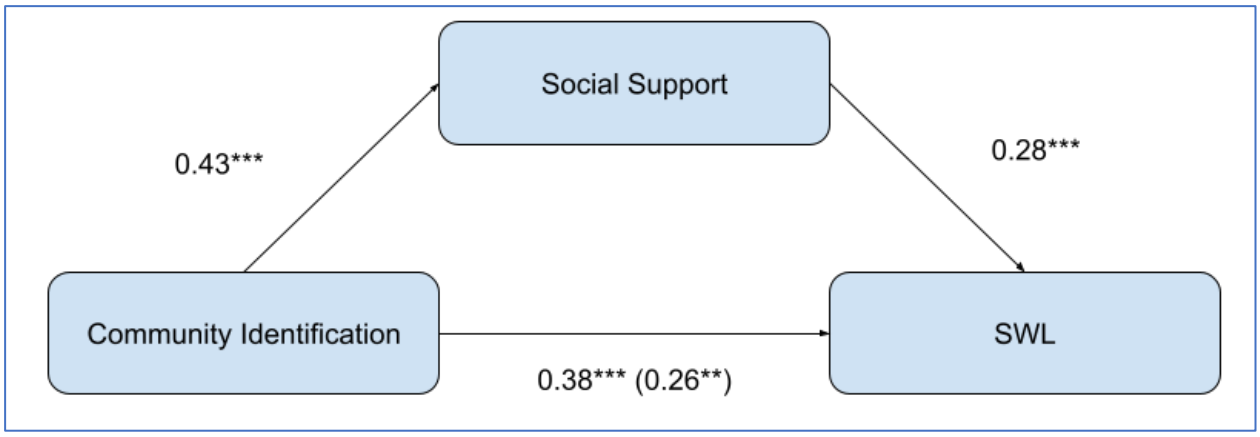

Figure 6.12: Study 3: Model exploring the mediating effect of Social Support on the relationship between Community Identification and SWL at T1. *Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring the Mediating effect of Social Support on the Relationship Between Number of Group Identifications and Satisfaction With Life (SWL). There was a significant indirect effect of number of group identifications on SWL through social support, *Effect* = 0.17, *Boot SE* = 0.06, *Boot LLCI* = 0.07, *Boot ULCI* = 0.31. Number of group identifications positively and significantly predicted social support, *Coeff* = 0.51, *SE* = 0.09, *t* = 5.44, *p* < .001, *LLCI* = 0.32, *ULCI* = 0.69. Social support negatively and significantly predicted SWL, *Coeff* = 0.34, *SE* = 0.09, *t* = 3.92, *p* = 0.0002, *LLCI* = 0.17, *ULCI* = 0.52. The total effect of number of identifications on SWL was significant, *Coeff* = 0.29, *SE* = 0.09, *t* = 3.19, *p* = .002, *LLCI* = 0.11, *ULCI* = 0.48, and this became non-significant when social support was accounted for, *Coeff* = 0.12, *SE* = 0.10, *t* = 1.22, *p* = .22, *LLCI* -0.07 *ULCI* = 0.31, indicating full mediation, and supporting H4. This model is shown in Figure 6.13.

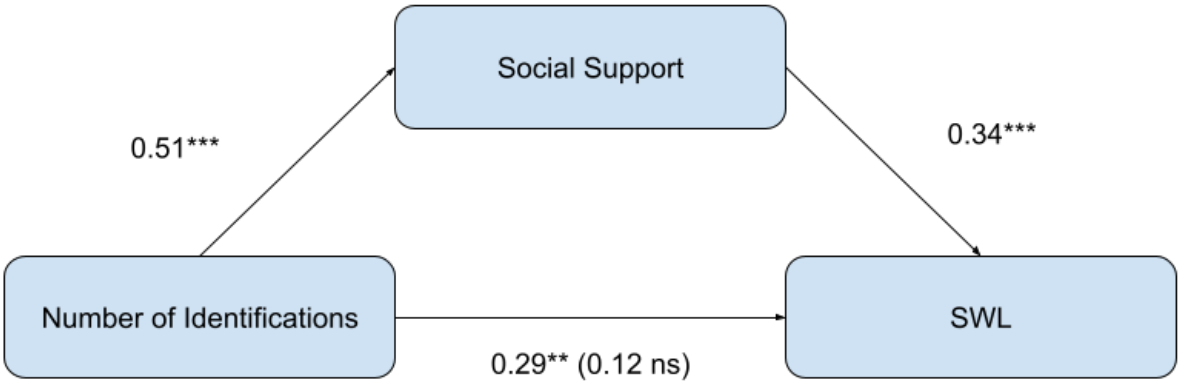

*Figure 6.23: Study 3: Model exploring the mediating effect of Social Support on the relationship between Number of Identifications and SWL at T1Note: *p < .05, ** p < .01, *** p<.001. On the c path, the value outside brackets is the total effect, while the value inside brackets is the direct effect. Age and gender were controlled for, but are not shown.*

Exploring Predictors of Legion Identification

Intercorrelations and Descriptive Statistics. As an initial test of H6 (that Legion identification will be positively predicted by a: group member prototypicality, b: empowerment through group membership, c: involvement, d: leader prototypicality, e: group members' perceived intragroup status, f: leaders as group champions, g: contact), correlational analyses were conducted. Table 6.7 shows the means and standard deviations, as well as intercorrelations for the key variables.

Table 6.7: T1 Means, standard deviations and intercorrelations of Legion identification, its predicted antecedents, and control variables (age/gender).

Variable	1	2	3	4	5	6	7	8	9	10
1. Legion Identification (*M*=5.21; *SD*=1.33)	-									
2. Involvement (*M*=53.62; *SD*=12.46)	.66***	-								
3. Member Prototypicality (*M*=4.89; *SD*=1.33)	.71***	.63***	-							
4. Empowerment (*M*=5.08; *SD*=1.52)	.62***	.60***	.63***	-						
5. Perceived status (*M*=3.94; *SD*=2.73)	.35***	.35***	.34***	.52***	-					
6. Leader prototypicality (*M*=4.44; *SD*=1.07)	.51***	.47***	.44***	.42***	.47***	-				
7. Leaders as champions (*M*=3.39; *SD*=1.22)	.56***	.54***	.47***	.43***	.42***	.77***	-			
8. Contact w/Legion members (*M*=0.00, *SD*=2.26)	.35***	.40***	.34***	.49***	.44***	.21*	.19*	-		
9. Age (*M*=59.88; *SD*=12.04)	.14	.06	.18	.14	.19*	.08	.04	.09	-	
10. Gender (Male = 0, Female = 1)	-.13	-.04	-.10	-.07	-.15	-.18	-.11	-.08	-.40***	-

Legion identification correlated positively and significantly with involvement, perceived participant prototypicality with the Legion, empowerment, perceived status, perceived leadership prototypicality, and leaders as champions (*p*s <.01). Contact and age did not correlate significantly with any other variable except for age and position (which is due to older members having been with the organisation longer and having risen higher within the organisation). These correlations show that there are positive relationships between each of these possible predictors of identification and Legion identification (supporting H6). Moreover, involvement correlated positively with prototypicality, perceived impact, perceived status, leader prototypicality, and leaders as champions (*p*s < .01). Prototypicality positively correlated with perceived status, leader prototypicality, and leaders as champions (*p*s < .01). Empowerment was positively correlated with perceived status, leadership prototypicality, and

leaders as champions (*p*s < .01). Perceived status positively correlated with leader prototypicality and leaders as champions (*p*s <.01).

Multiple Regression Analysis. Hierarchical multiple regression was then used to explore the extent to which of the potential antecedents of identification predict Legion identification, when controlling for age and gender.

Assumptions. The assumptions for regression were checked and tolerance values ranged from 0.36 to 0.99, while the highest Variance Inflation Factor value was 2.8 indicating a lack of multicollinearity (Miles, 2014). Outliers were investigated: four cases had a standardized residual above 2.00, which is fewer than the 5% expected by chance (Wardlaw, 2000), and so analysis proceeded.

Analysis. A hierarchical multiple regression was conducted to explore the extent to which involvement, participant prototypicality, empowerment, contact, perceived status, leader prototypicality, and leaders as champions predicted Legion identification, after controlling for age and gender in the first block of the regression. Together, these antecedent variables significantly predicted Legion identification, $F(9, 108) = 21.11$, $p < .001$, $R^2 = .64$. Individually, participant prototypicality ($p < .001$), involvement ($p < .001$), and empowerment ($p = .003$) explained a significant proportion of the variance in Legion identification, as shown in Table 6.8.

*Table 6.8: Summary of T1 hierarchical analysis with control variables predicting Legion identification. Note: *p < .05, ** p < .01, *** p<.001*

Block	Variable	B	Std. Error	Beta	*p*
1					
	Gender	-0.27	0.32	-0.09	.39
	Age	0.01	0.01	0.11	.29
		(R^2=0.03)			
2					
	Gender	-0.17	0.20	-0.05	.41
	Age	0.002	0.01	0.02	.78
	Participant Prototypicality	0.37***	0.08	0.37	<.001
	Empowerment	0.16*	0.08	0.18	.045
	Involvement	0.03**	0.01	0.23	.007
	Perceived position	-0.03	0.04	-0.06	.42
	Contact	0.02	0.04	-0.04	.57
	Leader prototypicality	0.05	0.12	0.04	.65
	Leaders as champions	0.19	0.11	0.17	.08
		(R =0.65, ΔR^2=0.62***, Δp<.001)			

The regression analysis shows that participant prototypicality, empowerment, and involvement positively predict Legion identification, which supports H6a, b, and c. However, perceived status, contact, leader prototypicality, and leaders as champions did not predict Legion identification, so H6d, e, f, and g are not supported. Due to measures of group identification containing items about perceived participant prototypicality (e.g., "I feel like a typical member of [group name]"), it was checked whether Legion identification and perceived member prototypicality were conceptually distinct. Factor analysis including the Legion identification and member prototypicality items showed that all items loaded highly onto a single factor (item loading ranged from .69 to .91), indicating strong conceptual overlap.

Factor Analysis. Due to the possibility of conceptual overlap between the antecedents of identification and Legion identification itself (e.g., measures of group identification contain items about perceived participant prototypicality (e.g., "I feel like a typical member of [group name]"), the

items used to measure the three significant antecedent variables (member prototypicality, empowerment, and involvement) were entered into a factor analysis, along with the four Legion identification items, so that the possibility of conceptual overlap could be explored. Direct Oblimin rotation was used, as it was expected that the factors would correlate. The results revealed four factors. The rotated factor solution indicated that the Legion identification and prototypicality items loaded onto the first factor (Eigenvalue = 12.22), with factor loadings ranging from 1.004 to .55. The second factor (Eigenvalue = 2.21) contained the empowerment items, with factor loadings ranging from .95 to -.42. The third factor (Eigenvalue = 1.64) contained the second, fourth, sixth, seventh, and ninth involvement items, with factor loadings ranging from .86 to .51. Finally, the fourth factor (Eigenvalue = 1.38) contained the first, third, fifth, eighth, and tenth involvement items, with factor loadings ranging from -.93 to -.56.

This factor loading suggests a potential conceptual overlap between the constructs of prototypicality and group identification, because both loaded onto one factor. As mentioned in the introductory sections of this chapter, prototypicality refers to the perceived similarity of oneself with the 'fuzzy' ideal of the typical group member (an abstract construct), whereas intragroup similarity (a key component of the group identification construct), refers to the one's level of perceived similarity to other group members. Thus, while prototypicality and group identification are conceptually distinct, they also share the broad underlying theme of similarity, which can complicate analysis and interpretation.

Moreover, while prototypicality and group identification have significant overlap due to their shared focus on the concept of similarity, both are used separately in SIAH research. For instance, As previously mentioned, similarity is a key component of identification measures (Sani et al., 2012), while prototypicality is a key variable within SIA models exploring group processes and outcomes(e.g., Hogg, 2019; Hogg & Hardie, 1992; Steffens et al., 2021; Waldzus & Mummendey,

2004). Moreover, it is of note that similarity as a construct is more of an attribute (how similar one is to others), while prototypicality directly refers to one's perceived similarity to an abstract ideal member, and thus is an especially useful construct for researchers exploring SIA/organisational processes (Hogg, 2001). Thus, as there is clear conceptual differentiation between these two constructs, and they are used together (although measured separately) in existing SIA and organisational psychology literature, it was decided to measure and analyse them separately.

Nonetheless, as previously mentioned, the factor analysis did show that the items associated with the two constructs loaded onto one factor. One way to address this issue in the future may be to use a more granular measure of group identification which includes multiple sub-scales (e.g., Cameron, 2004, which includes centrality, ingroup affect, and ingroup ties). It may be the case that some sub-scales of identification overlap less with prototypicality, thus helping to shed more light on the nature of the relationship between prototypicality and identification, as well as increasing confidence in the distinctiveness of these variables when including them as predictors in the same analysis.

The factor analysis also highlighted a possible issue with the involvement variable, as it loaded onto two discrete factors, despite being a single construct. There could be two possible reasons for this. First, this variable is measured on a bipolar scale (e.g., interesting- not interesting) and utilises reverse scored items, which is known to be cause problems during factor analysis, due to patterns of responses to items that vary in direction and extremity (the involvement construct has both). This can produce a two-factor structure for single constructs (see Spector et al., 1997). Second, it is important to consider which involvement items loaded together. Specifically, factor 3 contained the second, fourth, sixth, seventh, and ninth involvement items (interesting, exciting, appealing, fascinating, and involving), while factor 4 contained the first, third, fifth, eighth, and tenth involvement items (important, relevant, means a lot to me, valuable, and needed). When exploring how the items have

loaded onto the factors, it should be remembered that the Legion's norms focus on duty and service. Thus, it could be the case that participants feel that the Legion is important, valuable, meaningful, relevant, and needed for members, yet do not feel that the Legion is interesting, exciting, appealing, fascinating, or involving. In sum, one or both of these explanations may help to explain the factor analysis result for the involvement variable, but neither of these explanations suggest that the involvement variable should be excluded from analysis or further study.

Longitudinal Analyses

Exploring Group Identification as a Predictor of Mental Health

Intercorrelations and Descriptive Statistics. First, to explore hypothesis H1, the intercorrelations between the T1 identification variables (Legion, branch, family, community, and overall number of group identifications) and the T2 mental health variables (depression, anxiety, SWL), as well as participants' gender, and age, were investigated. Table 6.9 shows the means and standard deviations for these variables, as well as inter-correlations.[1]

T1 Legion identification correlated negatively with T2 depression ($p < .01$), while T1 branch identification correlated negatively with T2 depression ($p < .01$)) and T2 Anxiety ($p < .05$). T1 family identification correlated positively with T2 SWL ($p < .05$). T1 community identification correlated negatively with T2 depression ($p < .01$) and negatively with T2 anxiety ($p < .025$). As expected, the T1 and T2 versions of each of the identification and mental health measure correlated significantly with each other ($p < .001$)

Focusing on the T2 variables, T2 Legion identification correlated positively with T2 branch identification ($p < .001$), T2 family identification ($p = .044$), T2 community identification ($p < .001$), and T2 number of identifications ($p < .001$) Meanwhile, T2 branch

[1]The hierarchical linear regression exploring predictors of T2 RBL identification was repeated, but with T1 participant prototypicality removed from the list of predictors at Step 2. Neither T1 empowerment ($p = .63$) nor T1 involvement ($p = .79$) were significant predictors of T2 RBL identification in this analysis.

identification correlated positively with T2 family identification (p = .044), T2 community identification (p < .001), and T2 number of identifications (p < .001). Additionally, T2 family identification correlated positively with T2 community identification (p < .001), and T2 number of identifications (p < .001), while T2 community identification correlated positively with T2 number of identifications (p < .001). The lack of relationships between group identification and mental health at T2 is likely due to the very small T2 sample size.

Table 6.9: Study 3: T1 and T2 Descriptive statistics and inter-correlations for the identification variables, mental health variables, and control variables (age/gender).

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. T1 Legion Identification (1-7) (*M*=5.21; *SD*=1.32)	-																	
2. T1 Branch Identification (1-7) (*M*=5.14; *SD*=1.49)	.71***	-																
3. T1 Family Identification (1-7) (*M*=5.78; *SD*=1.53)	.29**	.23*	-															
4. T1 Community Identification (1-7) (*M*=4.63; *SD*=1.47)	.47***	.29**	.41***	-														
5. T1 Number of Identifications (0-4) (*M*=2.32; *SD*=1.36)	.72***	.66***	.61***	.65***	-													
6. T1 Depression (0-50) (*M*=12.30; *SD*=1.19)	-.24**	-.19*	-.33***	-.34***	-.32**	-												
7. T1 Anxiety (0-21) (*M*=5.64; *SD*=5.72)	-.13	-.11	-.31**	-.27**	-.23**	.83***	-											
8. T1 Satisfaction with life (1-7) (*M*=4.70; *SD*=1.47)	.18*	.07	.45***	.42***	.37***	-.55***	-.55***	-										
9. T2 Legion Identification (1-7) (*M*=5.23; *SD*=1.44)	.05	.02	.14	.04	.13	.06	-.18	.05	-									
10. T2 Branch Identification (1-7) (*M*=5.28; *SD*=1.50)	-.01	.06	.22	.10	.23	.09	-.12	.10	.76***	-								
11. T2 Family Identification (1-7) (*M*=5.70; *SD*=1.36)	.11	.05	.13	.23	.17	.14	.11	-.05	.30*	.15	-							
12. T2 Community Identification (1-7) (*M*=4.60; *SD*=1.50)	-.03	-.03	.04	.07	.09	.17	.02	-.10	.55***	.47**	.50***	-						
13. T2 Number of Identifications (0-4) (*M*=2.40; *SD*=1.42)	-.004	.07	.14	.14	.23	.12	-.10	.03	.72***	.67***	.66***	.77***	-					
14. T2 Depression (0-50) (*M*=15.83; *SD*=12.46)	-.43**	-.40**	-.15	-.39**	-.37*	.90***	.63***	-.59***	.10	.10	.13	.16	.13	-				
15. T2 Anxiety (0-21) (*M*=5.40; *SD*=4.77)	-.25	-.31*	-.12	-.32*	-.29	.72***	.75***	-.51***	.06	.06	.07	.06	.02	.84***	-			
16. T2 Satisfaction with life (1-7) (*M*=4.53; *SD*=1.39)	.11	.10	.34*	.26	.28	-.59***	-.40**	.87***	.03	.11	-.06	-.01	-.01	-.62***	-.54***	-		
17. T1 Age (M = 59.88, SD = 12.04)	.14	.09	.26**	.15	.25**	-.29**	-.35***	.41***	.02	.05	-.11	-.01	-.01	-.23	-.40**	.49***	-	
18. T1 Gender (Male = 0, Female = 1)	-.13	-.11	-.15	-.11	-.14	.10	.16	-.11	-.21	-.17	.18	.04	-.07	.19	.24	-.17	-.39***	-

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

Hierarchical Multiple Regression Analysis. Hierarchical multiple regression analysis was then used to assess the extent to which identification with each group at T1 (Legion, branch, family, community), as well as number of group identifications (0-4) at T1 predict T2 depression, T2 anxiety, and T2 SWL, when controlling for gender, age, and the T1 version of the T2 mental health outcome variable in the model (testing Hypothesis 1: that identification with each group will positively predict mental health, and Hypothesis 3: that number of group identifications will positively predict mental health).

Analysis. The control variables (gender, age, and the T1 version of the T2 mental health outcome variable in the model) were entered at Step 1, while T1 identification with one of the four groups was entered at Step 2. This enables an examination of the unique contribution of each group identification variable: Legion (see Table 6.10), branch (see Table 6.11), family (see Table 6.12), community (see Table 6.13), and number of group identifications (see Table 6.14) in predicting depression, anxiety, and SWL.

Exploring Legion Identification as a Predictor of Mental Health. When age, gender, and the T1 version of the relevant T2 mental health outcome were controlled for, T1 Legion identification was not a significant predictor of T2 depression, T2 anxiety, or T2 SWL.

*Table 6.10. Study 3: Summary of longitudinal hierarchical regression analysis with Legion identification predicting mental health. Note: † p = .05, *p < .05, ** p < .01, *** p<.001*

	Depression				Anxiety				SWL			
	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*
Step 1												
Gender	-3.29	2.22	-0.10	.15	-2.48	1.33	-0.20	.07	-0.17	0.26	-0.05	.51
Age	-0.13	0.07	-0.12	.08	-0.10	0.04	-0.22*	.03	0.001	0.01	0.01	.92
T1 D/A/SWL	1.05	0.08	0.92***	<.001	0.77	0.10	0.80***	<.001	0.96	0.09	0.89***	<.001
	(R^2=0.84)				(R^2=0.66)				(R^2=0.81)			
Step 2												
Gender	-2.79	2.25	-0.09	.22	-2.34	1.37	-0.19	.09	-0.18	0.27	-0.05	.51
Age	-0.13	0.07	-0.11	.09	-0.09	0.04	-0.22*	.04	0.001	0.01	0.01	.92
T1 D/A/SWL	1.02	0.08	0.88***	<.001	0.75	0.10	0.78***	<.001	0.96	0.09	0.89***	<.001
Legion Identification	-0.73	0.61	-0.08	.24	-0.19	0.33	-0.06	.57	0.01	0.07	0.01	.91
	(R^2=0.85 ΔR^2=0.005 Δp=.24)				(R^2=0.66 ΔR^2=0.33 Δp=.57)				(R^2=0.81 ΔR^2=.00 Δp=.91)			

Exploring Branch Identification as a Predictor of Mental Health. When age, gender, and the T1 version of the relevant T2 mental health outcome were controlled for, T1 branch identification did not significantly predict T2 depression, T2 anxiety, or T2 SWL. This does not support the hypothesis that branch identification will be a positive predictor of mental health (H1b).

*Table 6.11: Study 3: Summary of longitudinal hierarchical regression analysis with branch identification predicting mental health. Note: *p < .05, ** p < .01, *** p<.001*

	Depression				Anxiety				SWL			
	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*
Step 1												
Gender	-3.29	2.22	-0.10	.15	-2.48	1.33	-0.20	.07	-0.17	0.26	-0.05	.51
Age	-0.13	0.07	-0.12	.08	-0.10	0.04	-0.22*	.03	0.001	0.01	0.01	.92
T1 D/A/SWL	1.05	0.08	0.92***	<.001	0.77	0.10	0.80***	<.001	0.96	0.09	0.89***	<.001
	(R^2=0.84)				(R^2=0.64)				(R^2=-0.81)			
Step 2												
Gender	-3.10	2.26	-0.10	.18	-2.40	1.38	-1.19	.09	-0.18	0.27	-0.50	.50
Age	-0.13	0.08	-0.12	.08	-0.10	0.04	-0.22*	.03	0.001	0.01	0.01	.93
T1 D/A/SWL	1.04	0.08	0.90***	<.001	0.76	0.11	0.78	< .001***	0.96	0.08	0.89***	<.001
Branch Identification	-0.33	0.59	-0.04	.58	-0.09	0.33	-0.03	.78	0.03	0.07	0.03	.66
	(R^2=0.85 ΔR^2=0.001 Δp=.58)				(R^2=0.66 ΔR^2=0.01 Δp=.78)				(R^2=0.82 ΔR^2=0.001 Δp=.66)			

Exploring Family Identification as a Predictor of Mental Health. When age, gender, and the T1 version of the relevant T2 mental health outcome were controlled for, T1 family identification was not a significant predictor of T2 depression or T2 anxiety, but it was a significant predictor of T2 SWL (p = .003).

Table 6.12: Study 3: Summary of longitudinal hierarchical regression analysis with family identification predicting mental health.

	Depression				Anxiety				SWL			
	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*
Step 1												
Gender	-3.29	2.22	-0.10	.15	-2.48	1.33	-0.20	.07	-0.17	0.26	-0.05	.51
Age	-0.13	0.07	-0.12	.08	-0.10	0.04	-0.22*	.03	0.001	0.01	0.01	.92
T1 D/A/SWL	1.05	0.08	0.92***	<.001	0.77	0.10	0.80***	< .001	0.96	0.09	0.89***	<.001
	(R^2=0.84)				(R^2=0.66)				(R^2=-0.81)			
Step 2												
Gender	-3.31	2.25	-0.10	.15	-2.53	1.35	-0.20	.07	-0.11	0.24	-0.03	.64
Age	-0.13	0.08	-0.12	.08	-0.09	0.04	-0.20	.03	0.003	0.01	0.02	.79
T1 D/A/SWL	1.05	0.08	0.92***	<.001	0.77	0.10	0.79***	< .001	0.92	0.08	0.85	<.001
Family Identification	-0.11	0.56	-0.01	.85	-0.19	0.32	-0.06	.55	0.19	0.06	0.20**	.003
	(R^2=0.84, ΔR^2=0.00 Δp=.85)				(R^2=0.66 ΔR^2=0.003 Δp=.55)				(R^2=-0.85 ΔR^2=0.04 Δp=.003)			

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

Exploring Community Identification as a Predictor of Mental Health. When age, gender, and the T1 version of the relevant T2 mental health outcome were controlled for, T1 community identification was not a significant negative predictor of T2 depression, T2 anxiety, or T2 SWL This does not support the hypothesis that community identification will be a positive predictor of mental health (H1d).

Table 6.13: Study 3: Summary of longitudinal hierarchical regression analysis with community identification predicting mental health.

	Depression				Anxiety				SWL			
	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*
Step 1												
Gender	-3.29	2.22	-0.10	.054	-2.48	1.33	-0.20	.07	-0.17	0.26	-0.05	.51
Age	-0.13	0.07	-0.12	.15	-0.10	0.04	-0.22*	.03	0.001	0.01	0.01	.92
T1 D/A/SWL	1.05	0.08	0.92***	<.001	0.77	0.10	0.80***	< .001	0.96	0.09	-0.89	<.001
	(R^2=0.92)				(R^2=0.66)				(R^2=-0.81)			
Step 2												
Gender	-2.44	2.24	-0.07	.28	-2.09	1.37	-0.17	.14	-0.19	0.27	-0.05	.49
Age	-0.11	0.07	-0.10	.15	-0.09	0.04	-0.20	.05	0.001	0.01	0.01	.94
T1 D/A/SWL	1.01	0.08	0.88***	<.001	0.74	0.11	0.76***	< .001	0.96	0.09	0.89	<.001
Community Identification	-0.96	1.60	-0.11	.12	-0.39	0.34	-0.11	.26	0.02	0.07	0.02	.77
	(R^2=0.92 ΔR^2=0.01 Δp=.12)				(R^2=0.67 ΔR^2=0.01 Δp=.26)				(R^2=0.81 ΔR^2=0.09 Δp=.77)			

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

Exploring Number of Group Identifications as a Predictor of Mental Health. When age, gender, and the T1 version of the relevant T2 mental health outcome were controlled for, T1 number of group identifications did not predict T2 depression, T2 anxiety, or T2 SWL. This does not support the hypothesis that number of group identifications will be a positive predictor of mental health (H3).

Table 6.14: Study 3: Summary of longitudinal hierarchical regression analysis with number of identifications predicting mental health.

	Depression				Anxiety				SWL			
	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*	B	Std. Error	Beta	*p*
Step 1												
Gender	-3.29	2.22	-0.10	.15	-2.48	1.33	-0.20	.07	-0.17	0.26	-0.05	.51
Age	-0.13	0.07	-0.12	.08	-0.10	0.04	-0.22*	.03	0.001	0.01	0.01	.92
T1 D/A/SWL	1.05	0.08	0.92***	<.001	0.77	0.10	0.80***	< .001	0.96	0.09	0.89	<.001
	(R^2=0.84)				(R^2=0.66)				(R^2=-0.90)			
Step 2												
Gender	-2.99	2.24	-0.09	.19	-2.36	1.37	-0.19	.09	-0.19	0.26	-0.05	.47
Age	-0.12	0.08	-0.01	.12	-0.09	0.04	-0.21	.04	0.001	0.01	0.00	.10
T1 D/A/SWL	-1.03	0.08	0.90***	<.001	0.75	0.11	0.78***	< .001	0.94	0.09	-0.87	<.001
Number of Identifications	-0.59	0.63	-0.06	.35	-0.20	0.35	-0.06	.57	0.09	0.07	0.09	.21
	(R^2=0.85 ΔR^2=0.004 Δp=.35)				(R^2=0.66 ΔR^2=0.003 Δp=.57)				(R^2=0.91 ΔR^2=0.01 Δp = .21)			

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

Exploring the Mediating Effect of Social Support on the Relationship Between Group Identification and Mental Health. Next, to test H2 and H4, mediation analyses were conducted to examine the extent to which T2 social support mediated the relationship between each of the group identification measures at T1 and each of the mental health measures at T2 (when controlling for T1 social support and the T1 version of the T2 mental health variable in the model).

The structure of the longitudinal model that was tested is displayed in figure 6.14 . This structure was used for each mediation analysis. Mediation analyses were conducted in turn for each of the identification measures (Legion, Branch, Family, and Community, as well as Overall Number of Group Identifications) and mental health outcomes (depression, anxiety,

SWL). None of the models were significant, so for brevity the results for all models are displayed in Appendix D. Thus, the longitudinal data do not support H2 or H4.

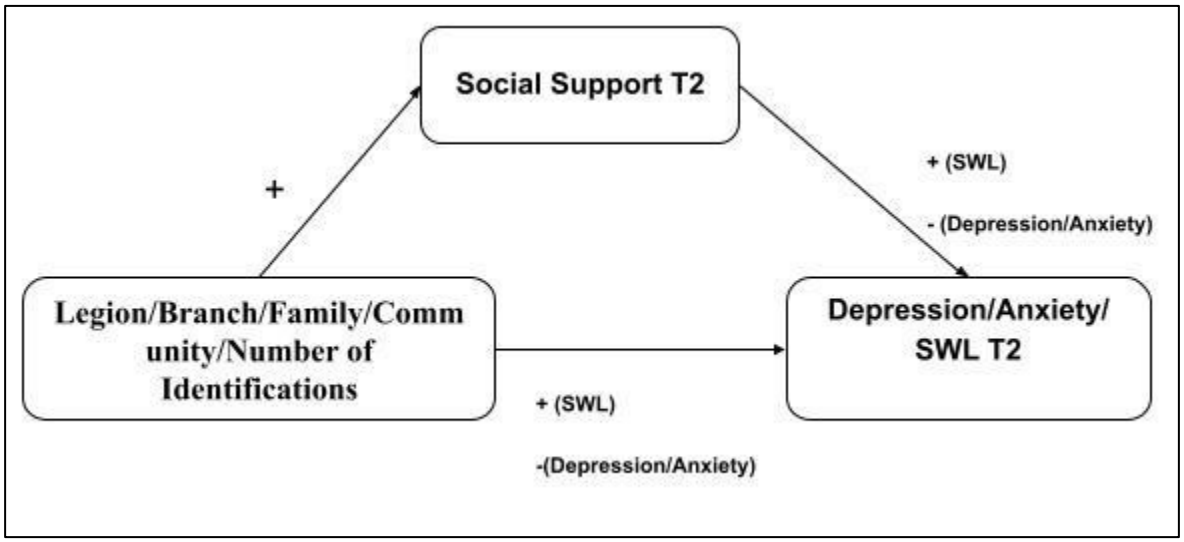

Figure 6.14: Study 3: Structure of the longitudinal mediation models that were tested. Age, Gender, T1 Social Support and T1 Depression, T1 Anxiety, or T1 SWL (depending on the model) were controlled for in each analysis, but are not shown

Exploring T1 Predictors of T2 Legion Identification (when controlling for T1 Legion Identification).

Intercorrelations and Descriptive Statistics. As an initial test of H6 (that Legion identification will be positively predicted by a: group member prototypicality, b: empowerment through group membership, c: involvement, d: leader prototypicality, e: group members' perceived intragroup status, f: leaders as group champions, g: contact with Legion members), partial correlation analyses were conducted utilising T1 Legion identification as a control

variable. This enabled an exploration of the longitudinal relationships between the T1 predicted antecedents and T2 Legion identification whilst controlling for T1 Legion identification. Table 6.15 shows the means and standard deviations, as well as the partial correlations.

Table 6.15: Study 3: Descriptive statistics and partial correlations (when controlling for T1 Legion identifications) for T2 Legion identification, its predicted T1 antecedents, and control variables (age/gender),

Variable	1	2	3	4	5	6	7	8	9	10
1. T2 Legion Identification (M = 5.23; SD = 1.44)	-									
2. T1 Involvement (M = 53.62; SD = 12.46)	.02	-								
3. T1 Member Prototypicality (M = 4.89; SD = 1.33)	.10	.31*	-							
4. T1 Empowerment (M = 5.08; SD = 1.52)	.08	.40*	.37*	-						
5. T1 Perceived status (M = 3.94; SD = 2.73)	-.02	.34*	.34*	.47**	-					
6. T1 Leader prototypicality (M = 4.44; SD = 1.07)	.13	.29	.17	.18	.19	-				
7. T1 Leaders as champions (M = 3.39; SD = 1.22)	.20	.27	.38*	.18	.31*	.67***	-			
8. T1 Contact (M = 0.00; SD = 2.26)	.04	.26	.16	.55***	.38*	.02	-.14	-		
9. Age (M = 59.88; SD = 12.04)	.10	-.13	.13	.07	.28	-.03	-.18	.25	-	
10. Gender (Male = 0, Female = 1)	-.26	-.13	.03	-.06	-.18	-.22	-.13	-.20	-.32*	-

When controlling for T1 Legion identification, T2 Legion identification did not correlate with any expected T1 antecedents or control variables. Involvement correlated positively with member prototypicality, empowerment, and perceived status (ps < 0.05). Member prototypicality correlated positively with empowerment, perceived status, and leaders as champions (ps < .05). Empowerment correlated positively with perceived status (p = .001), and contact (p < .001). Perceived status correlated with leaders as champions (p = .041) and contact (p = .012). Finally, Leader prototypicality correlated positively with leaders as champions (p < .001).

Again, it should be noted that these data should be interpreted with caution due to the underpowered nature of the T2 data. Only correlations that are highly statistically significant (p < .001) should thus be interpreted. While these data are interesting any analysis should be used with extreme caution.

Multiple Regression Analysis. Hierarchical multiple regression was then used to explore the extent to which of the T1 potential antecedents of identification predicted T2

Legion identification, when controlling for age, gender, and T1 Legion identification.

Analysis. A hierarchical multiple regression was conducted to explore the extent to which T1 involvement, T1 member prototypicality, T1 empowerment, T1 contact with Legion members, T1 perceived status, T1 leader prototypicality, and T1 leaders as champions predicted T2 Legion identification, after controlling for age, gender, and T1 Legion identification in the first block of the regression. The results are shown in table 6.16.

Table 6.16: Study 3: Summary of hierarchical regression analysis with control variables predicting T2 Legion identification

Block	Variable	B	Std. Error	Beta	*p*
1					
	Gender	-1.00	0.56	-0.28	.09
	Age	-0.01	0.02	-0.08	.62
	Legion Identification (T1)	0.10	0.15	0.10	.52
		(R^2=0.08)			
2					
	Gender	-0.96	0.64	-0.27	.14
	Age	-0.01	0.02	-0.01	.96
	Legion Identification (T1)	-0.12	0.28	-0.13	.67
	Involvement	-0.01	0.03	-0.09	.75
	Member Prototypicality	0.08	0.26	0.08	.77
	Empowerment	0.09	0.21	0.11	.68
	Perceived status	-0.10	0.11	-0.21	.36
	Leader prototypicality	-0.13	0.36	-0.10	.71
	Leaders as champions	0.41	0.40	0.38	.32
	Contact w/Legion members	0.04	0.15	0.68	.77
		(R^2=0.14, ΔR^2=0.06, Δp=.94)			

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

The regression analysis shows that no T1 measures predict T2 Legion identification, and this is not supportive of H6a, b, c, d, e, f, or g.

Discussion

Social Predictors of Mental Health and Wellbeing

Using both longitudinal and cross-sectional analyses, the present study provides a novel exploration of the relationship between group identification (family, community, Legion, and branch, as well as overall number of identifications) and health and wellbeing outcomes in

RBL members. In addition, this study also examines the potential antecedents of Legion identification, including and the antecedent variables' relationship with each other and the extent to which each predicts identification with the Legion. This is a second important area of novelty for the present study, as identification antecedents remain understudied in the SIA/SIAH literature.

While the T2 data sample is unfortunately underpowered, some inferences can be made from both the T1 cross-sectional data and the longitudinal analyses. The results support the general hypotheses of this thesis: that SIA/SIAH processes are present in the RBL. Specifically, the T1 findings highlight that the well-established relationships between family/community identification and well-being (e.g., Sani et al., 2012, 2017; Wakefield et al., 2016, 2017) are also observable in the RBL context, with family and community identification being predictive of mental health and wellbeing via increased social support. These findings thus replicate and strengthen previous SIAH research, while extending this previous research by exploring these relationships within the novel context of the RBL. While the underpowered nature of the T2 sample meant that these relationships were not observed longitudinally, T1 family identification was a direct predictor of T2 SWL.

RBL identification itself had a similar, albeit weaker relationship with health/wellbeing than did family and community identification. Specifically, at T1, RBL identification was a direct predictor of depression, and this relationship was also mediated by social support. Meanwhile, T1 RBL identification was an indirect-only predictor of T1 SWL via social support. This is the first study to show positive cross-sectional health outcomes of RBL identification.

Interestingly, branch identification did not directly predict any health/wellbeing outcomes at T1 (although it was an indirect-only predictor of depression and SWL via social support). Again, these are novel findings, and highlight the existence of SIAH processes within the Legion. The T1 results also emphasise that, consistent with and extending previous SIAH research (Crabtree et al., 2010; S. A. Haslam et al., 2004, 2012; S. A. Haslam, O'Brien, et al., 2005), social support plays an important mediating role in the lives of RBL members, both at Legion and branch level.

In line with the multiple groups hypothesis, it is when multiple sources of such identification and support are available that the health-related benefits of group membership are maximised (Sani et al., 2015b, 2015a; Wakefield et al., 2016). This provides a compounding of these mediating relationships through support, enhancing SWL, and decreasing anxiety and depression. Supporting the multiple groups hypothesis, the cross-sectional data showed that number of group identifications is a direct predictor of depression and SWL (as well as an indirect predictor via social support at T1) and an indirect-only predictor of anxiety at T1. This is the first study to include RBL and branch identification in a measure of multiple group identifications, showing that they can contribute to people's health-promoting social landscapes.

Predicting Group Identification

The findings from the analyses examining the antecedents of group identification also provide new evidence and expand on the existing literature significantly. First, the T1 correlational analyses showed that Legion identification correlated positively and significantly with involvement, perceived participant prototypicality with the Legion, empowerment, perceived intragroup status, perceived leadership prototypicality, leaders as champions, and contact with other RBL members. Thus, initial exploration would suggest that the investigated antecedents have the theorised linkages to identification that were explored in chapter 3, with the strongest being prototypicality, empowerment, and involvement. Within the longitudinal data these relationships are unfortunately no longer significant, most likely due to the study being underpowered. However, within the longitudinal data the positive relationship between leaders as champions and leader prototypicality is significant; this is perhaps due to the recent changes in RBL rules, which previously dictated that certain leadership positions could only be taken by someone who was ex-military, thus creating a bias towards highly prototypical male, served, older members being in positions of power. With these individuals championing the Legion's mission of supporting veterans (due to themselves being veterans) this could lead to such a result. The other significant longitudinal correlation was between contact and empowerment.

While the longitudinal hierarchical multiple regression showed no significant results (again likely due to being underpowered), the T1 results show three significant predictors of identification: member prototypicality, involvement, and empowerment. While the research discussed in chapter 3 suggests that these three variables would be significant predictors of group identification, it is interesting that the other variables highlighted in chapter 3 were not found to be significant predictors. However, it is important to note the present study involved the very specific context of predicting RBL identification. Hypotheses related to the predictive importance of variables such as leader prototypicality, perceived intragroup status, and leaders as group champions were based on research from organizational psychology. It may be the case that these antecedents predict group identification in organizational contexts; however, as previously discussed, the RBL is not wholly an organizational context, which could explain why these were not significant predictors. The present study's findings regarding antecedents of identification is one of the most impactful aspects of this thesis, both in terms of theory advancement (as mentioned earlier, SIAH research has tended to neglect the topic of predictors of group identification), and in terms of practical applications. This is because it opens the door for a new range of ways in which organisations such as the RBL can deliver the 'Social Cure' to their members (namely, by attempting to increase group identification through the development of prototypicality, empowerment, and involvement). Practical implications of the research will be explored in more depth in the General Discussion.

Prototypicality

The finding that prototypicality is an antecedent of RBL identification is in line with established literature which shows that perceived prototypicality is a 'cornerstone' of the SIA approach, due to the construct of identification having *fit* as one of its key components (S. A. Haslam et al., 2020) in which one feels similar to the other members of the group. For prototypicality, the focus of this comparison switches from other members and their similarity to the level of similarity one has with the 'fuzzy' prototype of the ideal group member (P. Oakes et al., 2014). The perceived prototypicality of a group member is thus an important determinant of the extent to which they are likely to identify with the group in question (Hogg et al., 2017) and the perceived legitimacy of their membership (P. Oakes et al., 1998).

The finding that prototypicality is a significant predictor of RBL identification is not only in line with previous research, but also indicates that the RBL should be attempting to boost members' feelings of prototypicality as a way to enhance group identification.

Although the present study only explored mental health-related outcomes of group identification, previous research shows that perceived prototypicality can have a range of additional benefits, such as impacting the reception of health messages within the group. For example, messages from prototypical members are especially likely to be heeded by other group members, which could encourage healthy behaviour (depending on the specific content of the message, e.g., Oakes, 1987; Oakes, Haslam, & Turner, 1994). Indeed, prototypicality is not only an important antecedent of identification (Waldzus & Mummendey, 2004), but it is also a key component of many measures of identification itself (Sani et al., 2012b). This suggests a potential conceptual overlap between the concepts of prototypicality and group identification, which was supported by a T1 factor analysis which indicated that the Legion identification and member prototypicality items loaded highly onto a single factor. This issue will be explored in more depth in the General Discussion.

Empowerment

The finding that empowerment is a significant predictor of Legion identification at T1 allows for the possible integration of decades of research from organisation and brand psychology into the SIA/SIAH. The findings in this study are supportive of a strong linkage between empowerment and group identification. An important distinction to be made between traditional understandings of empowerment within organisational psychology and understandings of empowerment-related phenomena within the SIA is that, within organisational psychology, empowerment is understood in terms of the experiences of the individual, however the SIA posits that it is social identity that is the locus of empowerment, rather than the personal self within the organisation (Drury & Reicher, 2005). Although the organisational model conceptualises empowerment as an outcome of identification rather than an antecedent, they highlight that this relationship is reciprocal, with empowerment predicting identification and vice versa. This model is

also supported by research which has shown that empowerment longitudinally mediates the relationship between identification and wellbeing (Molix & Bettencourt, 2010). The finding that empowerment is a significant predictor of Legion identification at T1 shows that, at least in the case of the RBL, empowerment is an antecedent of identification, and opens the door for the utilisation of a wide range of empowerment interventions from the organisational literature in order to enhance identification. This is possibly due to the RBL having a relatively similar structure and interpersonal dynamics as commercial organisations (at least in comparison to other commonly explored groups within the SIA/SIAH literature, such as family and community).

Involvement

Finally, involvement was also found to be a significant antecedent of Legion identification at T1, as predicted in chapter 3. Involvement is a construct heavily used in brand and relations psychology and has been investigated within this sphere for over 40 years (e.g., Zaichkowsky, 1985; Klein & Sharma, 2022), including research where its principles have been applied within a SIA framework (e.g., Rather et al., 2018). In a consumer behaviour context, involvement is defined as "the degree to which consumers are engaged in different aspects of the consumption process as it relates to products, advertisements, and purchasing" (Broderick & Mueller, 1999, p.97).

Consumer behaviour is important in the RBL context, as not only are the members part of a larger organisation, but they are also the main fundraising cohort of the organisation through both their own fundraising efforts and their purchasing of branded products and remembrance. The RBL has invested significant time and effort into its branding, and it can be seen how both helping the RBL to raise funds and purchasing their branded products would contribute to a more substantial increase in members' involvement than it would with more traditional brands (within which one is likely to be less invested), in turn promoting increased Legion identification (Andrews et al., 1990; Carsky et al., 1995; Klein & Sharma, 2022; Zaichkowsky, 1985). Moreover, brand-related items such as the Remembrance Day poppy form a coherent identity 'set', which is linked to a corresponding social identity (RBL member). Thus, by

increasing involvement and activating the RBL social identity, the normative behaviours of support are engaged, including further consumption of branded goods (Kleine III et al., 1993).

As mentioned at the outset of study 3, one important point to note about it (and also about study 2) is that it involved recruiting RBL members rather than simply veterans (as in study 1), and it involved recruiting non-veteran members of the RBL (i.e., members of the wider AFC, including friends and family of veterans). Although the reasoning behind these decisions was explored in depth at the outset of study 2, it is useful to consider the limitations, opportunities, and potential practical applications of study 3's quantitative data in light of these recruitment decisions.

In terms of limitations of recruiting veteran and non-veteran RBL members, it should be noted that it could be the case that different psychological processes and outcomes are at work in the veteran and non-veteran sub-populations of the RBL. However, the predicted relationships remained when participants' veteran/non-veteran status was included as a control variable in the analyses. Nonetheless, future research (involving larger sample sizes) should systematically compare data from veteran and non-veteran members of the RBL in order to explore any differences in the nature of the SIA/SIAH-related processes they experience, as well as any differences in wellbeing-related outcomes.

In terms of opportunities created by recruiting veteran and non-veteran RBL members, this allowed for a larger number of participants to be recruited (which was especially important due to the challenges experienced regarding the recruitment and longitudinal retention of participants in study 3). Moreover, since the central purpose of study 3 was to explore the nature of the SIA/SIAH dynamics within the RBL as a whole, recruiting both veterans and non-veterans allowed this goal to be achieved.

This also highlights an important practical application of study 3's findings, which would not exist if it had not involved recruiting both veteran and non-veteran members of the RBL. Specifically, the findings from study 3 can be applied to enhance RBL members' experiences as a whole (rather than just focusing on veteran members). Any recommendations made from reflecting on the study's data thus have

the potential to benefit the wellbeing of all RBL members. Moreover, the fact that the relationships and processes reported in study 3 remained after controlling for participants' veteran/non-veteran status this suggests that any recommendations that are made based on these findings are likely to be effective for all RBL members (not just for veterans). Specific recommendations will be explored in the General Discussion.

The Issue of Low T2 Response Rate

As mentioned throughout this Discussion, the T2 response rate was very low. This could be down t0o a number of factors. Firstly, the RBL England & Wales withdrew official support at the beginning of wave 1 due to a new policy on control of research they were involved with. Secondly dropout rates could be higher as a number of spam filters flagged and sent back the email requesting t2 participation (and subsequent emails too due to a spam flag. Finally, with the older age demographic of legion members emails are often ignored and thus subsequent t1 numbers were even lower.

Chapter 7: General Discussion

Overview of Thesis Aims

The aim of this thesis was to investigate social identity processes in veterans and in the RBL. More specifically, the aim was to firstly establish whether the patterns observed in existing Social Identity Approach to Health (SIAH) literature are present in veterans (study 1) and in the RBL (study 2 and study 3), and, secondly, to examine the possible antecedents of RBL identification (study 3). Through addressing these aims, this research is both theoretically and practically insightful, as there is a relative lack of research on veterans and the wider Armed Forces community from a SIA perspective. This lack of research is especially striking, as veterans suffer from a range of conditions known to be helped by SIAH interventions, such as alcoholism, PTSD, social isolation, chronic illnesses, and disability (e.g. C. Haslam et al., 2018). Indeed, it is only in the last few years that the conceptualisation of the transition to veterancy, and its subsequent issues and challenges, have been considered in SIA terms.

This lack of application of the SIA to veterancy is the first gap to be addressed by this thesis: perhaps by understanding veteran groups as potential arenas for social support we can understand and enhance the processes and outcomes that SIAH posits as being so impactful for health and wellbeing (e.g., Haslam et al., 2018). The second gap this thesis aims to address involves comparing potential antecedents of group identification. While there is a substantial amount of SIA research examining individual antecedents such as leadership styles (e.g.,(S. A. Haslam et al., 2001; Herman & Chiu, 2014; van Knippenberg et al., 2004)), there is a lack of research which reviews and compares various potential antecedents to ascertain which of them are the strongest predictors of group identification. This is problematic, because without an clear understanding of the ways in which group identification might be strengthened (or weakened), we have a Social Cure which lacks a concrete method of delivery. This thesis thus seeks to examine these antecedents with the veteran context by exploring predictors of RBL identification. Thus, by first establishing that the RBL provides a Social Cure effect, and then exploring which variables are the strongest antecedents of RBL identification, it is possible to start the process of

developing a framework through which the RBL can bring benefits to its members through enhancing group identification and thus strengthening the Social Cure effect.

To achieve this thesis' aforementioned aims, the first study involved investigating the existence of SIAH processes in a pre-existing veteran dataset, so as to establish a firm theoretical foundation for the studies that followed. Next, the second study involved the use of qualitative semi-structured interviews in order to examine RBL members' understandings of identity and health within the Legion, as well as its nuances and complexities. Finally, the third study involved utilising psychometric measures and a longitudinal analysis to examine the interactions between antecedents, identification with various groups (family, community, Legion, branch), and health outcomes in an online survey. These groups were chosen as they represent the most important groups for many people (family/community), as well as the complexities and nested nature of the groups within the Legion (super/subordinate) which was revealed by the interviews in study 2. By measuring the identification with these groups simultaneously it is possible to consider both the unique and additive effects of identification with each group. Before discussing the complexities and implications of the findings of this thesis, the main aims and findings of each study will be summarised. Subsequently I will discuss. The limitations and problems that occurred while conducting this research will then be discussed, as well as the practical implications and applications of this work. The thesis will end with final conclusions and closing comments.

Summary of Findings

Study 1: The 'Social Cure' in HRS Veterans

The first study addressed the first research question (*To what extent can established SIAH patterns of group belonging, social support, and health/wellbeing be observed in the veteran population in an existing veteran dataset?*) by utilising the HRS dataset, which is one of the few longitudinal health surveys in the world which records veterancy status. This study aimed to utilise this dataset to examine existing SIAH patterns within a veteran population in order to ground the thesis in the SIAH literature and within the domain of veteran psychology. Study 1 provided an initial exploration of the SIAH patterns within

this population and suggested that, in line with previous literature, veterans experience a positive relationship between their sense of neighbourhood belonging and wellbeing, mediated through neighbourhood support. This evidence therefore suggests that, in line with the general population, veterans show the same well-established SIAH patterns (e.g., Haslam et al., 2018), thus highlighting the importance of group belonging and social support for health and wellbeing. Thus, regardless of the fact that the study involved secondary data and proxy measures rather than SIAH constructs (discussed in later sections), study 1 importantly shows that these patterns are extant within the veteran population, and that while the group may have its peculiarities, it seems that SIAH processes are active within it, and that these can be evidenced even in secondary datasets.

Study 2: How do Royal British Legion Members Understand Social Identity and its Relationship to Health/Wellbeing?

Study 2 then expanded on study 1 by seeking to address Research Question 2: *How do Royal British Legion members understand social identity and its relationship to health/wellbeing?* Once the expected SIAH processes were observed in study 1, it became imperative to establish what members of the population's own understandings of the phenomena are, in order to find any RBL-specific contextual issues that may either parallel with or deviate from existing understandings of social identity and health. Unlike study 1, study 2 focussed on members of the RBL (including veterans and non-veterans), rather than just a general sample of veterans. This allowed participants to talk about the specificities of RBL membership, as well as veterancy in general. Study 2 revealed that helping was at the root of not only the RBL's ethos but was also a key component of belonging for members. Study 2 also highlighted the many other factors that can influence belonging within such a complex organisation. Study 2 thus provides the first qualitative examination of RBL member's experiences and understanding of social identity, and it was conducted in order to examine participants' experiences of social identity-related processes and wellbeing-related outcomes within the RBL, as well as to examine participants' understandings of the factors that may influence their identification with the RBL. This is one of the thesis' key novel additions to the SIAH and veterancy literature. The results not only highlighted the complex nature of identification

(such as interactions between subgroups within a larger organisation), but also shed light on the negative side of group identification, the 'Social Curse', and what may lead RBL members to perceive their group membership in these negative terms, such as experiencing intragroup stigma and withdrawal of social support after violating ingroup norms (consistent with Kellezi & Reicher, 2012). Indeed, participants' understandings of social identity were couched in terms that were analogous to SIA/SIAH literature, with participants utilising words such as 'camaraderie', and describing the act of helping as not only being the ethos of the organisation, but also detailing the varied and individual ways in which help is given and received within the organisation, and how they perceive this as impacting on health and wellbeing. In sum, study 2 indicates that participants have an implicit understanding of the inter-reliance and support that groups provide, as well as the negative impacts that can occur when identification goes wrong. Study 2 thus provides the first qualitative examination of a British veterans' group members' understandings of identity and health; this is another novel addition to the literature in this area.

Study 3: A Longitudinal Online Survey Study Exploring Antecedents and Outcomes of Group Identification in Veterans

Study 3 expanded on the psychometric measures used and data patterns established in study 1, while at the same time taking into account the complex qualitative findings of study 2 to create a study that was not only focused on the specific SIAH processes in the RBL, but that was also informed by participants' own understandings of identity and its complexity in this organisation. This study sought to address Research Question 3: *What are the cross-sectional and longitudinal relationships between antecedents of group identification, group identification, and health-related outcomes of group identification in veterans who are RBL members?* Thus, study 3 utilised SIAH specific measures of group identification and social support, as well as commonly used health and wellbeing measures from SIAH research. It additionally addressed the second focus of this thesis by examining and comparing the pattern of antecedents of identification. To do this, it utilised measures from various fields of psychology in order to provide a foundation for integrating these segments of literature into the SIAH framework.

Study 3 found further support for the supportive and beneficial nature of identification with established groups (family and community), as well as with RBL superordinate identification. It highlighted the distinction between superordinate (RBL) and subordinate (branch) identification in line with previous research (e.g., Stone & Crisp, 2007), suggesting that superordinate identification is more beneficial for health/wellbeing than subordinate identification within such an organisation. It also suggests that the RBL provides a group membership that is beneficial to its members in SIAH terms. With regards to the antecedents of identification, study 3 provided evidence for three key antecedents of identification: perceived member prototypicality, empowerment, and involvement. These findings are important, as there is a wealth of research across diverse psychological literatures which discuss how to enhance these three constructs, and this can now be used within the SIAH domain in order to enhance group identification, and thus benefit the health/wellbeing of group members.

Together, the three studies in this thesis have successfully addressed the three research questions laid out at the thesis' outset. Addressing these research questions has allowed this thesis to provide novel contributions to both theory and practice, as will be discussed later.

One important point to revisit is the significant shift in the nature of the study population in studies 2 and 3 compared to study 1. Specifically, while study 1 involved analysing secondary data from veterans living in the USA who were not necessarily associated with any veteran group/organisation, studies 2 and 3 involved gathering primary data from veterans and the wider AFC, and all participants were members of the RBL. This means that, unlike study 1, studies 2 and 3 involved participants who were members of the RBL but who were not veterans (i.e., members of the wider AFC, including friends and family of veterans). The limitations, opportunities, and potential practical applications of these decisions for both study 2 and study 3 were explored in the respective study discussions, but it is now worth reflecting on these limitations, opportunities, and potential practical applications across both studies.

In terms of limitations, it could be argued that including non-veterans as participants in studies 2 and 3 limits the relevance of the findings for the veteran population, as well as the extent to which the

findings can be applied to improve the lives and wellbeing of veterans. However, as previously discussed, the predominant focus of studies 2 and 3 was to explore experiences, processes, and outcomes within the RBL as a whole. Moreover, the data patterning in study 3 was unchanged when participants' veteran vs. non-veteran status was included as a control variable, thus indicating that the aim of exploring the RBL group as a whole was a legitimate endeavour, as there appear to be coherent processes at work across RBL members, regardless of their veteran/non-veteran status. The findings from study 3 were also broadly consistent with the findings from study 1, which was entirely composed of non-RBL veterans, thus suggesting that similar processes are at work in non-RBL veterans and RBL members.

In terms of strengths and opportunities, the inclusion of non-veteran participants in studies 2 and 3 led to richer data being gathered, especially regarding the complex helping/support transactions described by participants in study 2, which often involve non-veterans helping veterans. Recruiting both veterans and non-veterans for this study enabled a more holistic and multifaceted appreciation of these transactions. Moreover, in study 3, a key aim was to explore predictors of RBL identification, so only exploring the relationships between these variables in a sub-set of RBL members (i.e., veterans) would have only provided part of the story.

These observations lead into potential practical applications of the findings from studies 2 and 3. Because both studies involved recruiting veteran and non-veteran RBL members, the RBL is likely to find any recommendations that emerge from these studies to be more useful than if only veteran RBL members were recruited. This is because the findings and recommendations will apply to their whole membership, rather than to just a sub-section of their membership. Study 2's findings also shed important light on the interactions between veteran and non-veteran RBL members, and show that the RBL will need to take these complex intragroup dynamics into consideration when assessing how to improve the wellbeing and satisfaction of its members.

In sum, although the decision to recruit both veteran and non-veteran participants in studies 2 and 3 presented challenges and limitations, it seems that, on the whole, these are outweighed by the strengths, opportunities, and additional practical applications of a richer and more nuanced data set.

While not all respondents in studies 2 and 3 are veterans, they are still considered part of the wider AFC through their relationships with and commitment to the RBL. In study 2, one participant mentioned that he "came for the cheap booze" but stayed and became more involved in the RBL, even becoming a part of the committee for his local branch after experiencing the camaraderie of the RBL. However, while some study 2 participants did note that some members joined without having any initial connections to the armed forces, it was made clear that this was a minority. Considering the ways in which participant recruitment occurred for studies 2 and 3 (i.e., predominantly through RBL social media and newsletters), it is likely that participants who signed up for these studies were relatively engaged in the RBL (an assumption supported by the study 2 participants' accounts), and thus can be considered to be part of the wider AFC.

Conclusions and Implications

The Beneficial Nature of Groups

The idea that groups are beneficial for health and wellbeing is at the heart of the SIAH, and while there are exceptions, caveats, and subtleties to this, groups provide an important supportive and buffering effect, as well as helping to reduce loneliness(Jetten et al., 2009). This is important in the RBL context, as demographic data shows that RBL members (and veterans in general) are an aging population who often experience loneliness (C. Haslam et al., 2014; Hawkley & Cacioppo, 2007)and loneliness and aging are deeply connected with health (Hawkley & Cacioppo, 2007; Nummela et al., 2011). This observation extends from the SIAH literature outlined in chapter 2. The work in this thesis suggests that experiencing a sense of group belongingness has the same beneficial effects in veterans and RBL members as in other groups, and that this (at least in part) stems from the social support that such groups provide. The complexity of social support eligibility, provision, and reception is complex, but in general terms the

evidence suggests that identifying with the RBL and receiving social support within it has a similar (if somewhat weaker) relationship with mental health as those observed in established groups that have been frequently studies in SIAH research, such as the family, and local community/neighbourhood.

The complex interactions between subgroups and superordinate groups, which is particular to organisations like the RBL, suggests that identification with the larger and more 'universal' RBL identity is a better predictor of health and wellbeing than identification with one's subordinate branch of the RBL. This observation enables a move away from the simplistic 'groups are good' concept, thus providing a more nuanced understanding of how aspects such as context, organisational structure, ethos, and internal intergroup dynamics are vitally important in determining the nature of group identification and the potential health and wellbeing benefits that can stem from it. This was particularly highlighted in study 2, where participants' understandings and experiences of what makes someone a legitimate member of the RBL were key for both the provision and experience of support. Moreover, study 3 showed how the extent to which group identification predicted mental health was stronger for superordinate (RBL) identification than for subordinate (branch) identification. Thus, one of the key conclusions of this thesis is that while RBL identification follows the same established patterns as other groups, there are complexities that are specific to the organisational structure and traditions of the RBL which can complicate the direct application of the SIAH to such an organisation. Of course, all groups have their complexities and subtleties, however, the studies in this thesis suggest that a focus on the superordinate identity over the subordinate has the potential to play a key role not only in enhancing existing members' identification, but also in positively impacting their health and wellbeing.

The Key Antecedents of Identification

As well as the complex nature of the relationship between group identification and wellbeing, the studies in this thesis have implications for how group identification itself might be enhanced. As previously mentioned, there is a lack of examination of possible antecedents of identification (especially in terms of research which compares their relative abilities to predict group identification). With thin in

mind, an important aim of this thesis was to compare the predictive power of the potential antecedents that were identified in both the literature (chapter 3) and the qualitative investigation (chapter 6) in order to find the strongest antecedents of identification for veterans within the RBL, which can then possibly be used to enhance group identification (and, in turn, the benefits that stem from it). Within the RBL context, member prototypicality, empowerment, and involvement emerged as significant predictors of identification in the study 3 T1 data, indicating the importance of these three antecedents.

While there was a significant conceptual overlap in the constructs of RBL member prototypicality and RBL identification (see chapter 6), this is acceptable in the context of the SIA literature, as the construct of identification contains an element of similarity, a concept similar to prototypicality (P. Oakes et al., 2014; Sani et al., 2012a). However, prototypicality is theoretically distinct from group identification in that it refers to a group member's perceived similarity to the abstract 'fuzzy' prototype of the group, rather than to other group members directly (which is what the similarity element within group identification refers to; Jetten., 2018). This distinction is important, as the finding in study 3 regarding member prototypicality being an important antecedent of group identification suggests ways in which it might be possible to manipulate or enhance identification in a way that expands on the existing literature and associated interventions. Specifically, identification can potentially be enhanced by adjusting the group prototype so that it is more inclusive and reflective of the nature of the people within the group (this is vital in the RBL context, as a strong prototype of older males who served in the Armed Forces exists, yet only around a third of RBL members are actually veterans). An adjustment of this prototype could thus provide an identification boost to those members who currently feel that they are inconsistent with the group prototype. Through using representation and leaders to shift a stereotype there then exists the ability to expand and make more inclusive prototypes.

The finding that empowerment is an important antecedent of RBL identification at T1 in study 3 is also important, as it indicates that by increasing empowerment of individual members, it is also potentially possible to enhance identification. By empowering members through official, unofficial, and

explicit roles and increasing individual empowerment (in line with existing research) we can thus enhance identification and social support.

In sum, these findings indicate that any intervention that seeks to enhance identification with the RBL (and with other groups) should focus specifically on promoting these three constructs (member prototypicality, empowerment, and involvement). This thesis thus provides important implications for Legion members/groups, but it also provides a foundation for exploring these antecedents of group identification in wider contexts and within a range of groups, including community groups, support groups, and intervention groups.

Implications for the Literature

This thesis brought together relevant literature from both organisational psychology and the SIA/SIAH to inform the understandings of members' experiences, group-related processes, and health-related outcomes. Thus, its findings (particularly those of studies 2 and 3, where the juxtaposition of the two literatures is clearest) should be examined in light of both research domains separately (i.e., organisational psychology and the SIA/SIAH).

The Relevance Of The Thesis' Findings For Organisational Psychology

With regards to organisational psychology, there are a number of areas in which the results of the studies contained in this thesis can shed light. First, study 2's qualitative findings highlighted that the processes that usually occur within organisational groups are also observable and highly relevant in the context of the RBL. One example is that the RBL has distinct sub-groups, or branches (sometimes with distinct identities) under the overarching 'umbrella' organisation. Participants highlighted issues related to the sub-groups, and specifically their independence from or subsummation into the larger organisation. This was often of particular relevance for marginalised groups, or groups that contained members who deemed themselves to be somewhat atypical of the 'traditional' older male veteran RBL member (such as women and LGBT+ members). Participants mentioned retention of members and their sense of RBL

belonging being negatively affected by the lack of independence of their subgroup memberships, which is consistent with findings from organisational psychology (e.g., Eggins et al., 2002).

Another way in which study 2 shed light on organisational processes was that it provided understandings regarding the nature of the relationships between committee members ('management') and 'ordinary' members, as well as between those who work for the RBL and those who volunteer for it. In terms of relationships with management, participants sometimes talked about the RBL's management being out of touch with the wants and needs of its members (especially sub-groups and branches of members that might be classified as non-prototypical, such as women). This could create feelings of isolation from the wider RBL, and thus highlights the importance of members feeling that they are represented by and listened to by management. In terms of relationships between those who work for the RBL and those who volunteer for it (predominantly veterans), participants discussed helping transaction norms which mean that veterans can expect to receive help and support from non-veteran volunteers within the RBL. These transactions were generally described in positive terms, and veterans talked about the value they placed on the help they received with the RBL. However, these helping transactions were often shown to be quite complex, with help-givers also experiencing wellbeing-related benefits through their acts of giving. These observations are consistent with literature that has explored volunteering motivations and processes within organisations (e.g., Gray & Stevenson, 2020).

The results from study 3 also enable important organisational-related conclusions to be drawn. Perhaps most notably, the cross-sectional hierarchical regression revealed that empowerment was a statistically significant positive predictor of RBL identification. This variable is frequently explored in organisational psychology literature.

For instance, perceived empowerment has been shown to positively predict group identification within organisational psychology literature (e.g., Avolio et al., 2004). Indeed, individuals who feel empowered within an organisation have also been found to generally possess high levels of organisational identification: a finding which has been replicated multiple times, thereby establishing a strong

relationship between empowerment and group identification, which is strengthened and extended into the RBL context by this thesis (see Avolio et al., 2004; Fuller et al., 1999). Moreover, empowerment has been found to mediate the relationship between organisational identification and positive organisational outcomes such as job satisfaction (Prati & Zani, 2013), and it has been shown that empowerment longitudinally mediates the relationship between identification and wellbeing within organisations (Molix & Bettencourt, 2010). However, the authors clarify that the relationship between empowerment and identification should be considered to be cyclical. This is similar to the 'virtuous cycle' identified by Tarrant et al. (2013), where people who identify with a group also experience increases in efficacy, empowerment, and involvement, which in turn predicts more identification in a cyclical (rather than reciprocal) process. Thus, by drawing on organisational psychology to devise strategies that empower its members, the RBL can enhance members' sense of identification, and, in turn, their health and wellbeing.

The Relevance of the Thesis' Findings For SIA/SIAH

With regards to the SIAH literature, there are a number of areas in which the results of the studies contained in this thesis can shed light. First, study 1 sought to examine the possible incidence of SIAH processes in a secondary dataset of veterans (HRS), and these processes were observed This provides an important indication that the SIA/SIAH is an appropriate lens through which to explore veterans' experiences. Moreover, this study is one of the first to show that these SIA/SIAH relationships exist in the veteran population, which has been understudied in SIA/SIAH research, but for whom the relevance of social group memberships is likely to be especially important (e.g., due to their previous military experiences of camaraderie).

Study 2's qualitative data highlighted that complex intergroup processes occur between the RBL and its branches. Moreover, there was also evidence of complex intragroup processes within branches and within the RBL itself (e.g., with regards to social support, qualifiers for such support, perceived prototypicality, and perceived fit). Observing these processes qualitatively within the RBL context helps

to support and extend pre-existing SIA/SIAH research (within which qualitative research is often relatively rare), but also helps to shed light on members' own understandings of belonging to the Legion.

Study 2's findings also highlight the complex nature of helping dynamics within groups which possess strong help-related norms (i.e., the RBL's predominant purpose is to provide support for veterans and their families). Within a context like the RBL where support-giving is prioritised, the psychological benefits of receiving support can be seen (supporting work by researchers such as Jetten et al., 2009). Moreover, the findings indicate the relevance of a variety of types of support being available (e.g., material, emotional, informational, etc.).

Study 2's findings also highlight the reciprocal nature of intragroup and intergroup helping transactions (e.g., see Wakefield & Hopkins, 2017). The perceptions of both the helper and the helped are vitally important in not only understanding the provision of support, but also how that offer of help is likely to be understood by the person in need, and whether it is likely to be accepted (e.g., Drury et al., 2016; S. A. Haslam et al., 2012).

Study 3 also shed important light on SIA/SIAH processes. In particular, study 3 explored potential antecedents of RBL identification, showing that a key SIA variable – perceived member prototypicality- was a significant positive predictor. Previous SIA research has established that the perceived prototypicality of a group member is an important determinant of the extent to which they are likely to identify with the group in question (Hogg et al., 2017), so study 3's findings support this observation and extent it into the context of the RBL.

Moreover, the more one is seen as being prototypical of a group, the more that person is perceived to know about the values of the group, and the more their opinion is trusted by other group members when they are trying to understand the norms, values, and characteristics of the group (Haslam, Reicher, & Platow, 2011; Reicher, Haslam, & Hopkins, 2005). Prototypicality is thus an important 'ingredient' in delivering the social cure, especially in organisations such as the RBL, which have clear, non-representative prototypes.

In sum, the findings this thesis with regards to SIAH are threefold: that the RBL provides a group context in which the 'Social Cure' exists and members benefit; that these processes are complex and require understanding of context, as well as inter- and intra-group processes; and that the antecedents of identification have the potential to be used to increase not only identification, but the health and wellbeing of all members of groups/organisations.

In terms of the social psychological literature, the conclusions obtained from the research conducted in this thesis highlight the need for more investigation of military/veteran psychology from a SIA/SIAH perspective. By incorporating social identity research into this area of psychology it is possible to change the current individualist focus of such research and gain a richer and more nuanced understanding of these populations in their own terms, such as interrogating their often-discussed sense of 'camaraderie'. Moreover, it is possible to better understand the inherently strong social identity that exists at the heart of the RBL, and to utilise it effectively in order to boost members' health and wellbeing. This not only enables enhancement of care, support, and outcomes for this population, but also has the potential to significantly advance social psychological theorising by more fully integrating the military/veteran and SIA/SIAH research domains.

This thesis also highlights the need for antecedents of identification to be given more consideration in SIA/SIAH research. While understanding the social buffering and beneficial (as well as detrimental) processes and outcomes that occur within groups is important, without a comprehensive understanding of the antecedents and enhancers of identification we are left with a Social Cure which we cannot administer. By understanding and integrating these into the wider SIA/SIAH literature, social psychologists will have important tools with which they can create and increase identification, and enhance not only our theoretical understandings, but our practical usage of these important constructs.

Practical Applications/Implications

There are several key implications and applications of this research. First, this research suggests that RBL membership is already highly salient and central for its members, expressed through camaraderie

and support for one another. The better understanding of social identity processes within the RBL afforded by this research can be applied to enhance the individual and organisational outcomes RBL members may experience. For example, findings in study 2 suggest that it is normative for veterans within the RBL to expect to receive ingroup help and support, and that non-veteran members may also expect to receive ingroup help and support in some cases. However, the act of *providing* help and support often falls upon non-veteran members. Understanding how these norms affect RBL members and their relationships to the organisation could potentially improve connections between members and willingness to provide support, as well as strengthen members' connections to the RBL. Moreover, it could be the case that highlighting these normative inconsistencies to members through the RBL's media outlets (i.e., 'you often expect to receive help, but rarely are willing to provide it to others') could lead to a shift in the normative content of the group, whereby all members (regardless of their veteran status) might be more likely to both give and received help and support, thus enhancing SIAH processes and health-related outcomes.

Second, the transition to veterancy (and living as a veteran) can be fraught with stress and potentially negative outcomes, but the results from this thesis suggest that applying SIAH-related knowledge and interventions is likely to be an effective way to make the transition smoother, less stressful, and more positive. Studies 1 and 3 showed that wellbeing is predicted by veterans' strength of identification with their local community, while study 3 also showed that wellbeing is predicted by identification with the family and the RBL. These quantitative results were also supported by participants' qualitative accounts in study 2, which highlighted the important role that group memberships such as these played in maintaining and enhancing wellbeing. These observations suggest that the SIAH-based intervention Groups4Health (G4H, e.g., Haslam et al., 2016) would be a particularly appropriate way to enhance the health and wellbeing of veterans and people transitioning to veterancy. This is because G4H is designed to enhance wellbeing by providing people with the information and support they need in order to join new groups and reconnect with old ones. Previous research has shown that G4H is effective at improving mental health (Haslam et al., 2016), reducing psychological distress (Haslam et al., 2019), and

improving feelings of loneliness (Cruwys et al., 2022). This suggests that G4H is likely to be an effective way to benefit veterans'/soon-to-be veterans' wellbeing by encouraging them to (re)connect with groups that the present study has shown to positively predict health outcomes, such as community, family, and the RBL.

However, one recommendation from this thesis is that, ideally, G4H should be adapted for specific use with veterans/soon-to-be veterans. G4H has been successfully adapted for use with numerous specific populations, including students, retirees, and people who have recently left professional sport (see sign.centre.uq.edu.au/project/groups-4-health for details). Based on the observations from the previous literature and from study 2 regarding servicepeople's unique experiences of group membership and camaraderie, a version of G4H that is designed specifically for veterans/soon-to-be veterans and that explicitly draws on these concepts is likely to be perceived is especially positive terms by veterans (due to the intervention likely to be seen as being 'on their wavelength'). This perceived positivity also means that the intervention will be more likely to likely to promote observable and meaningful health-related outcomes for veterans and soon-to-be veterans.

Third, the findings of this thesis suggest that Social Prescribing (SP) might be an especially useful intervention for veterans, veterans-to-be, and members of the wider AFC community. SP involves people with chronic mental and/or physical health conditions who also experience loneliness/social isolation being signposted to and supported in their joining (and continued attendance) of local community groups (e.g., craft groups, sports groups, gardening groups, etc., e.g., Bickerdike et al., 2017). Recent work (e.g., Stevenson et al., 2022) has highlighted the need for practitioners and researchers to adopt an underpinning theory when investigating, developing, and delivering SP, as it is only through understanding the social psychological processes involved in SP that clear conclusions can be drawn regarding how it works, and for whom. Indeed, SIAH researchers have shown the SIA/SIAH to be an appropriate underpinning theory for SP (e.g., Kellezi et al., 2019 Wakefield et al., 2022), with the increases in group memberships during SP positively predicting patients' wellbeing via enhancing belonging and support, and reduced loneliness.

The fact that this thesis has highlighted the key role played by social group memberships in predicting the health and wellbeing of veterans and the wider AFC community, as well as the fact that participants in study 2 talked about feelings of loneliness and isolation, suggests that an SP intervention would be likely to provide significant wellbeing benefits to this population. It would thus be beneficial for the RBL to become involved in SP interventions (e.g., ensuring that GP surgeries through the UK have local RBL branches included in their lists of local community groups to prescribe to patients). While prescribing to RBL groups would be particularly beneficial for patients who are veterans, the research presented in this thesis also suggests that non-veterans would be potentially likely to benefit from the camaraderie and support they could obtain via the RBL, so there is the potential for all types of patients to be prescribed and to join the RBL. This would also have the benefit of increasing the numbers and diversity of RBL members (although the potential practical problems of increased numbers of people attending RBL branches would also have to be considered; e.g., Wildman et al., 2019).

Another implication is that veterans stand to benefit greatly from the findings of this research in so far as veterans (who the literature shows to frequently suffer from problems like loneliness, social disconnection, mental ill-health etc.) should join and engage with social groups, such as family, local community, and RBL, as the evidence obtained from the studies in this thesis shows that this is likely to benefit their health and wellbeing through increased social support.

Yet another implication relates to the results regarding antecedents of group identification. The SIA/SIAH has been practically impactful in many domains (politics, activism, media, healthcare, education, etc.), so the development of an evidence-based toolkit that can create and enhance group identification through the promotion of member prototypicality, empowerment, and involvement could benefit people in many different ways. This could include increasing political involvement, improving workplace engagement, enhancing educational achievement, or even combatting misinformation, and addressing the age-old issue of loneliness within societies.

For example, strategies such as the aforementioned prototype adaptation could allow underrepresented or marginalised individuals in organisations, businesses, and groups to experience more inclusion, and, ultimately, identification. Alongside this, the subsequent increases in collective and individual efficacy, increases in the giving and receiving of social support, and reduction of feelings of loneliness that stem from increased group identification have the potential to not only have significant individual impacts, but society wide ones too.

As discussed in study 2, individuals who perceive themselves to be more distant from the prototype of a 'typical' RBL member may be less likely to identify with the RBL and utilise the RBL's resources and sources of support . Since the focus of this thesis is an exploration of the antecedents, processes, and health-related outcomes of group identification, it could be argued that it is particularly important to consider how the findings described in this thesis can be applied to benefit individuals who feel that they are less 'typical' RBL members.

For example, the data from study 2 suggest that there is a feeling amongst RBL members that the aim of supporting the prototypical (although not numerically most prevalent) type of member (i.e., older male veteran) is where the RBL focuses most of its efforts and resources, meaning that members who deem themselves to be less prototypical may feel excluded or dismissed. By using psychological strategies to present the RBL as being more inclusive of different age groups, genders, etc., then overall identification of all group members may increase, and the giving and seeking/accepting of help/support may also become more common for all members.

For example, this could be achieved through increased representation of demographically representative leaders within the RBL (such as by highlighting female nonveteran members who are committee/executive members, such as Legion Scotland's appointment of a female nonveteran CEO), or through advertising/social media campaigns which focus on the varied nature of the RBL's members (as well as the fact that older male veterans are actually a numerical minority within the RBL) in a bid to make diversity more normative, and to encourage a diverse range of new members. Moreover, as

prototypes are negotiated both explicitly and implicitly between group members within the context of the group and its norms/values (Bartel & Wiesenfeld, 2013), one of the most direct and powerful ways to change the existing prototype could be to challenge it openly (e.g., at branch and national meetings), and to allow all group members to explicitly discuss and reshape the prototype themselves. Indeed, the inverse of this phenomenon can be seen in the study 2 dataset, where RBL Women's Section members who were subsumed into the larger Legion transformed from being prototypical of their subgroup (Women's Section) to non-prototypical of the supergroup (RBL as a whole). Ultimately, such efforts have the potential to allow the RBL to develop a more inclusive and supportive ethos, where no member is made to feel as though they 'do not fit', and that anyone can seek support, or provide support to others. In turn, these SIA/SIAH processes are likely to boost feelings of health and wellbeing for all members.

Strengths, Limitations, and Future Directions for Research

Strengths

This thesis has various strengths. First, it applies established and validated SIA/SIAH measures and constructs to a population previously unexamined by SIA/SIAH researchers. Secondly, it utilises a mixed methods approach (qualitative and quantitative methods involving primary and secondary data) to not only examine the patterns of group belongingness/identification, health outcomes, and antecedents of identification, but also the complex lived experiences and understandings of those group members in their own terminology and social space. This thesis also benefits from the advantage of mixed methods research, including the ability to triangulate in order to draw more reliable and valid conclusions. Finally, this thesis provides a longitudinal (if underpowered) glimpse into the complex interrelations of these constructs, thereby enabling stronger conclusions to be drawn regarding the temporal ordering of the variables within the analyses by controlling for the T1 levels of the T2 variables in the models. However, it is also inevitable that the thesis has limitations and outstanding issues which could be addressed by future research: these are discussed below.

Limitations and Future Directions for Research

Construct specificity. An important limitation of this thesis is the specificity of the constructs and measures that were used. For example, the concept of group contact within the RBL (explored in study 3) was potentially problematic. Specifically, it is difficult to differentiate between contact with the superordinate (Legion) and subordinate (branch) groups. This is because contact with the branch is, by definition, contact with the Legion, but contact with the Legion, can occur without the branch being involved (e.g., by attending a Remembrance Day event outside of one's branch). In simple terms, all branch contact is Legion contact, yet not all Legion contact is branch contact. As such, it was decided to simply measure contact with the branch in order to not overcomplicate the questionnaire and data. Future research could usefully explore this subordinate/superordinate contact relationship, especially since there are increasingly complex and diverse modes of contact within both online and offline domains since the COVID-19 pandemic. Indeed, in more general terms, it should be noted that the studies in this thesis were conducted before the COVID-19 pandemic, and since recent evidence has indicated that veterans may be disproportionality affected by the pandemic in terms of health outcomes (Richardson et al., 2022), future research could usefully explore whether the pandemic may have affected any of the processes and/or results obtained in this research.

The second issue with the constructs utilised in this thesis concerns the measure of perceived social support that was included in study 3. Specifically, perceived social support is a general measure of overall support from other people, which does not discern which groups may be the specific providers of the support. While this general measure is sufficient for the exploratory purposes of this thesis, it does mean that the possibility for more nuanced analysis is lost. For example, it is possible that adequate support is provided by a group such as family but not by another group, such as the RBL (or one group may even have withdrawn support altogether, as per the 'social curse' phenomenon: Kellezi & Reicher, 2012). The social support measure used does not pick up on this distinction, and while the general ethos of the RBL and the data from studies 2 and 3 are suggestive of a beneficial supportive pattern within the RBL, this is by no means conclusive. Future research could thus potentially explore the distinction between sources of

support alongside interactions between compatible and conflicting groups, in line with the research on intergroup interactions and the SIMIC model (e.g., Haslam et al., 2021).

The complex interrelation of antecedents and identification. As discussed in chapters 3 and 6, a number of the proposed antecedents of identification have a significant theoretical and empirical overlap, and prototypicality overlaps strongly with group identification As mentioned in chapter 6, prototypicality refers to the similarity of oneself with the 'fuzzy' ideal of the ideal group member (an abstract construct), whereas similarity (a key component of the identification construct,), refers to the member's level of perceived similarity to other members. While these are conceptually distinct, they also share the broad underlying theme of similarity, which can complicate analysis and interpretation. As seen in chapter 6 in the factor analysis presented in chapter 6, the RBL identification items and the member prototypicality items loaded onto the same factor, which supports this observation regarding the potentially overlapping nature of these constructs. One way to address this issue in the future may be to use a more granular measure of group identification which includes multiple sub-scales (e.g., Cameron, 2004, which includes centrality, ingroup affect, and ingroup ties). It may be the case that some sub-scales of identification overlap less with prototypicality, thus helping to shed more light on the nature of the relationship between prototypicality and identification.

Nonetheless, it is important to note that, while similar, these are separate and validated constructs, and their co-inclusion in the study 3 analyses enables an integration of two distinct literatures (prototypicality and identification) into a more applicable and inclusive theoretical whole. The fact that this thesis shows that prototypicality is an important antecedent of identification opens the door for the use of prototypicality toolkits and interventions designed to promote members' feelings of prototypicality, and, in turn, their strength of group identification.

Although not indicated by the factor analysis in chapter 6, There is also significant theoretical overlap between identification and empowerment. In organisational psychology, the concept of empowerment explores what motivates employees to enact their work role in an effective manner. Thomas and Velthouse

(1990) defined empowerment as the intrinsic motivation manifested in four domains (meaning, competence, self-determination, and impact) that together reflect an individual's orientation to their work role. This overlaps with SIA constructs such as efficacy, agency, and meaning (indeed, these have been theoretically linked to identification through existing SIA research into concepts such as agency and efficacy; . Future research could address this by investigating the individual components of empowerment in more depth and exploring how each relates to group identification.

The specific structure of the RBL. A particular strength of this thesis, the specific nature of the group it examined, is also one of its limitations when discussing the generalisability of results. The structure of the RBL is particular to veterans' groups, and it has some key components not seen elsewhere, most notably its distinct components and structure. First, there are social groups/clubs at the branch level, where interaction is largely informal and revolves around social groups meeting (usually) in a dedicated space with alcohol, cliques, darts teams, etc. However, embedded within this is the committee structure, which organises and runs these events/venues within each branch, as well as at a regional/national level. This level possesses a business-like structure, with organisational 'chains of command', a series of rules, regulations, and eligibility criteria that are very specific to these organisations (such as criteria that must be met before one is eligible to fill a particular position within the organisation), as well as aspects of employer/employee relationships that are usually not found in a general social context. Finally, at the highest level, the RBL is a charity, with a charitable status and branding, as well as sales targets, and a complex organisational structure with regards to ownership, funds, legality, leadership, and organisation. Thus, the RBL has a very complex and specific structure which taps into issues addressed by business, brand, organisational, political, and social psychology. This complex structure provides a fascinating and sizeable population through which to test SIA/SIAH-related processes and outcomes, yet at the same time it means that the generalisability of these results to wider domains is problematic without further research. Future research should thus seek to examine the antecedents of group identification that have been identified in this thesis in more diverse contexts in order to ascertain whether the pattern of antecedents

found with the RBL is generalisable to other groups, or if perhaps within different groups/structures, different antecedents become more important.

The absence of causality. The quantitative findings of this thesis, while significant and longitudinal (if underpowered), are exploratory and correlational. Thus, while they uncover general relationships and patterns (and the temporal ordering of variables, at least to some extent), it is important to be tentative when drawing conclusions and making practical recommendations, as they do not provide conclusive evidence of specific causal pathways. While a large significant amount of SIA/SIAH research is supportive of the general hypotheses and results of this study, more work is needed to examine the antecedental effects in experimental settings. While the findings of study 3 regarding the antecedents of identification provide a novel and important addition to the literature, more work is needed in which potential antecedents are experimentally manipulated (either individually or collectively) in order to not only test these proposed causal links, but also to begin evaluation of the tools and interventions which could potentially be used to create and/or enhance identification.

Concluding Comments

This thesis conceptualises the military identity as a social identity, and the veteran identity as a post-transition identity which retains key components of the military identity. From this, it expands the literature to investigate if a veterans' organisation (the RBL) shows a similar pattern of Social Cure (and Social Curse) processes as previously established in SIA/SIAH research. With such groups being made up of complex demographic, prototypical, structural, and social interactions, the RBL provides not only a complex arena for those studying veteran/military psychology, but also a domain in which to examine a strong yet complex social identity.

The findings of this thesis indicate that Social Cure processes can be observed within the veteran population; that the RBL provides a group context in which these Social Cure (as well as Social Curse) processes can occur and that RBL members have an implicit and personal understanding of social identity (e.g., camaraderie). Moreover, this thesis integrates disparate literatures to highlight the importance of

member prototypically, empowerment, and involvement as key predictors of RBL identification, thereby providing a significant starting point for not only utilising the SIA/SIAH perspective in military/veteran psychology, but also for the inclusion of these important antecedents into wider SIA/SIAH research investigating a diverse range of groups.

In summary, this thesis sought to examine an underexplored and psychologically vulnerable population and apply a new perspective to its issues. This work has significant potential in terms of practical recommendations for veterans' organisations, for similarly structured organisations, and for social psychology as a whole. The urge to belong is universal and belonging to groups is one of the single greatest things we can do for our mental and physical health: to find new ways to promote, enhance, and solidify group belonging has been the single greatest learning and revelatory experience of my life. Thus, I end this thesis with three quotations on belonging and support that I believe sum up the essence of camaraderie, and thereby speak deeply to the experiences of RBL members and veterans:

"We developed a firm, practical feeling of solidarity, which grew, on the battlefield, into the best thing that the war produced - comradeship in arms."

Erich Maria Remarque

"Giving connects two people, the giver and the receiver, and this connection gives birth to a new sense of belonging."

Deepak Chopra

"There is no house like the house of belonging."

David Whyte

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Appendix A: Study 2 Interview Schedule

Introduction by researcher

The purpose of this study is to use one-to-one interviews to explore group identification (belonging and commonality) and what affects this and the feelings around the legion from a member's perspective.

The researcher will gather some basic demographic data from the participant (gender, age, relationship status, number of dependents, nationality, branch of military served, time in, time in legion, branch).

Topic areas to be covered

How long have you been a member of the legion?

Did you join directly after leaving the military?

Did the legion help you cope with the transition to civilian life?

Why did you join the legion?

What is it about the legion that makes you want to continue to be a member?

Do you feel being a 'legion member' is a key part of who you are?

What makes you feel this way?

Do you have any examples?

How often do you go to legion meetings/events?

Why do you go to some and not others?

What does it mean to you to be a legion member?

What do you feel adds to this feeling of "membership"?

Do you think this feeling of membership is beneficial?

In what ways?

Can it be a detriment?

Do you feel like you 'belong' in the legion?

What makes you feel this way?

Is this true for your individual branch or the whole organisation?

What are the differences?

Have you ever felt like you didn't 'belong'?

What made you feel this way?

Do you have a lot in common with other members of the legion?

Is this true for your individual branch or the whole organisation?

What makes you feel this way?

How do you feel about the current ‘diversity’ of legion members? (e.g. Non-veteran members etc.)

Do you feel legion members support each other?

What are your experiences/feelings about this?

Have you ever felt like you were isolated from other members support/help?

What made you feel this way?

Is there anything you think the legion could do (branch or organisational level) that would make more members feel like they ‘belong’?

Appendix B: Participant information and Consent

NOTTINGHAM TRENT UNIVERSITY

Participant Information Sheet (Study 2)

This research is conducted as part of a PhD research project at Nottingham Trent University, exploring the understandings of identity within the Royal British Legion (RBL). You are invited to take part in an interview with the researcher where you will be asked to talk about your thoughts and feelings regarding being a member of RBL. The interview will be recorded using audio recording equipment.

Participation is entirely voluntary and any information that you provide will be treated confidentially. You are free to withdraw yourself and your data from the study at any point during the interview and there will be no consequences of this for you. The audio recording of the interview will be stored electronically in a password-protected format to which only the researcher working on the project will have access, and the audio recording will be deleted once the discussion has been transcribed.

Your details and opinions will be anonymised and are Subject to UK data law and will only be seen by those researchers working directly on the project. If you wish, you are free to withdraw your data from our project up to 3 months after the interview: to do so, please contact James McIntosh (details below).

Your final data is fully anonymised before being used for any analysis/publications. This is to enable open and candid answers without any worry regarding RBL reaction to your answers.

Please note that you will not be explicitly asked any questions that would encourage you to reveal information about illegal activities or evidence of serious risk/harm. However, if you happen to volunteer such during the course of the interview, it will be reported to the relevant authorities.

If you have any questions or need any further details, please ask the Researcher. any complaints/issues may also be addressed to the researcher's supervisor Dr. Juliet Wakefield : juliet.wakefield@ntu.ac.uk

Many thanks for your co-operation.

James McIntosh
Division of Psychology
Nottingham Trent University
Nottingham
Tel: 07542424340
e-mail: james.mcintosh2016@my.ntu.ac.uk

Informed Consent Form

1. I have read and understood the Participant Information sheet.

1. I agree to participate in this research.

1. I agree for the discussion to be recorded with audio recording equipment.

1. This agreement is of my own free will.

1. I have had the opportunity to ask any questions about the study.

1. I realise that I may withdraw from the study at any time during, and up to 3 months after taking part, without giving a reason.

1. I have been given the researcher's name and a contact email if I require further information or decide to withdraw my data at a later point.

1. All personal information provided by myself will remain confidential and no information that identifies me will be made publicly available.

1. The information I provide may be used (in fully anonymised form) in academic publications, in the researcher's PhD thesis, articles, presentations, and press releases. This can include direct anonymised quotations.

1. The anonymised data may be stored for up to 5 years.

1. I have been given the researcher's email address for any questions regarding this study and understand that any complaints/issues may be addressed to the researcher's supervisor Dr Juliet Wakefield: juliet.wakefield@ntu.ac.uk

_____(Signature)

_____(Date)

NOTTINGHAM TRENT UNIVERSITY

Participant Information Sheet (Study 3)

Legion Identification and Wellbeing Survey: Wave 1

This questionnaire is for members of the Royal British Legion and Legion Scotland. Please feel free to pass on the link for this questionnaire to any other Legion members.
This study is a PhD research project conducted under the supervision of academics at Nottingham Trent University

This study aims to investigate the relationships between group identification, social isolation, well-being, and various other factors that way link to identification.

This study will look at the links between your membership of the legion, your feelings of belonging and your thoughts of the group you are a part of, as well as its effects on your physical and mental wellbeing.

You are being asked to take part in a short questionnaire which will ask you about the following:

1. The social groups to which you belong (including the Legion).
2. Your feelings regarding your branch and the Legion as a whole.
3. Your mental wellbeing.
4. Questions regarding your involvement with the Legion and your feelings about the Legion.

The study will last approximately 10 minutes and will be completed in a single session. You can go back to previous pages in the questionnaire if you wish, and you can skip any questions you do not wish to answer.

You may decide to stop being a part of this study at any time without any explanation simply by closing the page/window. There is no penalty for this, and your data will not be used in this study. You may also email the researcher to withdraw your data up to 3 months after taking part.

There is a small risk that answering questions about mental wellbeing or previous armed service could be upsetting for some participants.

If you find this to be the case, we encourage you to reach out for support from the Royal British Legion's services at http://www.britishlegion.org.uk/get-support/

Support is also available from the Samaritans at https://www.samaritans.org/ or by phone at 116 123 (UK)

These links are provided again at the end of the study.

During this study you will be asked for information regarding branch/club membership, surname initials, and date of birth. These are not linked to your data itself but are used to create an encrypted ID for your Confidential

data. Thus ensuring confidentiality.

If you later wish to withdraw your data from this study simply email James.Mcintosh2016@my.ntu.ac.uk with this information within the next 3 months and your data will be removed.

Your data will never be linked with your name and will be completely anonymised. You will be asked for your email as we would like to send you a link to the second and third wave of our survey in the future.
Email addresses are also removed from any link to data and are stored in a separate list on an encrypted system to which only the researcher has access.

For more information or questions regarding this study please email James.Mcintosh2016@my.ntu.ac.uk

Any complaints/issues may be addressed to the researcher's supervisor Dr Juliet Wakefield: juliet.wakefield@ntu.ac.uk

Do you agree with the following statements?

I have read and understood the Participant Information sheet.

I agree to participate in this research.

This agreement is of my own free will.

I realise that I may withdraw from the study at any time during, and up to 3 months after taking part, without giving a reason.

I have been given the researcher’s name and a contact email if I require further information or decide to withdraw my data at a later point.

All personal information provided by myself will remain confidential and no information that identifies me will be made publicly available.

The information I provide may be used (in fully anonymised form) in academic publications, in the researcher's PhD thesis, articles, presentations, and press releases. This can include direct anonymised quotations.

The anonymised data may be stored for up to 5 years.

I have been given the researcher's email address for any questions regarding this study and understand that any complaints/issues may be addressed to the researcher's supervisor Dr Juliet Wakefield: juliet.wakefield@ntu.ac.uk

Appendix C: Participant Debrief

Debrief (study 2)

Many thanks for taking part in our study. If you feel that you have been emotionally affected by any of the topics that were discussed, we recommend getting in touch with the RBL helpline on 0808 802 8080 and at https://www.britishlegion.org.uk/about-us/contact-us/

Alternatively, support is also available from the Samaritans at

https://www.samaritans.org/ or by phone at 116 123 (UK)

We have not asked you to reveal information about illegal activities or evidence of serious risk/harm. However, if you happen to have volunteered such information during the course of the interview, it will be reported to the relevant authorities.

If you have any further questions about the study or decide in the next 3 months that you would like to have your data withdrawn from the study (with no consequences for you), please contact the researcher.

James McIntosh
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Nottingham Trent University
Nottingham
e-mail: james.mcintosh2016@my.ntu.ac.uk

Appendix D: Study 3: Summary of the Longitudinal Mediation Model Results

Note that age, gender, T1 Social Support, and the T1 version of the T2 mental health outcome variable included in the model were controlled for in each analysis

Model (* = significant at $p < .05$)	Path from T1 Predictor to T2 Social Support	Path from T2 Social Support to T2 Outcome	Indirect Effect of Predictor on Outcome via Mediator (T2 Social Support)	Total Effect of Predictor on Outcome	Direct Effect of Predictor on Outcome after accounting for Mediator (T2 Social Support)
Predictor: T1 Legion Identification Outcome: T2 Depression	*Coeff* = 0.14, *SE* = 0.18, *t* = 0.81, *p* = .42, *LLCI* = -0.22, *ULCI* = 0.50	*Coeff* = -0.29, *SE* = 0.62, *t* = -0.48, *p* = .64, *LLCI* = -1.54, *ULCI* = 0.96	*Effect* = -0.42, *BootSE* = 0.19, *BootLLCI* = -0.56, *BootULCI* = 0.23	*Effect* = -0.89, *SE* = 0.67, *t* = -1.33, *p* = .19, *LLCI* = -2.24, *ULCI* = 0.47	*Effect* = -0.84, *SE* = 0.68, *t* = -1.24, *p* = .22, *LLCI* = -2.22, *ULCI* = 0.54
Predictor: T1 Branch Identification Outcome: T2 Depression	*Coeff* = 0.18, *SE* = 0.17, *t* = 1.09, *p* = .28, *LLCI* = -0.15, *ULCI* = 0.52	*Coeff* = -0.33, *SE* = 0.63, *t* = -0.53, *p* = .60, *LLCI* = -1.61, *ULCI* = 0.95	*Effect* = -0.06, *BootSE* = 0.18, *BootLLCI* = -0.47, *BootULCI* = 0.28	*Effect* = -0.41, *SE* = 0.64, *t* = -0.65, *p* = .52, *LLCI* = -1.71, *ULCI* = 0.88	*Effect* = -0.35, *SE* = 0.66, *t* = -0.54, *p* = .59, *LLCI* = -1.68, *ULCI* = 0.97
Predictor: T1 Family Identification Outcome: T2 Depression	*Coeff* = 0.28, *SE* = 0.15, *t* = 1.90, *p* = .07, *LLCI* = -0.02, *ULCI* = 0.59	*Coeff* = -0.38, *SE* = 0.65, *t* = -0.59, *p* = .56, *LLCI* = -1.71, *ULCI* = 0.94	*Effect* = -0.11, *BootSE* = 0.37, *BootLLCI* = -0.99, *BootULCI* = 0.67	*Effect* = -0.14, *SE* = 0.60, *t* = 0.24, *p* = .82, *LLCI* = -1.35, *ULCI* = 1.07	*Effect* = -0.03, *SE* = 0.63, *t* = -0.05, *p* = .96, *LLCI* = -1.31, *ULCI* = 1.25
Predictor: T1 Community Identification Outcome: T2 Depression	*Coeff* = 0.25, *SE* = 0.17, *t* = 1.46, *p* = .15, *LLCI* = -0.09, *ULCI* = 0.59	*Coeff* = -0.17, *SE* = 0.62, *t* = -0.27, *p* = .79, *LLCI* = -1.43, *ULCI* = 1.09	*Effect* = -0.04, *BootSE* = 0.22, *BootLLCI* = -0.51, *BootULCI* = 0.43	*Effect* = -1.08, *SE* = 0.64, *t* = -1.70, *p* = .10, *LLCI* = -2.37, *ULCI* = 0.21	*Effect* = -1.04, *SE* = 0.66, *t* = -1.57, *p* = .13, *LLCI* = -2.38, *ULCI* = 0.30
Predictor: T1 Number of Identifications Outcome: T2 Depression	*Coeff* = 0.31, *SE* = 0.19, *t* = 1.63, *p* = .11, *LLCI* = -0.07, *ULCI* = 0.69	*Coeff* = -0.23, *SE* = 0.64, *t* = -0.36, *p* = .72, *LLCI* = -1.52, *ULCI* = 1.06	*Effect* = -0.07, *BootSE* = 0.30, *BootLLCI* = -0.61, *BootULCI* = 0.66	*Effect* = -0.84, *SE* = 0.73, *t* = -1.16, *p* = .26, *LLCI* = -2.31, *ULCI* = 0.63	*Effect* = -0.77, *SE* = 0.76, *t* = -1.01, *p* = .32, *LLCI* = -2.31, *ULCI* = 0.77
Predictor: T1 Legion Identification Outcome: T2 Anxiety	*Coeff* = 0.18, *SE* = 0.17, *t* = 1.02, *p* = .31, *LLCI* = -0.17, *ULCI* = 0.52	*Coeff* = -0.07, *SE* = 0.35, *t* = -0.20, *p* = .84, *LLCI* = -0.78, *ULCI* = 0.64	*Effect* = -0.01, *BootSE* = 0.10, *BootLLCI* = -0.29, *BootULCI* = 0.15	*Effect* = -0.43, *SE* = 0.37, *t* = -1.16, *p* = .25, *LLCI* = -1.17, *ULCI* = 0.32	*Effect* = -0.41, *SE* = 0.38, *t* = -1.10, *p* = .28, *LLCI* = -1.18, *ULCI* = 0.35
Predictor: T1 Branch Identification Outcome: T2 Anxiety	*Coeff* = 0.18, *SE* = 0.16, *t* = 1.07, *p* = .29, *LLCI* = -0.16, *ULCI* = 0.51	*Coeff* = -0.09, *SE* = 0.36, *t* = -0.26, *p* = .80, *LLCI* = -0.81, *ULCI* = 0.63	*Effect* = -0.02, *BootSE* = 0.10, *BootLLCI* = -0.26, *BootULCI* = 0.17	*Effect* = -0.27, *SE* = 0.36, *t* = -0.76, *p* = .45, *LLCI* = -0.99, *ULCI* = 0.45	*Effect* = -0.25, *SE* = 0.37, *t* = -0.69, *p* = .49, *LLCI* = -1.00, *ULCI* = 0.49
Predictor: T1 Family Identification Outcome: T2 Anxiety	*Coeff* = 0.31, *SE* = 0.15, *t* = 2.09, *p* = .04, *LLCI* = 0.01, *ULCI* = 0.61	*Coeff* = -0.03, *SE* = 0.37, *t* = -0.07, *p* = .94, *LLCI* = -0.77, *ULCI* = 0.72	*Effect* = -0.01, *BootSE* = 0.21, *BootLLCI* = -0.38, *BootULCI* = 0.53	*Effect* = -0.33, *SE* = 0.33, *t* = -1.00, *p* = .32, *LLCI* = -1.01, *ULCI* = 0.34	*Effect* = -0.32, *SE* = 0.36, *t* = -0.91, *p* = .37, *LLCI* = -1.05, *ULCI* = 0.40

Predictor: T1 Community Identification Outcome: T2 Anxiety	*Coeff* = 0.25, *SE* = 0.17, *t* = 1.54, *p* = .13, *LLCI* = -0.08, *ULCI* = 0.59	*Coeff* = -0.002, *SE* = 0.35, *t* = -0.01, *p* = .99, *LLCI* = -0.72, *ULCI* = 0.71	*Effect* = -0.001, *BootSE* = 0.12, *BootLLCI* = -0.29, *BootULCI* = 0.20	*Effect* = -0.57, *SE* = 0.35, *t* = -1.62, *p* = .11, *LLCI* = -1.29, *ULCI* = 0.14	*Effect* = -0.57, *SE* = 0.37, *t* = -1.55, *p* = .13, *LLCI* = -1.32, *ULCI* = 0.18
Predictor: T1 Number of Identifications Outcome: T2 Anxiety	*Coeff* = 0.32, *SE* = 0.18, *t* = 1.74, *p* = .09, *LLCI* = -0.05, *ULCI* = 0.69	*Coeff* = -0.01, *SE* = 0.36, *t* = -0.03, *p* = .97, *LLCI* = -0.74, *ULCI* = 0.72	*Effect* = -0.003, *BootSE* = 0.16, *BootLLCI* = -0.35, *BootULCI* = 0.35	*Effect* = -0.54, *SE* = 0.40, *t* = -1.33, *p* = .19, *LLCI* = -1.35, *ULCI* = 0.28	*Effect* = -0.53, *SE* = 0.42, *t* = -1.26, *p* = .22, *LLCI* = -1.39, *ULCI* = 0.33
Predictor: T1 Legion Identification Outcome: T2 SWL	*Coeff* = 0.26, *SE* = 0.16, *t* = 1.56, *p* = .13, *LLCI* = -0.08, *ULCI* = 0.59	*Coeff* = -.01, *SE* = 0.08, *t* = -0.13, *p* = .90, *LLCI* = -0.17, *ULCI* = 0.15	*Effect* = -0.002, *BootSE* = 0.02, *BootLLCI* = -0.06, *BootULCI* = 0.05	*Effect* = -0.04, *SE* = 0.08, *t* = -0.49, *p* = .63, *LLCI* = -0.20, *ULCI* = 0.12	*Effect* = -0.04, *SE* = 0.08, *t* = -0.44, *p* = .66, *LLCI* = -0.21, *ULCI* = 0.13
Predictor: T1 Branch Identification Outcome: T2 SWL	*Coeff* = 0.30, *SE* = 0.15, *t* = 1.98, *p* = .054, *LLCI* = -0.01, *ULCI* = 0.61	*Coeff* = -.02, *SE* = 0.08, *t* = -0.22, *p* = .83, *LLCI* = -0.18, *ULCI* = 0.15	*Effect* = -0.01, *BootSE* = 0.03, *BootLLCI* = -0.07, *BootULCI* = 0.05	*Effect* = -0.01, *SE* = 0.08, *t* = -0.12, *p* = .91, *LLCI* = -0.16, *ULCI* = 0.15	*Effect* = -0.004, *SE* = 0.08, *t* = -0.04, *p* = .97, *LLCI* = -0.17, *ULCI* = 0.16
Predictor: T1 Family Identification Outcome: T2 SWL	*Coeff* = 0.26, *SE* = 0.14, *t* = 1.83, *p* = .07, *LLCI* = -0.03, *ULCI* = 0.56	*Coeff* = -0.08, *SE* = 0.07, *t* = -1.14, *p* = .26, *LLCI* = -0.23, *ULCI* = 0.06	*Effect* = -0.02, *BootSE* = 0.03, *BootLLCI* = -0.10, *BootULCI* = 0.02	*Effect* = 0.19, *SE* = 0.07, *t* = 2.86, *p* = .007, *LLCI* = 0.05, *ULCI* = 0.32	*Effect* = 0.21, *SE* = 0.07, *t* = 3.08 *p* = .004, *LLCI* = 0.07, *ULCI* = 0.35
Predictor: T1 Community Identification Outcome: T2 SWL	*Coeff* = 0.26, *SE* = 0.16, *t* = 1.64, *p* = .11, *LLCI* = -0.06, *ULCI* = 0.58	*Coeff* = -0.02, *SE* = 0.08, *t* = -0.23, *p* = .82, *LLCI* = -0.18, *ULCI* = 0.15	*Effect* = -0.005, *BootSE* = 0.02, *BootLLCI* = -0.05, *BootULCI* = 0.05	*Effect* = -0.01, *SE* = 0.08, *t* = -0.09, *p* = .93, *LLCI* = -0.16, *ULCI* = 0.15	*Effect* = -0.002, *SE* = 0.08 *t* = -0.02, *p* = .98, *LLCI* = -0.17, *ULCI* = 0.16
Predictor: T1 Number of Identifications Outcome: T2 SWL	*Coeff* = 0.36, *SE* = 0.18, *t* = 2.04, *p* = .048, *LLCI* = 0.003, *ULCI* = 0.72	*Coeff* = -0.04, *SE* = 008, *t* = -0.51, *p* = .61, *LLCI* = -0.21, *ULCI* = 0.12	*Effect* = -0.02, *BootSE* = 0.04, *BootLLCI* = -0.08, *BootULCI* = 0.07	*Effect* = 0.07, *SE* = 0.09, *t* = 0.79, *p* = .44, *LLCI* = 10.11 *ULCI* = 0.25	*Effect* = 0.08, *SE* = 0.09, *t* = 0.91, *p* = .37, *LLCI* = -0.10, *ULCI* = 0.27

Appendix E: Study 3 Full Survey Items

Information sheet

Legion Identification and Wellbeing Survey: Wave 1

By participating in this research you will be entered into a
draw for £50 in amazon vouchers for a winner, and a £50 donation to your branch (if no branch is given then to you national organisation)

You are eligible for entry by completing the study and providing your email address, if you withdraw your data you will still be entered into the draw

This questionnaire is for members of the Royal British Legion, Royal Canadian Legion and Legion Scotland. Please feel free to pass on the link for this questionnaire to any other Legion members.
This study is a PhD research project conducted under the supervision of Nottingham Trent University

It aims to investigate the relationships between group identification, social isolation, well-being, and various other factors that may link to identification.

This study will look at the links between your membership of the legion, your feelings of belonging and your thoughts of the group you are a part of, as well as its effects on your physical and mental wellbeing.

You are being asked to take part in a short questionnaire which will ask you about the following:

1. The social groups to which you belong (including the Legion).
2. Your feelings regarding your branch and the Legion as a whole.
3. Your mental wellbeing.
4. Questions regarding your involvement with the Legion and your feelings about the Legion.

The study will last approximately 20 minutes and will be completed in a single session. You can go back to previous pages in the questionnaire if you wish, and you can skip any questions you do not wish to answer.

You may decide to stop being a part of this study at any time without any explanation simply by closing the page/window. There is no penalty for this, and your data will not be used in this study.You may also email the researcher to withdraw your data up to 3 months after taking part.

There is a small risk that answering questions about mental wellbeing or previous armed service could be upsetting for some participants.

If you find this to be the case, we encourage you to reach out for support from the Royal British Legion's services at http://www.britishlegion.org.uk/get-support/

Support is also available from the Samaritans at https://www.samaritans.org/ or by phone at 116 123
(UK)

These links are provided again at the end of the study.

During this study you will be asked for information regarding branch/club membership, surname initials, and date of birth. These are not linked to your data itself but are used to create an encrypted ID for your confidential data. Thus ensuring confidentiality.

If you later wish to withdraw your data from this study simply email James.Mcintosh2016@my.ntu.ac.uk with this information within the next 3 months and your data will be removed.

Your data will never be linked with your name and will be completely anonymised. You will be asked for your email as we would like to send you a link to the second and third wave of our survey in the future.
Email addresses are also removed from any data and are stored in a separate list on an encrypted system to which only the researcher has access.

For more information or questions regarding this study please email James.Mcintosh2016@my.ntu.ac.uk

Any complaints/issues may be addressed to the researcher's supervisor Dr Juliet Wakefield: juliet.wakefield@ntu.ac.uk

Consent

Do you agree with the following statements?

- I have read and understood the Participant Information Sheet
- I agree to participate in this research.
- This agreement is of my own free will.
- I realise that I may withdraw from the study at any time during, and up to 3 months after taking part, without giving a reason.
- I have been given the researcher's name and a contact email if I require further information or decide to withdraw my data at a later point.
- All personal information provided by myself will remain confidential and no information that identifies me will be made publicly available.
- The information I provide may be used (in fully anonymised form) in academic publications, in the researcher's PhD thesis, articles, presentations, and press releases. This can include direct anonymised quotations.
- The anonymised data may be stored for up to 5 years.
- I have been given the researcher's email address for any questions regarding this study and understand that any complaints/issues may be addressed to the researcher's supervisor Dr Juliet Wakefield: juliet.wakefield@ntu.ac.uk

Survey Measures

Group Identification Scale (used in analysis):

Sani, F., Madhok, V., Norbury, M., Dugard, P., & Wakefield, J. R. H. (2015). Higher identification with social groups is associated with healthier behavior: Evidence from a Scottish community sample. *British Journal of Health Psychology, 20*, 466-481. https://doi.org/10.1111/bjhp.12119

Utilised for Branch, Legion, Community, and Family groups

Please specify how much you disagree or agree with each statement concerning YOU AND YOUR [group]. Please pick ONE box on each line below. If you are a member of more than one [group], then please choose the one you feel most a part of.

	I strongly disagree	I disagree	I slightly disagree	I neither agree nor disagree	I slightly agree	I agree	I strongly agree
I feel a bond with my [group]							
I feel similar to the other members of my [group]							
I have a sense of belonging to my [group]							
I have a lot in common with the other members of my [group]							

Group Contact Scale (not used in analysis):

Sani, F., Madhok, V., Norbury, M., Dugard, P., & Wakefield, J. R. H. (2015). Higher identification with social groups is associated with healthier behavior: Evidence from a Scottish community sample. *British Journal of Health Psychology, 20*, 466-481. https://doi.org/10.1111/bjhp.12119

Utilised for Branch, Legion, Community, and Family groups

On average, with how many different members of your [group] do you have a face-to-face conversation in a SINGLE WEEK?

On average, with how many different members of your [group] do you have a telephone/Internet conversation in a SINGLE WEEK?

On average, how many [group] related events (for instance parties, gatherings, trips, fundraising events, etc.) do you attend in a SINGLE YEAR?

Involvement (used in analysis):

Zaichkowsky, J. L. (1985). Measuring the involvement construct. *Journal of Consumer Research, 12*(3), 341-352. https://doi.org/10.1086/208520

To me THE LEGION is ...

Important	○ ○ ○ ○ ○ ○ ○	Unimportant
boring	○ ○ ○ ○ ○ ○ ○	Interesting
relevant	○ ○ ○ ○ ○ ○ ○	irrelevant
exciting	○ ○ ○ ○ ○ ○ ○	unexciting
means nothing	○ ○ ○ ○ ○ ○ ○	means a lot to me
appealing	○ ○ ○ ○ ○ ○ ○	unappealing
fascinating	○ ○ ○ ○ ○ ○ ○	mundane
worthless	○ ○ ○ ○ ○ ○ ○	valuable
involving	○ ○ ○ ○ ○ ○ ○	uninvolving
not needed	○ ○ ○ ○ ○ ○ ○	needed

Prototypicality (used in analysis):

Haslam, C., Jetten, J., Cruwys, T., Dingle, G. A., & Haslam, S. A. (2018). *The new psychology of health: Unlocking the social cure*. Routledge.

Please specify how much you disagree or agree with each statement below:

	I strongly disagree	I disagree	I slightly disagree	I neither agree nor disagree	I slightly agree	I agree	I strongly agree
I am very similar to the average Legion member							
I have a lot in common with Legion members							
I am a good example of a Legion member							

Perceived group size (not used in analysis-created for survey):

How do you personally feel about the current size of the following? If you are a member of more than one then please choose the one you feel most a part of.

	Far too small	Too small	Slightly too small	Just right	Slightly too large	Too Large	Far too large
Your Branch/Club?	○	○	○	○	○	○	○
The Legion as a whole?	○	○	○	○	○	○	○

Empowerment (used in analysis):

Spreitzer, G. M. (1995). Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of Management Journal, 38*(5), 1442–1465. https://doi.org/10.5465/256865

Empowerment Scale subscales (Meaning and Impact – three items each).

Please specify how much you agree with the following statements:

	I strongly disagree	I disagree	I slightly disagree	I neither agree nor disagree	I slightly agree	I agree	I strongly agree
My activities with the Legion are important to me							
My role within the Legion is personally meaningful to me							
My work/role within the Legion is meaningful to me							
My impact on what happens within my branch/club is large							
I have a great deal of control over what happens in my branch/club							
I have significant influence over what happens in							

my branch/club							

Collective efficacy (not used in analysis):

Reicher, S., & Haslam, S. A. (2006). Rethinking the psychology of tyranny: The BBC prison study. *British Journal of Social Psychology, 45*(1), 1-40. https://doi.org/10.1348/014466605X48998

Below are five statements that you may agree or disagree with. Using the scale below, indicate your agreement with each item by choosing ONE option for each item. Please be open and honest in your responding. If you are a member of more than one branch, then please choose the one you feel most a part of.

	I strongly disagree	I disagree	I slightly disagree	I neither agree nor disagree	I slightly agree	I agree	I strongly agree
My Legion branch is confident that we could deal efficiently with unexpected events							
My Legion branch can remain calm when facing difficulties because we can rely on our coping abilities							
My Legion branch can always manage to solve problems if we try hard enough							
My impact on what happens							

within my branch/club is large							
When my Legion branch is confronted with a problem, we can usually find several solutions							
My Legion branch can usually handle anything that comes our way							

Leaders as champions (used in analysis):

Gleibs, I. H., & Haslam, S. A. (2016). Do we want a fighter? The influence of group status and the stability of intergroup relations on leader prototypicality and endorsement. *The Leadership Quarterly, 27*(4), 557-573. https://doi.org/10.1016/j.leaqua.2015.12.001

Please specify how much you agree with the following statement:

The leadership of the Legion works in the interests of its members (strongly disagree/somewhat disagree/neither agree nor disagree/somewhat agree/strongly agree)

Leadership prototypicality (used in analysis-created for survey):

Please specify how much you agree with the following statements:
Overall, I would say that the leadership of the Legion:

	I strongly disagree	I disagree	I slightly disagree	I neither agree nor disagree	I slightly agree	I agree	I strongly agree
Represents what is characteristic about Legion members							
Is representative of Legion members							
Stands for what people who are members of the Legion have in common							
Is a good example of the kind of people who are legion members							
Is not representative of the kind of people who are Legion members							
Is very similar to most of the people who are Legion members							

Perceived intragroup status within the RBL (used in analysis)
Adler, N. E., Epel, E. S., Castellazzo, G., & Ickovics, J. R. (2000). Relationship of subjective and objective social status with psychological and physiological functioning: Preliminary data in healthy, White women. *Health Psychology, 19*(6), 586-592. https://doi.org/10.1037/0278-6133.19.6.586

Think of this ladder as representing where people stand in the Legion.
At the top of the ladder are The CEO and executive teams: the people with the positions and decision-making power. At the bottom are the people who are members with no position or decision-making power.

The higher up you are on this ladder the closer you are to the people at the very top.

The lower you are the closer you are to the people at the very bottom.

Where would you put yourself on this ladder?
Please click the rung where you think you stand relative to other people in the Legion

(A red dot will indicate your click)

Perceived Social Support (used in analysis):

Haslam, C., Jetten, J., Cruwys, T., Dingle, G. A., & Haslam, S. A. (2018). *The new psychology of health: Unlocking the social cure*. London: Routledge.

Please indicate how much you agree with the statements below:

	Not at all						Definitely
Do you have someone close in whom you can confide?							
Do you see yourself as a loner?							
Do you see yourself as a sociable person?							
Are your relationships important to you?							

Satisfaction With Life (used in analysis):

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment, 49*, 71-75.

https://doi.org/10.1207/s15327752jpa4901_13

Please rate your agreement/disagreement with the following statements:

	I strongly disagree	I disagree	I slightly disagree	I neither agree nor disagree	I slightly agree	I agree	I strongly agree
In most ways my life is close to idea							
The conditions of my life are excellent							
I am satisfied with my life							
So far I have gotten the important							

things I want in life							
If I could live my life over, I would change almost nothing							

Anxiety (used in analysis):

Spitzer, R. L., Kroenke, K., & Williams, J. B. W. & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder. *Archives of Internal Medicine*, *166*, 1092-1097. https://doi.org/10.1001/archinte.166.10.1092. PMID: 16717171.

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it is hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				

Depression (used in analysis):

Bech, P., Rasmussen, N. A., Olsen, L. R., Noerholm, V., & Abildgaard, W. (2001). The sensitivity and specificity of the Major Depression Inventory, using the Present State Examination as the index of diagnostic validity. *Journal of Affective Disorders, 66*(2-3), 159-164. https://doi.org/10.1016/S0165-0327(00)00309-8

The following questions ask about how you have been feeling over the last two weeks. Please put a tick in the box which is closest to how you have been feeling:

	At no time	Some of the time	Slightly less than half of the time	Slightly more than half of the time	Most of the time	All of the time
Have you felt low in spirits or sad?						
Have you lost interest in your daily activities?						
Have you felt lacking in energy and strength?						
Have you felt less-self confident?						
Have you had a bad conscience or feelings of guilt?						
Have you felt that life wasn't worth living?						
Have you had difficulty concentrating (e.g., when reading the newspaper or watching television)?						
Have you felt very restless?						
Have you felt subdued?						

Have you had trouble sleeping at night?						
Have you suffered from reduced appetite?						
Have you suffered from increased appetite?						

Demographics (some of which used in analysis):

What is your sex?

What is your Date of Birth? (dd/mm/yyyy)

What is the highest level of school you have completed or the highest degree you have received?

What is your relationship status?

What is your employment status?

How many units of alcohol do you consume in an average WEEK?
(1 unit = a small glass of wine OR a pub measure of spirits OR a half pint of beer.)

(If you don't drink, please enter 0)

How many cigarettes/cigars/pipes do you smoke in an average DAY?
(if you don't smoke please enter 0)

Which Legion Branch/Club are you a member of?

How long have you been a member of the legion overall? (in years)
(please include all time with any different branches etc.)

Were you/are you still a serving member of the armed services?

Which service?

How long were you in service? (years)

How long after leaving the service did you join the legion? (in years)

Did you serve a combat tour or see combat during your service?

If your Legion branch/club provided more events, would you attend these additional events?