



Validation of the Warrior Identity Scale in the Chicagoland Veterans Study

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ABSTRACT

The present study examined the psychometric properties of a measure of military identity in a sample of U.S. military members. Confirmatory factor analysis provided additional support for the multidimensional nature of military identity. Correlational analyses indicated that the domains of military identity were strongly related to postdeployment adjustment as well as other indicators of psychosocial health. Of importance, the relationships between the subscales of identity and the outcome variables differed in strength and direction depending on the form of identity, which supports a multidimensional structure of military identity. Additional research is necessary to identify the most salient domains of identity as well as the clinical and theoretical implications of identity in the functioning of veterans.

KEYWORDS

Identity; military; reintegration; veterans

Decades of sociological and psychological research has highlighted the transformational nature of serving in the military (Higate, 2001; Smith & True, 2014; Woodward & Jenkins, 2011). The transformation begins during initial training (Grojean & Thomas, 2005) and continues as individuals join their units and serve together during times of deployment (Smith & True, 2014). These changes include a formation of bonds with other service members, feelings of unit cohesion, and even the development of a unique military identity. This transformation not only affects individuals while serving in the military but can also greatly impact one's transition out of the military (Castro & Kintzle, 2014; Higate, 2001; London & Wilmoth, 2016). While theoretical work has made a convincing case for the existence of military culture and a resulting military identity, measurement of this important construct has lagged behind the theoretical developments (Smith & True, 2014). In particular, a gap exists in the literature as to which domains of military identity are most important as well as how to assess these domains (Brewin, Garnett, & Andrews, 2011).

Socialization to the military culture begins during initial entry as members of the military learn customs, habits, practices, norms, and policies that will dictate their time of service. Smith and True (2014, p. 152) noted that this “transition is formidable because the military is a ‘total institution’ with high levels of social integration, regimentation, and social control ... ‘admissions procedures’ strip the recruit of his or her attachment to his or her civilian self.” This socialization is seen as vital to the initiation process as it leads to the development of a strong military culture and viewing other members of the military as family (Smith & True, 2014). Via the socialization into these behaviors, beliefs, dress, and rituals, those who serve in the military develop a cultural affiliation that can exist long after active duty service (Meyer, Writer, & Brim, 2016). Additional evidence, rooted largely in social identification theory (Haslam, 2004; Tajfel & Turner, 1979), indicates that service members can develop a military identity that has been defined as “the degree to which soldiers and officers are motivated and willing to internalize the expressed values

and goals of the Armed Forces” (Johansen, Laberg, & Martinussen, 2014, p. 527). This identification is believed to have a significant impact on both the in-service experience (Johansen et al., 2014) as well as on the post-service transition as individuals attempt to reconcile their military and civilian identities, which can become problematic if identity transfer does not occur (Ecclestone, Biesta, & Hughes, 2010; Smith & True, 2014). What is less clear is how this formation of a military identity can continue to affect service members’ mental health after their active duty period ends and they transition back to civilian life.

As noted above, a number of researchers in a range of fields including sociology, social work, and psychology have provided conceptual evidence for the importance of military identity (see Higate, 2001; Woodward & Jenkins, 2011; for representative reviews). Other work has provided conceptual arguments for the importance of identity without empirically examining these claims (Daley, 1999). Some qualitative work has yielded important insights into the existence of identity and its influence on members of the military. For example, Smith and True (2014) examined the role of “warring identities” in 26 service members and showed that “identity conflict influences veterans’ mental distress and community reintegration” (p. 157). Woodward and Jenkins (2011) used a photo-elicitation method with 16 members of the British military and identified three identity-related themes: the use of professional military skills, the need for camaraderie to function as a unit, and the experience of taking part in events of global importance. Finally, Brewin et al. (2011) interviewed 153 UK military veterans who received pensions for post-traumatic stress disorder (PTSD) or physical disabilities. From these interviews they identified eight identity-related themes including estrangement, disillusionment, lack of appreciation, diminished self, and emotional fragility. While this qualitative work is an important first step, a number of researchers have noted the relative lack of quantifiable measures and the need for additional research in this important area (Bartone, Snook, & Tremble, 2002; Brewin et al., 2011; Grojean & Thomas, 2005).

Early work in scale development has led to the creation of two empirically supported measures of military identity: the Military Professional Identity Scale (NPIS; Johansen, Laberg, & Martinussen, 2013) and the Warrior Identity Scale (WIS; Lancaster & Hart, 2015). Johansen et al. (2013) developed the NPIS to examine occupational aspects of military identity in a Norwegian military sample. This measure contains subscales examining idealism, professionalism, and individualism and has been shown to predict work engagement and burnout (Johansen, Martinussen, & Kvilvang, 2015) as well as military competence, skills, and organizational commitment in military cadets (Johansen et al., 2014). Their series of studies has indicated that military identity is multidimensional and has shown variability in the associations between subscales and outcome variables (Johansen et al., 2014). This finding is an important contrast to earlier qualitative work that suggested that the greater the military identity, the greater the post-service strain (Smith & True, 2014). Instead, the work of Johansen and colleagues suggests that military identity should be considered multidimensional and calls for further examination of the dimensions themselves as well as correlates of these dimensions.

While promising, the NPIS is limited for use in the United States in that it was specifically developed with the military culture of Norway as a primary consideration. Another scale of military identity, the WIS, also uses a multidimensional approach to assess domains of identity in military veterans. This scale was developed by modifying earlier measures of identity from other domains to better fit military culture; for example, items from the Multidimensional Inventory of Black Identity (Sellers, Rowley, Chavous, Shelton, & Smith, 1997) were adapted to assess public regard of the military (see Lancaster & Hart, 2015). A pilot study with 90 veterans supported the multidimensional nature of the scale by examining the relationships among the subscales as well as common mental health concerns for military veterans. For example, scales of personal (private) regard for the military and public regard for the military (how the veteran viewed people’s general perceptions of military members) were weakly correlated, but both were negatively correlated with depression and positively correlated with social support. However, private regard predicted current positive mood, but not negative mood, while ratings of public regard showed an opposite pattern.

In addition, Lancaster and Hart (2015) reported that while some dimensions of identity were generally *negatively* correlated with indicators of psychopathology, other dimensions/scales from the WIS showed *positive* correlations with these indicators. Specifically, scales of seeing the military as a family and feeling a strong sense of interconnection with the military (e.g., “When I talk about the military, I usually say ‘we’ rather than ‘they’”) were both strongly and positively correlated with depression, symptoms of PTSD, and current negative mood. Furthermore, these two sets of scales (public/private regard and family/interconnection) were not significantly correlated with each other. Thus, this pattern of relationships suggests that military identity as assessed by the WIS is best conceptualized as a multidimensional measure.

The findings of Lancaster and Hart (2015) are consistent with earlier studies by McNally, Lasko, Macklin, and Pitman (1995), who reported a higher incidence of traumatic memory recall among veterans receiving treatment for PTSD who demonstrated military identity, as well as the work of Glöckner (2007), who showed a link among violence, suicidality, and identity in former Ugandan child soldiers. While these were promising early studies, additional work is necessary to examine how various aspects of identity are correlated with commonly endorsed indicators of mental health in military veterans. For the current study, we chose psychological concerns that are routinely linked to military service, such as life satisfaction (Schnurr, Lunney, Bovin, & Marx, 2009), PTSD and depression (Owens, Steger, Whitesell, & Herrera, 2009), and somatic complaints (Hoge, Terhakopian, Castro, Messer, & Engel, 2007). These indicators of functioning may be particularly fruitful, as a number of them have been associated with other forms of identity (Munford, 1994). Finally, theoretical work supports a number of these associations, for example, the idea that psychological injuries or concerns may affect a service member’s ability to form meaningful relationships, which may impair postdeployment identity reintegration (Castro & Kintzle, 2014).

The aim of the current study was to examine the factor structure and convergent validity of the WIS in a large sample of military veterans. First, we used confirmatory factor analysis (CFA) to examine the structure of the full scale. Given previous work that suggests that identity in general (Ashmore, Deaux, & McLaughlin-Volpe, 2004) and military identity in particular (Johansen et al., 2014; Lancaster & Hart, 2015) are multidimensional, we examined a multivariate structure for this measure. Second, we tested the associations among the various dimensions of identity and important demographic and psychosocial variables that have been shown to affect veterans after military service (Lancaster & Hart, 2015). The goal of these analyses was to provide additional support for the predictive ability of military identity on functioning and to spur future research, as appropriate, of this important construct.

Method

Participants

Data from military veterans ($N = 1151$) from the Chicagoland Veterans Study, who provided full data for the measure of military identity, were retained for analysis. The sample was primarily male ($n = 991$, 86.1%) and the mean age was 52.68 ($SD = 17.07$; range = 21–91 years). The sample was primarily European American ($n = 773$, 67.2%), African American ($n = 189$, 16.4%), and Latino ($n = 126$, 10.9%). The sample contained 51.8% Army veterans, 19.2% Navy veterans, 14.9% Marine Corps veterans, 13.2% Air Force veterans, and 0.8% Coast Guard veterans. The mean length of service was 7.12 years with a standard deviation of 4.00 years. Number of deployments ranged from zero (25.7%) to five or more (9.9%), with 33.9% reporting one deployment, 16.2% reporting two, 9.3% reporting three, and 4.9% reporting four. In terms of combat exposure, 43.0% ($n = 495$) reported experiencing combat.

Measures

WIS

The WIS (Lancaster & Hart, 2015) was developed as a multidimensional scale of military identity. Based on other measures of identity (ethnicity, team, etc.), the aim was to quickly assess level of identification while also examining the various forms this identification may take. Lancaster and Hart (2015) provided initial psychometric evidence in terms of relatively strong internal reliabilities (0.76–0.87) as well as generally strong relationships with key indicators of psychosocial functioning such as postdeployment social support, affect, and depression. Further, the multidimensional nature of the scale was supported by correlations consistent with minimal overlap and the dimensions differing in their relationships with the psychosocial variables.

The version of the scale used in the current study is a revision of the longer version used in Lancaster and Hart (2015). The revised version is shorter than the original version (34 items in the short version and 66 in the long version); in the revised version, redundant items (for example, “I am proud to have served in the military,” which overlapped with “I feel good about my military service”) and items that were conceptually unique (such as “I do not really care what happens to the military”) were removed. Consistent with the multidimensional framework, the revised version contained a number of subscales including *identity exploration* (e.g., “I have spent time trying to find out more about the military”), *identity commitment* (e.g., “I feel a strong attachment towards the military”), *public regard for the military* (e.g., “Society views veterans as an asset”), *private regard for the military* (e.g., “I am proud of the things that veterans have accomplished”), *centrality of military identity* (e.g., “In general, being a veteran is an important part of my self-image”), *interdependence with other members of the military* (e.g., “My fate and future are bound up with that of veterans”), *viewing the military as a family* (e.g., “By leaving the military I lost a family”), and *connection with other military members* (e.g., “I never felt emotionally connected to my military unit” [reverse-scored]). A list of all items from both versions is available from the first author.

Posttraumatic Stress Disorder Checklist–5 (PCL-5)

The PCL-5 was developed by Weathers et al. (2013) to accurately screen for the presence of symptoms of PTSD based on *Diagnostic and Statistical Manual of Mental Disorders 5* criteria. The PCL-5 contains 20 items rated on a scale from *not at all* to *extremely* with a range of scores from 0 to 80, with higher scores indicating higher levels of self-reported pathology. The PCL-5 has a number of versions; for this study we used the following instructions: “Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, [and] mark the answer to indicate how much you have been bothered by that problem in the last month.” Cronbach’s alpha in the current study was .98.

Satisfaction With Life Scale

The Satisfaction With Life Scale measures subjective well-being on a five-item scale that ranges from *strongly agree* to *strongly disagree*. The scale has demonstrated strong psychometric properties (Pavot & Diener, 2008). In the current study the internal consistency was strong; Cronbach’s alpha was .92.

Patient Health Questionnaire (PHQ)-9

The PHQ (Kroenke, Spitzer, & Williams, 2001) is a brief measure of the severity of depression. The measure contains nine items rated on a four-option scale from *not at all* to *nearly every day* using a time frame of “the previous two weeks,” and the sum of the items is retained as a measure of depression severity. Previous research indicates that the scale is significantly negatively correlated with functioning and demonstrates excellent specificity and sensitivity (Kroenke et al., 2001). Cronbach’s alpha in the current sample was .94.

Suicide Behaviors Questionnaire–Revised

The Suicide Behaviors Questionnaire–Revised is a four-item scale designed to tap into different dimensions of suicidality (Osman et al., 2001). Each item has a unique scoring system with a range of three to six options, yielding a possible score of 3 to 18. The measure has shown excellent psychometric properties (Osman et al., 2001). Cronbach’s alpha in the current sample was .84.

PHQ–15

The PHQ-15 was developed by Kroenke, Spitzer, and Williams (2002) to efficiently assess somatic symptoms. Each of the 15 items is rated on a scale from 0 (*not bothered at all*) to 2 (*bothered a lot*). Previous studies have found that the PHQ-15 correlates strongly with other measures of somatic symptoms and accurately predicts sick days used as well as health care utilization (Kroenke et al., 2002). Cronbach’s alpha in the current sample was .87.

Postmilitary adjustment

Two items were used in the survey to assess self-reported postmilitary adjustment. These items were “Adjusting to civilian life was difficult for me” and “I needed time to figure out what to do with my life during transition.” Each item was rated on a 1-to-5 scale from *strongly disagree* to *strongly agree*.

Procedure

Participants were recruited as part of the larger Chicagoland Veterans Study (see Kintzle, Rasheed, & Castro, 2016 for full details). Briefly, veterans living in greater Chicagoland (Cook, Dupage, Will, and Lake counties) were recruited using a variety of methods including (1) partnering with local veterans organizations to send out an electronic survey, (2) working at ground level with these organizations to recruit veterans to complete paper or online surveys, (3) partnering with a national organization that sent an email invitation to participate, and (4) using print and social media advertisements to recruit veterans in the designated area. The survey required 30 to 90 minutes to complete, and all veterans were paid \$15 for their participation.

Results

Our analytic process began with a CFA of the full WIS using Mplus (Muthén & Muthén, 2015). Given that this version of the scale included only four selection choices, our analyses treated these responses as categorical variables (Flora & Curran, 2004). Furthermore, given that nine items were reverse-scored, which can affect CFA results (Woods, 2006), we utilized a method factor for all analyses (see Figure 1D in Weijters, Baumgartner, & Schillewaert, 2013). Specifically, this involves creating a latent variable that loads only on the reverse-scored items. In addition, the relationship between the method factor and the other latent variables is fixed at zero as it is not directly related to scale content, but rather is designed to account for response style differences (Weijters et al., 2013).

Our initial model for the CFA was based on prior theoretical and empirical work with a previous version of the scale (Lancaster & Hart, 2015). As can be seen in Table 1, fit for this initial model was relatively poor. Rational examination of the items revealed that two items (“I appreciate the skills I learned in the military” and “I still keep up rituals and norms I learned in the military”) were a poor conceptual fit with the other items on that subscale, which primarily examined pride in one’s service. We removed these items and reestimated the model, and fit again was relatively poor (see Table 1 for fit statistics). Using the “MODINDICES” command in Mplus, we observed significant cross-loading for a number of items. As our goal is to develop a multidimensional measure with relatively pure subscales, we reran the model without these items (see Table 1 for fit indices of the final model). The items and factor loadings for these items, as well as subscale names, are presented in Table 2.

After finalizing the structure, we computed subscale scores for each of the seven scales presented in Table 2; means and standard deviations for these subscales are presented in Table 3. We ran a

Table 1. Fit statistics for tested models.

Model	χ^2 (df)	CFI	TLI	RMSEA	RMSEA 90% CI	
					Lower	Upper
Initial	5055.77* (489)	.871	.852	.090	.088	.092
Revised model	3575.74* (427)	.905	.889	.080	.078	.082
Final model	1780.73* (294)	.949	.940	.066	.063	.069

Note. CFI = comparative fit index; TLI = Tucker-Lewis index; RMSEA = root mean square error of approximation; CI = confidence interval.

Revised model involved removing two items that had poor conceptual fit with the other items on the scale. The final model involved removing five items that significantly cross-loaded on multiple scales.

* $p < .05$.

Table 2. Items and factor loadings by subscale of the Warrior Identity Scale.

Subscale	Factor loading
Identity exploration	
I have spent time trying to find out more about the military.	.59
I have often done things that will help me understand my military service better.	.88
I have often talked to other people in order to learn more about the military (or veterans).	.72
Identity commitment	
I have a strong sense of belonging to the military.	.85
I understand what my military service means to me.	.79
I feel a strong attachment towards the military.	.89
Public regard for the military	
Overall, veterans are highly thought of.	.84
In general, others respect veterans and members of the military.	.91
In general, other groups view veterans in a positive manner.	.92
Society views veterans as an asset.	.68
Private regard for the military	
I feel good about my military service.	.84
I feel that veterans have made significant contributions to our country/world.	.82
I believe that I have many strengths due to my military service.	.84
I often regret my military service.	-.57
Those who served in the military contribute less to society than others.	-.53
Overall, I feel that veterans are not worthwhile.	-.57
I am proud of the things that veterans have accomplished.	.80
Military centrality	
Overall, having served in the military has very little to do with how I feel about myself.	.54
In general, being a veteran is an important part of my self-image.	-.89
Being a veteran is unimportant to my sense of what kind of person I am.	.49
Being a veteran is not a major factor in my social relationships.	.45
Military as family	
I miss my military friends.	.90
I wish I could go back into the military.	.74
By leaving the military I lost a family.	.65
Military connection	
During my time within my unit in the military I always felt like an outsider.	.67
I never felt emotionally connected to my military unit.	.71
Throughout my time in the military I resisted believing in military rituals and norms.	.69

series of correlation analyses to examine the relationship between dimensions of identity and deployment-related variables (e.g., length of service and number of deployments) as well as self-reported indices of mental health including PTSD, depression, suicidality, and somatic symptoms. As reported in Table 3, most dimensions of identity increase as the number of years served and number of deployments increases. Seeing the military as a family and identity exploration were both positively related to our indicators of postdeployment adjustment difficulties, while having a sense that the public supports the military was associated with lower levels of postdeployment adjustment difficulties. These results are consistent with earlier work on this measure (Lancaster & Hart, 2015),

Table 3. Means and correlations of background variables.

	Age	Years served	Number deploy	Adjust	Time	Scale mean (<i>SD</i>)
Exploration	-.141**	.055	.035	.241**	.259**	8.42 (1.97)
Commitment	-.070*	.223*	.113**	.148**	.094**	9.80 (1.90)
Public	.093*	.084*	-.031	-.197**	-.180**	11.42 (2.54)
Private	.171**	.150**	.033	-.065*	-.042	24.51 (3.51)
Centrality	.068*	.132**	.058	.112**	.073*	11.91 (2.44)
Family	-.358**	.166**	.158**	.361**	.324**	8.08 (2.21)
Connected	.142**	.158**	.050	-.018	-.052	9.46 (2.05)
Age	—					52.16 (17.20)
Years served	-.025	—				7.15 (6.74)
Number deploy	-.132**	-.040	—			2.65 (1.55)
Adjust	-.344**	.008	.204**	—		3.04 (1.37)
Time	-.336**	.003	.160**	.711**	—	3.23 (1.42)

Note. Years served = number of years of military service; number deploy = number of self-reported deployments, adjust = response to item "Adjusting to civilian life was difficult for me"; time = response to item "I needed time to figure out what to do with my life during transition"; *SD* = standard deviation.

* $p < .05$. ** $p < .01$.

Table 4. Means and correlations of identity and mental health variables.

	PTSD	Depression	Suicidality	Somatic symptoms	Life satisfaction	Scale mean (<i>SD</i>)
Exploration	.185**	.149**	.075*	.151**	-.068*	8.42 (1.97)
Commitment	.053	.041	.018	.086*	.069*	9.80 (1.90)
Public	-.192**	-.187**	-.113*	-.142**	.288**	11.42 (2.54)
Private	-.224**	-.221**	-.201**	-.108**	.157**	24.51 (3.51)
Centrality	.011	.004	-.035	.072*	-.012	11.91 (2.44)
Family	.338	.345**	.234**	.285**	-.281**	8.08 (2.21)
Connected	-.199**	-.209**	-.188**	-.090**	.114**	9.46 (2.05)
PTSD	—					20.45 (21.33)
Depression	.844**	—				6.02 (6.85)
Suicidality	.567**	.602**	—			5.48 (2.51)
Somatic symptoms	.609**	.649**	.477**	—		6.37 (5.56)
Life satisfaction	-.440**	-.502**	-.298**	-.340**	—	21.95 (7.76)

Note. PTSD = post-traumatic stress disorder; *SD* = standard deviation.

* $p < .05$. ** $p < .01$.

which showed that viewing the military as a family and a desire to return to the military are generally related to poor postmilitary functioning (Table 3).

Next we examined indicators of psychosocial functioning (symptoms of PTSD, depression, somatic problems, and suicidality) and life satisfaction as they relate to the various dimensions of identity (see Table 4 for means, standard deviations, and correlation analyses). We found that those who reported high levels of personal regard for the military and high levels of public regard for the military indicated less distress and higher life satisfaction. Conversely, and consistent with the postdeployment variables described above, seeing the military as a family and identity exploration were associated with increased levels of distress and lower life satisfaction. Identity commitment and the centrality of military identity only weakly predicted our indicators of distress, which may suggest that these dimensions are less important in a clinical context (Table 4).

Discussion

The primary goal of the current study was to examine the WIS by testing the factor structure as well as convergent validity with common measures of psychosocial functioning. Our analyses resulted in a modification of the scale items due to poor conceptual fit (i.e., is not consistent with other items on that scale) or cross-loading of items on subscales. These revised scales correlated strongly with

important indicators of current functioning as well as indicators of the reintegration experience. Of importance, the strength and direction of these outcomes varied by dimension of military identity.

These results provide additional support for the multidimensional nature of military-related identity, as the relationship between functioning and identity differed both by the valence of functioning and the dimension of identity under study. These results are consistent with other forms of identity (Ashmore et al., 2004), a previous study of the WIS (Lancaster & Hart, 2015), and other conceptualizations of military identity (Johansen et al., 2014). This body of work strongly suggests that military identity should be viewed as a multidimensional construct. While additional research is needed to understand these domains, these findings may have immediate implications for clinicians in this field. In particular, clinicians should be aware that verbal and nonverbal (such as clothing or tattoos) indicators of military identity may be associated with positive, negative, or a mixed level of current functioning.

A second primary finding of the current results is that military identity is related to important indicators of psychosocial functioning in military veterans. Again this finding is consistent with previous work (Johansen et al., 2014). The current study adds to the literature by quantitatively verifying the qualitative work of Smith and True (2014), who found that identity predicts post-service strain. Our results show that a number of domains of identity predicted self-reported difficulties with reintegration. While assessment of reintegration was limited in the current results, we provide evidence that more work is needed to better understand how various ways of identifying with the military may impact the reintegration process (Castro & Kintzle, 2014; Higate, 2001). Our results also show strong links between our dimensions of identity and clinically relevant outcomes. In particular, feeling connected (lack of feeling like an outsider) and high private and public regard for the military was associated with better functioning, while identity exploration and viewing the military as a family were associated with relatively worse functioning. Somewhat surprisingly, identity commitment and the importance of the military were not consistently associated with our outcome measures.

While these results are promising, some analyses, particularly the factor analyses, indicate that additional scale development is necessary. In particular, more work is needed to identify items to include or exclude based on research or clinician requirements. While we removed cross-loading items to create pure(r) factors, removing items can result in the loss of construct coverage. Of further note, previous work in psychometrics (Biderman, Nguyen, Cunningham, Chen, & Watson, 2013; Weijters et al., 2013) has shown that reverse-scored items can negatively affect psychometric properties and analyses. While we used a method factor to help control for this, future research should investigate whether scale utility would be increased by rewording those items. It is also of note that other measures of military identity (see, for example, Johansen et al., 2013) conceptualize identity differently and thus include different domains of this construct. Additional work examining the various conceptualizations are necessary to create a more comprehensive measure of military identity.

Efforts to compare relevant scales are particularly important, as a number of measures for military identity have been created within particular national contexts. For example, studies of military identity have examined soldiers from Norway, the United Kingdom, and the United States, as well as Ugandan child soldiers (Brewin et al., 2011; Daley, 1999; Glöckner, 2007; Johansen et al., 2013). However, no research has examined how military identity may be influenced by cultural or national differences. These differences could affect the strength of identity (for example, the importance of service may differ), valence (for example, military identity might be adaptive or maladaptive depending on the conflict), or even the operational definition (for example, which domains are relevant for each group). Given the strong social influence on identity (Gomez & Vazquez, 2015), military identity may be inherently culture-bound in that its manifestation is due to local circumstances that preclude cross-national comparison. However, this appears to be an empirical question and in need of further study. Of particular interest may be which aspects of military identity could be seen as etic and emic forms of this construct. These analyses would also help us better understand how social factors affect the development, maintenance, and impact of identifying oneself with military service.

The current study is strengthened by a large sample that is generally representative of the U.S. military population. It is further strengthened by the inclusion of a large range of outcomes, which helped elucidate the differences between domains of identity. At the same time, the study was limited by its reliance on self-report measures and a cross-sectional methodology. Further, given the community nature of the sample, we are unable to make conclusions about how identity might function in a more clinical population. In addition, the psychometric analyses were broadly exploratory and additional study is necessary to replicate and extend these findings.

Our study provides additional support for the value of military identity to predict levels of current functioning in military veterans. It also supports previous research findings on the multidimensional nature of this form of identity. Further development of measures of this construct, especially examining cross-cultural variations, is necessary. Additional work in how identity is formed, is maintained, and predicts postdeployment reintegration is also warranted, and we hope our results will spur this additional study.

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