

IMPACT OF TRANSITIONAL CRISIS ON ADJUSTMENT AND PSYCHOLOGICAL WELLBEING OF AIR VETERANS

Thesis Submitted for the Award of the Degree of

DOCTOR OF PHILOSOPHY

in

Psychology

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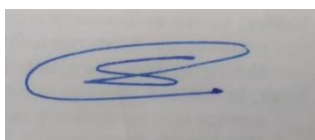


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2023

DECLARATION

I hereby declare that the thesis entitled “**Impact of Transitional Crisis on Adjustment and Psychological Wellbeing of Air Veterans**” has been prepared and submitted by me under the guidance of **Dr. Manish Kumar Verma**, Professor, Department of Psychology, Lovely Professional University, Phagwara (Punjab) and **Dr. Mandeep Sharma**, Assistant Professor, K.L.P. College, Rewari (Haryana) as per the requirement for the award of the degree of Doctor of Philosophy (Ph.D.) in Psychology is entirely my original work/idea and references are duly acknowledged. It does not contain any work that has been submitted for the award of any other degree or diploma of any other university/institution.



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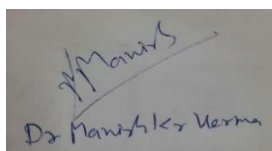
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CERTIFICATE

This is to certify that **Mr. Sundeep Kumar** has completed his Doctor of Philosophy (Ph.D.) in Psychology thesis entitled “**Impact of Transitional Crisis on Adjustment and Psychological Well-being of Air Veterans**”. This is a bonafide work carried out by him under my supervision and guidance. To the best of my knowledge, the present work is the result of her original investigation and study. No part of the thesis has even been submitted to any other University or institute for the award of any degree or diploma.



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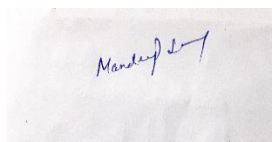
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ABSTRACT

The study evaluates the impact of the Military-Civilian transitional crisis on Air Veterans of the Indian Air Force (IAF) on psychological factors such as adjustment, psychological well-being, type of coping strategy employed, self-esteem and general health during their transition phase. To achieve this objective, a comparative and correlational research design was prepared. The present study was undertaken on 225 participants from the Airmen Cadre of the IAF. 150 Air Veterans during the transitional phase and 75 serving personnel of the IAF between the age ranges from 38 to 45 years were selected through a purposive technique based on inclusion and exclusion criteria. The participants completed the questionnaire that included five validated instruments: Personal Adjustment Inventory (PAI), Psychological Well-being (PWB) Scale, Brief COPE Inventory, Rosenberg Self-esteem (RSE) Scale and General Health Questionnaire (GHQ-12).

To achieve the objectives of the study, the result of the study was analysed into three phases. In the first phase, an assessment of all psychological variables during the transitional phase of the Air Veterans was carried out. For this purpose, a descriptive analysis, i.e., the mean and SD of all variables, was drawn. After the assessment of the variables, data profiling and data examination were done to determine the shape and nature of the data. In the second phase, a comparative analysis of psychological variables was drawn between Air Veterans and serving Air Force personnel. For this purpose, inferential analysis (the student's t-test) was used. In the last phase, a correlation analysis of adjustment and psychological well-being with other psychological variables among Air Veterans was conducted. For this purpose, Pearson product moment correlation was carried out for checking any correlation of adjustment and psychological well-being with other psychological variables among Air Veterans.

Results from the comparative analysis reveal a slight decline in adjustment patterns, psychological well-being, more inclination towards using avoidant coping, self-esteem and general health in the Air Veterans during the transitional phase. However, no significant difference in approach coping was noticed during the transitional phase. Findings from correlational analysis disclose veteran adjustment

difficulties were negatively correlated with psychological well-being, positively correlated with avoidant coping and general health; and insignificant correlation with self-esteem and approach coping. The correlation of psychological well-being with coping avoidant and general health was found to be significantly negative while with coping approach and self-esteem, it was found to be positively correlated. To summaries, a significant impact of transitional crisis on almost all psychological variables under study have been seen in the present study.

To handle this crisis effectively, the researcher suggested the introduction of psychological training / capsule course for potential retirees for effective handling of this transitional crisis. Based on the research findings, the limitations of the present study, along with recommendations and suggestions for future research, were also highlighted.

Keywords: Air Veterans, Transitional Phase, Adjustment and Psychological Well-being.

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Date: 15 Jul 23

Sundeep Kumar

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CHAPTER 1

INTRODUCTION

“A Veteran is someone who at one point in his life wrote a blank cheque payable to HIS NATION for an amount upto and including his life”

-Directorate of Air Veterans

The Quiet Welcome Home

“Some *soldiers* return home to
The music of marching bands,
Folks excitedly waving flags,
And extremely heartfelt hugs.
Other *soldiers* return home
In a solemn, flag-draped box
Met by proud-yet-quiet loved ones
Bravely holding back tears.
For those who receive the quiet welcome,
Let's offer up our gratitude and prayers,
And never forget the cost of lives lost
And lives forever changed”

....by Kelly Roper

1.1 Overview

The military is viewed as a "whole institution" that mandates its members to wholly adhere to its standards, beliefs, and customs. Like many other cultures, military culture is composed of a set of attitudes, values, and beliefs that bind a group of people together. Individual experiences of cohabitation, teamwork and emotional expression are all regulated in the tight social system that makes up the military. Not only does the military hold and promote certain principles, such as loyalty and selfless duty, but it also fosters a strong sense of cultural bonding and camaraderie among its members. This distinct style of living could leave a lasting influence even after they retire and reintegrate into civil society. Unlike other institutions, this self-sufficient organisation offers its members and their families a variety of facilities, including lodging, food, and medical treatment (Dichter et al., 2018). These individuals discover a mismatch between pre-retirement and post-retirement living in the civilian context because of these distinctive experiences associated with military culture (Jolly, 1996).

Military personnel are not an exemption to the universal and unavoidable phenomenon of transition. Moving from one stage of life to another involves transitioning from one organisation, culture, or institution. Major life-course transitions include becoming an adult, finishing school, securing a job or losing one, getting married, developing health issues, losing a loved one, and retirement affect everyone. Everyone faces challenges during transitions to some extent in various aspects of life, and for some people, they can be very stressful. Transitions are characterised by adjusting to cultural shift that call for the managing social relationships and social identity, which can be a periods of opportunity and vulnerability (Praherso et al., 2017; Robinson et al., 2017; Sayer et al., 2014). While serving in the military, military members go through number of transitions, including promotion, unit transfers, self-transfers, and operational deployments that have an influence not only on these people but also on their families. This cultural transition from civilian to military duty at the time of enrollment and from military to post-service life following retirement are two significant changes that are exclusive to the military life course (Robinson et al., 2017).

Transiting from civil to military at the time of joining the military service, a soldier undergoes intense training to adjust himself to the military environment. When they left civil society behind during their teens, they were in a highly emotional bond with that society. The military organisation provides them with adequate training to mould them into a soldier. When it comes to transiting from a military structure/institution to civilian society, they search for the same traces / emotional bonds that they left behind many years ago. When they are pushed back into the same stream from which they originated, they feel an unexpected crisis for which they were not given any specific training/guidance. Because of this unique and rare phenomenon along with inadequate training might create a situation of crisis, especially during the transition phase of returning military personnel in general and Air Veterans in particular. Hence, the researcher has made an effort to document the impact of this particular transition phase on the overall psychological well-being and adjustment in their post-retirement phase. These veterans by military training, work culture, and exclusive social set up finds it a bit difficult to modify their behaviour and encounter transitional crisis when they land in civil society, which they left at an early age many years ago. These personnel may encounter new mission cum challenge phenomena when they try to reconnect with the society they have left.

1.2 The Ministry of Defence

India's defence is the vital responsibility of the Indian government. The President has the power to exercise Supreme Command over the Armed Forces. The Cabinet is in charge of overseeing national defence. The Raksha Mantri (Defence Minister) is the in charge of the Ministry of Defence. By providing the Armed Forces with the resources and regulatory framework needed to discharge their responsibilities within the context of national defence, this ministry achieves this important task.

Following independence, Defence Ministry was formed under the supervision of a Cabinet Minister. Each services, i.e., the Indian Army, Indian Navy and Indian Air Force were put under the command of its respective Commander-in-Chief. The Chiefs of the

Army Staff, the Chief of the Naval Staff, and the Chief of the Air Staff were the names given to the Commanders-in-Chief in 1955. (Ministry of Defence, n.d.) MoD comprises the following five departments:

1. Department of Defence
2. Department of Defence Production
3. Department of Defence Research and Development
4. Department of Ex-Servicemen Welfare
5. Department of Military Affairs

It is the Ministry of Defence's primary duty to formulate security-related policy and to communicate it to their service headquarters, within-service organisations, production establishments, and research & development organisations for implementation. Additionally, this ensures that approved programmes are carried out within the permitted budgetary restrictions and that the government's policy instructions are followed effectively.

The Department of Defence deals with integrated defence staff and all three services i.e. Army, Navy and Air Force. This department is liable for making the budget for defence, establishment related matters, formulating policy, defence cooperation with foreign neighbour countries, matters relating to Parliament and synchronisation of various activities relating to defence.

Armed Force of India stands as second largest and fourth most powerful force in the world, which employs approximately 1.4 million personnel in various arms (Global Fire Power Annual Defence Review, 2022). India has achieved this milestone leaving behind many developed countries of the world. This position is a matter of pride for a country, especially during the transition phase, which is driven by rapid changes in technology and security challenges that are straining the international system and altering global hierarchies. (Ministry of Defence, 2019, p-42).

Provisions for Kendriya Sainik Board (KSB) at centre level, Rajya Sainik Boards (RSB) at state level and Zila Sainik Boards (ZSB) at district level have been made to look after the welfare of this large group of ESM in general. At the level of the Central Government, the KSB is the highest body that formulates necessary policies for the care and resettlement of former service members and their families. Presently, there are 34 RSBs and 407 ZSBs operating under the functional control of KSB pan India to assist the state governments in ESMs affairs, as the majority of issues of ESMs are state-centric (Kendriya Sainik Board, 2022, p-1).

As per the census data of ESM maintained by Rajya Sainik Board, a total of 26,39,020 ESM are registered with pan India Zila Sainik Boards (ZSB) as of 31 Jun 21. Out of these, 22,93,378 (**86.9%**) ESM belongs to the Indian Army, 1,38,108 (**5.23%**) ESM belongs to the Indian Navy and 2,07,534 (**7.86%**) ESM belong to the Indian Air Force (Directorate of General Resettlement, 2021, p-9). It has always on a priority of the nation to maintain the youthful profile of these fighting forces. To achieve this youthful profile, the Indian Government launched a new scheme named '**Agnipath Scheme**' on 14 Jun 22 (Govt of India, n.d.). Through this programme, aspirants will be inducted into the Armed Forces three services for a period of four-year. This scheme is introduced to bring transformative change at three levels i.e. at the individual level, at the Armed Forces level and national level. At the individual level, it will provide an opportunity for the youth of the country to accomplish their dream by becoming the part the Armed Forces. At the Armed Forces level, it will help in maintaining not only the youthful profile but also the optimal balance of youth & experience in the forces. In this current changing dynamics environment, this plan aims to turn youth into more resilient, fit, and active individuals to further improving the battle readiness. At the national level, it will build national integration based on unity in diversity with equal opportunity for youth. This will also have a crucial role in national building through empowered, disciplined and skilled youth with military ethos in civil society.

Approximately 60,000 defence personnel retired from active military services each year, wherein most of them fall into the significantly younger age range of 35 to 45 years (Ministry of Defence, 2020, p-166). During their retirement period, the most of the military members are in the age brackets where they still left with unfinished domestic tasks, necessitating the need to search for a second career. The psychological and physical endurance of these personnel is still in a state of competitiveness. This specific population constitute a high degree of disciplined, professionalism, dedication and motivation which can further unpredictably contribute towards nation-building. Under the Department of Ex-Servicemen Welfare (Ministry of Defence), Directorate General Resettlement (DGR), being an inter service organisation undertakes the resettlement and rehabilitation of this large group of the community. With a focus on the changing needs of the corporate sector, DGR assists these ex-servicemen in their training and professional skill acquisition while also facilitating their resettlement through a second job. As far as a second career is concerned, DGR endeavours to provide opportunities to these veterans during their transition for starting a second career. DGR is dedicated for creating various opportunities, fostering entrepreneurial and re-employment to satisfy the aspirations of the veteran community (Directorate of General Resettlement, 2021, p-2).

Considering this large population of Ex-servicemen, which is increasing year by year invites attention not only from the government but also from academia to peep into various domains of their life post-retirement (Directorate of General Resettlement, 2021, p-9). These personnel while in uniform have served the country with pride and utmost dedication to make the nation sleep peacefully. This is the community, who have given their yesterday, for the safety of our next generation's future. Researcher reviewing the works of literature on this population has found that most of the studies have documented the issues about their resettlement in terms of second career planning. However, a paucity of research has been found to document the well-being as well as social adjustment of this small but valuable segment of society, who put their lives at risk for protecting the nation.

Praising the contribution of Ex-servicemen, the then defence ministers on 15 Dec 2021 addressing a gathering at the ground-breaking ceremony of Sainya Dham

(martyrs' memorial) said “We respect the ex-servicemen as much as the serving ones and whatever we are doing is no obligation on them, it is our duty”. A such positive gesture from the government would not only able to heal the old visible but also the invisible wounds of a military ex-serviceman.

1.3 The Indian Armed Forces

The real cornerstone of any nation is its Armed Forces. It is the country's greatest strength in ensuring sovereignty and honesty. The Armed Forces have distinguished themselves in times of both war and peace. The Indian Army, Indian Navy and Indian Air Force are the three professional and uniformed services that constitute the Indian Armed Forces. Contribution of these forces in various wars and clashes is remarkable. Even though, the Armed Forces of India is witnessing a paradigm shift in terms of technological advancement and the concept of warfare, its dependence on men behind the machines cannot be ruled out at any movement. This indicates that personnel intervention, capabilities and personality factors play an important role in armed conflict's outcome. The members of the Armed Forces of India display huge accountability and responsibility in securing the nation and its citizen in situations of internal and external adversity and instability. The Armed Forces are institutions with their unique organisation, leadership and hierarchy with specific attributes like strict discipline, code of conduct, social restrictions and dangers related to combat assignments driven by a superior motivation of safeguarding the nation at any cost. The Armed Forces of the Union means “the Army, Navy and Air Force of the Indian Union including the Armed Forces of the former Indian States but Defence Security Corps, General Reserve Engineering Force, Lok Sahayak Sena and Para Military Forces” are not included in its definition (Kendriya Sainik Board Secretariat, n.d.).

1.4 The Indian Air Force

The "Air Arm" of the Indian Armed Forces is the Indian Air Force (IAF). It is responsible for defence of India in air space and all such acts during the war. The IAF is the finest professional service in the world, which is known for its incredible air power. The IAF, which has highly skilled personnel with cutting-edge machinery that meets international standards, is the "fourth-largest Air Force" in the world. The IAF's primary objective is safeguarding the country's territory from all threats in coordination with Army and Navy for defending Indian airspace. Officially, it was formed on 08 Oct 1932, as a British Empire Auxiliary Air Force and was known as "Royal Indian Air Force". When India became republic in 1950, the prefix "Royal" was removed and since then it is known as "Indian Air Force" ("Royal Indian Air Force", 2022). At present, IAF has ranked as the third most powerful air power in the world after the United States and Russia leaving behind the Chinese Air Force as per Global Air Power Index, 2022 (OpIndia, n.d.). Since 1950, IAF has been involved in many wars and operations including Operation Meghdoot, Operation Vijay, Operation Poomalai and Operation Cactus with neighbouring Pakistan.

To become a strategic aerospace power with full spectrum capacity, the IAF is always concentrating on a modernization strategy (Ministry of Defence, 2019, p-42). The IAF is moving forward on the targeted trajectory of modernization by continuous upgrading its existing equipment and the introduction of new armament platforms and systems. The report has also highlighted the IAF's ongoing attempts to achieve self-sufficiency by fostering "Make in India" through targeted, ongoing, and sophisticated indigenous programmes. The IAF is dedicated to working to help the government's "Make in India" policy and to gradually decrease India's reliance on defence products made outside the country.

Combatants, non-combatants and civilian personnel are the human resources of the IAF. Combatant members include commissioned officers and airmen (equivalent to soldiers in the Indian Army) cadre. Combatant members and non-combatant members

after retirement from IAF are known as “**Air Veterans**”. In this study, only the airmen cadre (serving and retired personnel) of the IAF was sampled. Since the country's independence, these personnel have devoted themselves completely to maintaining its safety and security. IAF recruits suitable civilian candidates as “**Airmen**” through a comprehensive selection process at an early age for an initial engagement of 20 years. This period of initial engagement may be extended subject to the willingness of the individual to continue to serve and other requisite organisational requirements.

1.5 Air Veterans

‘**Veteran**’ word has been derived from the Latin word ‘**Vetus**’, that means ‘**old**’. A veteran is typically used for an individual having vast experience and has acquired expertise in a specific occupation or field (website of Dictionary.com). In military service context, when a military soldier is no longer a part of a military organisation is known as a 'Military Veteran' (Merriam-Webster, n.d.). In general, retired personnel from the military services are known as 'Ex-Servicemen' (ESM). But in the context of the IAF, when the serving personnel discharged from service, whether on a volunteer basis or completion of service are called as '**Air Veterans**'.

Even in international scenario, term 'Veteran' is found to have different meanings in different countries to different people, let it be military personnel themselves or the public in general (Dandeker et al., 2006). Similarly, study on Ex-servicemen in UK found that only half of the military ex-servicemen defined themselves as 'Veterans' (Burdett et al., 2012). In many countries, definitions of veterans include those personnel who have served in the military services as little as one day to till completion of their service (Griffith et al., 2020). In many countries, Veterans associated with particular combat, are known as "Combat Veterans" or if they have been associated with specific wars- veterans of a particular war. In the United Kingdom, people are more prone to custom the term 'veteran' only for those retired soldiers who have participated in any of the World Wars (Burdett et al., 2012). Likewise in Sweden, 'Mission Abroad Veteran' is the term given to those

military personnel, who have served out-of-country during their service. The number of veterans in a country also depends upon the type of military service i.e. compulsory military service or voluntary military service, being adopted by that country. Compared to countries having voluntary military service, countries having compulsory military service have more veterans (Griffith et al., 2020).

Hence, to have a wider understanding, the term ‘ex-serviceman’ has been used to represent the whole ESM fraternity of the defence forces in general and the term 'Air Veterans' has been used to represent the ESM fraternity of the Indian Air Force only. Even though retired IAF personnel are referred to as 'Air Veterans' in the present study, this term is yet to be widespread in the Indian context (Maharajan & Krishnaveni, 2017).

1.6 Directorate of Air Veterans

Indian Air Force has established a new dedicated directorate – ‘Directorate of Air Veterans’ (DAV) on 17 Sep 12 at Subroto Park, New Delhi with a theme “**SERVING THOSE WHO SERVED US**”. Since its inception, DAV is operating under the charge of Air Officer-in-Charge Administration (AOA).

It was set up as a single point of contact for the Air Veterans not only for different types of pension-related aspects but also for welfare, employment awareness, processing gratuity/commutation, hearing appeal related to pension cases and Non-Effective (NE) benefit of Air Veterans. Veterans must be updated in order to receive the most benefits because pension and other retirement benefit regulations and policies are continually being revised. This directorate works as a nodal agency for Air Veterans, Principal Controller of Defence Accounts (PCDA), Pension Disbursing Banks (PDBs), and Central Pension Processing Cells (CPPCs) for dealing with any issues about the pensions of Air Veterans. It also functions as an advisory body not only to the Air Veterans but also to the Next-of-Kin (NOK) of a deceased Airman / Air Veteran to have sufficient information on their rights and entitlements (DAV website). To impart the latest and updated information

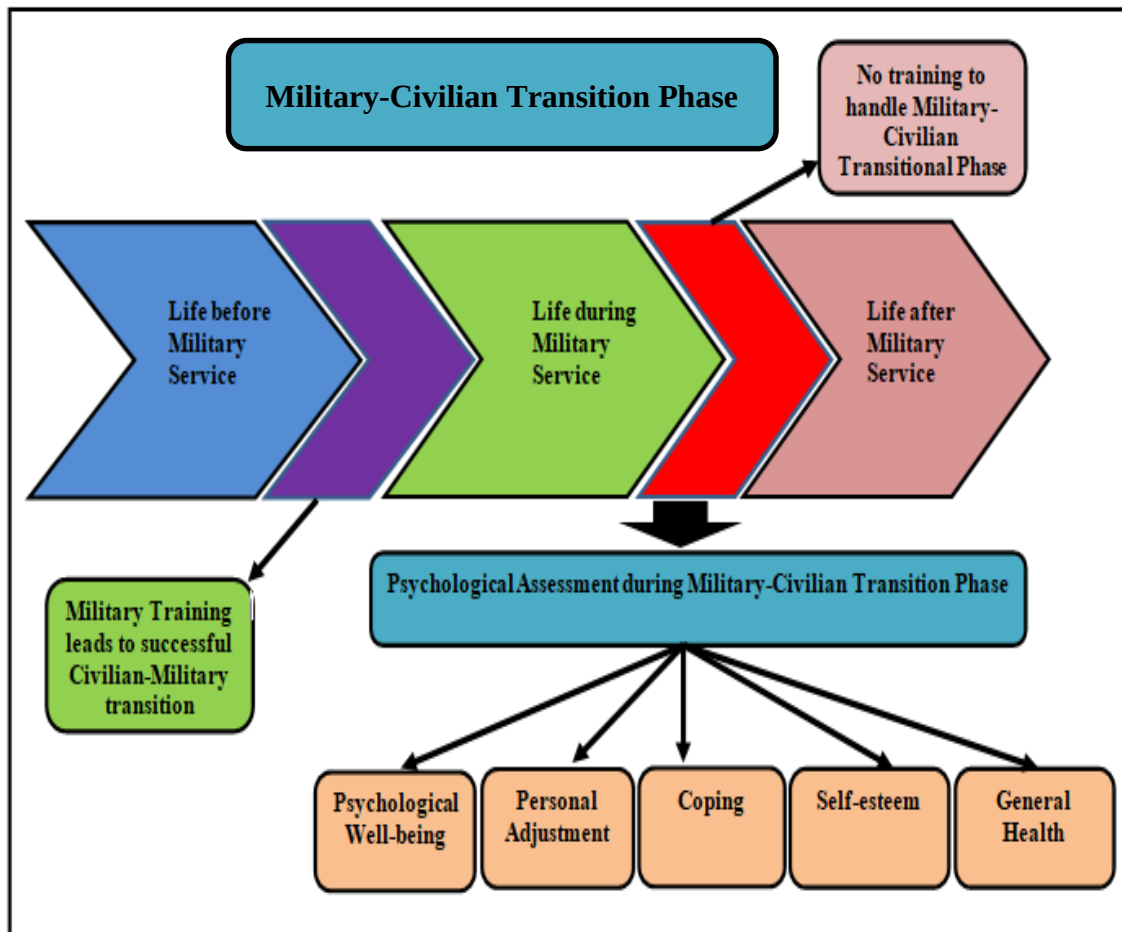
regarding the updated pensionary benefit, this directorate published a bi-annual magazine "Vayu Samvedna" exclusively for Air Veterans and their NOK. This magazine sensitises the Air Veterans about their pensionary benefits in line with the latest government policies and procedures. Till now, this directorate has satisfactorily served around 2.5 lac Air Veterans / their families and this data is constantly increasing (Directorate of Air Veterans, n.d.). With a motto to glorify the selfless sacrifice of veteran community in serving the nation, "Armed Forces Veterans Day" is being celebrated every year on 14 January, since 2017. "Armed Forces Veterans Day" recognises the services rendered by Field Marshal KM Cariappa OBE, the first Indian Commander-in-Chief of the Indian Army. It is the Veterans fraternity only, whose sacrifices have made valuable contributions to shaping our today. It is incumbent upon the nation to ensure that the welfare of Veterans and their families is optimised.

1.7 Transitional Crisis of Air Veterans

The defence service is a unique way of life instead of just a job forming a robust culture and camaraderie among its members, which could have a long-lasting impression even after transiting to civil society post-retirement. Due to these unique and pervasive experiences, there may be situations of crises/challenges between soldierly identity and post-retirement identity in the civil community (Jolly, 1966). Even after returning to civil life, these personnel may carry on to follow their military culture, which in several ways is contrasting with civil culture. The unsuccessful or poor transition from military culture to civil culture affects psychological well-being, which further impacts social adjustment (Morin, 2011). So psychological well-being status during the military to the civilian transitional stage has a large role to play in the adjustment pattern of these personnel. Considering the selfless service and sacrifice made by these personnel, the phenomena of the military civilian transition is an very meaningful but poorly researched topic, particularly in context of Air Force Veterans.

The transition from military organisation to civil does not only involve a change of culture but also a change of identity, change of society, change of relationship, change of role, change of daily routine, change in organisational structure, and change in the hierarchy of communication patterns, etc. Military culture is known as a collectivistic culture rather than an individualistic one. Civil society is dominant in an individualistic culture. Individualism in the military point towards lower organisational commitment and skills (Johansen et al., 2014). Departing their identity for the sake of collective team cohesion is highly valued for operational readiness and effectiveness (Dichter et al., 2018). Hence, when a military veteran carries this collectivistic spirit to the civil culture, he faces a crisis during the transition. These unpredictable changes during the crucial stage of transition could make the life of a veteran challenging and these sudden challenges may result in the experience of **a transitional crisis** during this crucial phase of transition.

Figure 1.1 Conceptual Framework of the Military-Civilian Transition Phase



Source: Concept taken by the researcher

Owing to the variety and complexity of phenomena of changes during transition time, a simple definition of Military-Civilian Transition (MCT) cannot be operationalised as a single definition cannot cover the various MCT impacts and subjective experiences across varying individual life courses. Nevertheless, Schlossberg et al. (1995) define transition as "any event or non-event that results in changed relationships, routines, assumptions, and roles". A difficult life event is switching from one's prime identity of a soldier to numerous overlapping identities as a veteran, parent, spouse, and son at home.

It is not as easy to think of this transition as a normal transition. Here it is pertinent to mention that many transitions take place during their in-service period also but they all

happen within the military culture. Transiting from military culture to civil culture creates a demand and need to adjust to the changed pattern/culture, for which they were not trained. To handle this phase effectively, there is a need to hone the adequate and appropriate life skills in these personnel. Even though by the military culture and training, these personnel are physically strong and professionally skilled, they find a lack of fine-tuning/adaptive skills to connect with civil society during this phase. Literature documenting this transitional phase has found that transitional stress is at its acme. This study is primarily focused on the impact of that specific transitional crisis that originated at the transiting phase on psychological well-being and adjustment.

1.8 Psychological Well-being

Psychological well-being is characterised as a state of health, happiness, and affluence that is indicative of a good quality of life. It describes individual's emotional health and overall functioning. It points to functioning at a high level of behavioural, emotional, and adaptive ability, rather than just being free of disease (Reber & Reber, 2001). A mentally healthy person is in a state of psychological well-being when they exhibit numerous beneficial mental health traits, like an active ability to adapt to their surroundings and a sense of cohesiveness within themselves (Shek, 1992). It is possible to achieve psychological well-being by finding a balance that is influenced by both difficult and fulfilling life situations. The well-being of military veterans is not limited to a single domain but also has multiple domains. The six-factor model of psychological well-being created by Carol Ryff, identifies six elements that affect a person's psychological well-being, satisfaction, and happiness:-

1.8.1 Self-Acceptance. It determines the degree of positive attitude of an individual about his or herself.

1.8.2 Personal Growth. It determines the degree to which an individual continues to develop, welcoming new experiences, and recognises improvement in behaviour and self over time.

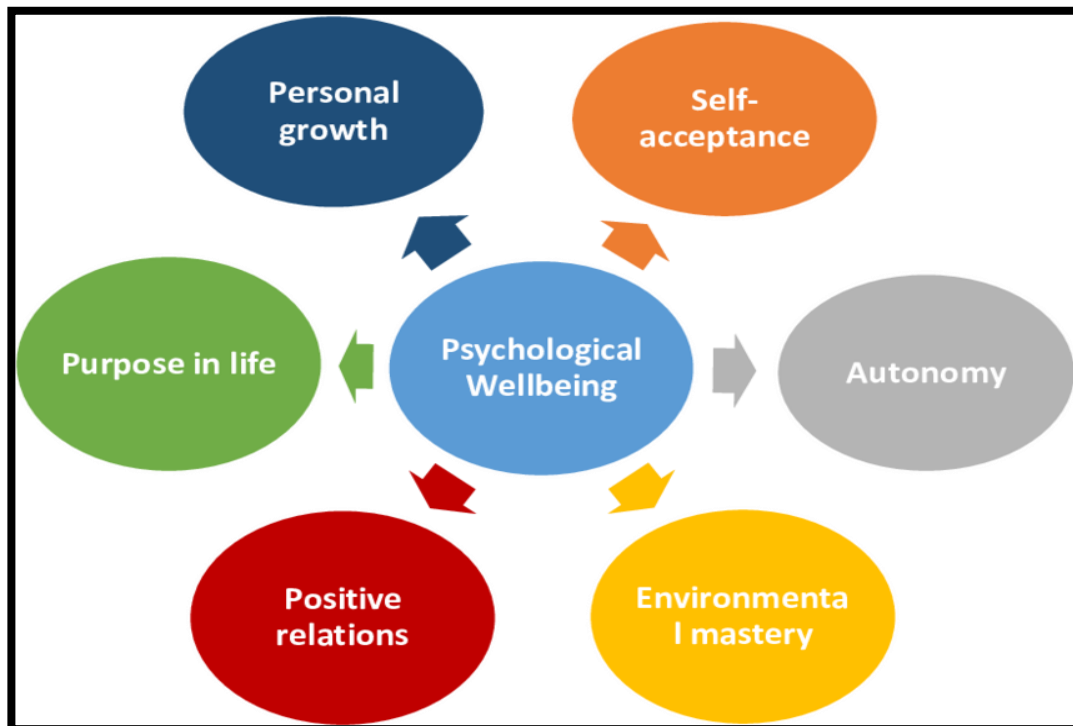
1.8.3 Purpose in Life. It reflects toward individual's strong goal orientation and belief that life holds meaning.

1.8.4 Positive Relations with others. It determines the individual's engagement in meaningful relationships with others that include reciprocal empathy, intimacy, and affection.

1.8.5 Environmental Mastery. It determines the optimal use of opportunities and the sense of mastery in managing environmental factors and activities, including managing everyday affairs and creating situations to benefit personal needs.

1.8.6 Autonomy. It determines the degree of independence in regulating one's behaviour irrespective of social pressures.

Figure 1.2 Six-factors Model of Psychological Well-being



Psychological training for these returning veterans to handle the transition phase effectively was found missing in past studies. Separation from armed forces is seen as a loss of recognition, identity loss, loss of energy, loosening of bond between the associates/peers and loss of autonomy etc., which would result in psychological problems. This transitional period comes with many challenges and can be handled effectively if suitable psychological training can be imparted to these personnel before their retirement. A suitable coping mechanism during the transitional phase can be very effective to handle this transitional phase.

In the domain of the military, the overall well-being of the Veterans largely depends upon the successful MCT outcomes. There are many important factors determining the success of MCT consequences like life skills readiness, controlling identity disruption, second career selection, financial support, achieving a new sense of purpose, housing requirements and effective healthcare facilities (Ashcroft, 2014; Atuel & Castro, 2019; Thompson et al., 2017). Many features of MCT account for various interacting factors that largely influence well-being during major life course.

1.9 Adjustment

The concept of 'adjustment' originated from the Darwinian concept known as 'Adaptation'. According to Darwin, only those species, which adapt successfully to the physical world, can survive. Only those species that successfully adapt to the physical world, according to Darwin, can survive. Selye (1956) proposed the physiological process of coping with stress. As a result, adaptation and adjustment constitute a functional perspective for viewing and understanding human behaviour. It mainly considered a process. It is the interface between individual and his surrounding for sake of bringing harmony between them. According to Lazarus (1976), adjustment is a psychological process by which an individual manages to cope with various demands and pressures. Personal Adjustment, according to Rogers (1961), means understanding one's strengths and weaknesses while facing reality and achieving harmony with oneself. Because humans

are social animals, there must be a social adjustment that is a reasonable compromise between one's drive for self-realization and the demands of society (Fromm, 1941).

Adjustment is described as a dynamic and ongoing process. A well-adjusted person exhibits certain behavioural characteristics such as the ability to conform to societal norms, knowing his own capabilities and limitations, expressing confidence in himself/others, demonstrating a strong sense of security/responsibility, being able to satisfy his own emotional needs as well as the emotional needs of others, and having defined life goals. A person who lacks many of the above characteristics is said to be maladjusted; such a person requires psychological corrective measures such as counselling. He has poor mental health. As a result, an adjusted person is mentally healthy, whereas a maladjusted person is mentally unhealthy. He has poor mental health. As a result, we can assess an individual's mental health based on his or her adjustments. Adjustment, whether positive or negative, is a measure of mental health.

The operational definition of 'adjustment' in the context of present study is the capability of effective and successful self-transition in almost all domains of civil society with the highest contentment and acceptable standards of living.

Adjustment is the behavioural process through which different individuals maintain a state of equilibrium with their environment. To be more precise adjustment is a process of maintaining equilibrium between one's needs by overcoming the obstacles of their environment (from the website of www.britannica.com). Adjustment in psychology, defined as behavioural process through which individuals uphold a state of equilibrium amid their various requirements and the obstacles faced in their surroundings. A sequence of adjustments begins when a need is felt and ends when it is satisfied (Britannica, n.d.). Social Adjustment is through which an individual accommodates the demands and restrictions of society, it is an ability of an individual to interact and build healthy relationships with others in society (American Psychological Association, n.d.). Emotional Adjustment on the other hand is the ability of an individual to accept self and adjust according to his circumstances. It is the ability of an individual how he/she adapts

to the conditions and circumstances by changing attitude, expressions and emotions if required in a particular circumstance (American Psychological Association, n.d.). In the present study, the overall adjustment of the individual during the transition phase is focused upon.

The social support system has been found linked with the veterans' adjustment. Effective social support for returning soldiers resulted in a better adjustment to civilian community (Hachey et al., 2016). Drebing et al. (2018) also described almost similar findings, wherein the 'social support system' in community integration during the transition phase of veterans was found to be an important factor. It is the social support system which can be helpful not only in reducing social isolation but also make the military-to-civilian transition successful instead of stressful (Russell and Russell, 2018).

1.10 Coping Strategies

Coping is one of the important personality factors that can impact the adjustment pattern during the transitional phase. Coping is well-defined as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p.141). Individual is constantly 'self-regulating' his emotional reactions through postponing or escaping situations, actively confronting threatening conditions, deceiving themselves about the implications of certain facts or detaching themselves from the threatening situations. Individuals are actively appraising the situation rather than environmental factors manipulating our behaviour. In the past, conviction has rapidly grown that the way individuals cope with stressful events/situations determine their psychological well-being, social functioning and even their general health.

There are two types of coping strategies, which are very useful dimensions for distinguishing any coping behaviours (i) Problem-focused or approach coping and (ii) Avoidance coping. Problem-focused coping style mainly focused on eradicating the

stressor itself, whereas avoidance coping manages thoughts or behaviour by escaping from the stressor. Problem-focused coping is active whereas avoidance coping is passive. Maladaptive form of coping is avoidance coping wherein an individual attempts to avoid challenges and stressors in their lives. The avoidant coping approach found more prevalent among veterans having a low level of hardiness as matched to a high level of hardiness (Bartone & Homish, 2020). In a challenging situation, individuals high in hardiness are more inclined to adopt 'problem-focused coping' (Maddi, 2006). They tend to face the problematic situation with firm confidence to find a viable solution and subsequently learn by overcoming the challenges. Opposite to this, individuals who have low level of hardiness are frequently found to revert to 'avoidance coping strategies', which involve avoiding and withdrawing from the current problem. Coping was found to be associated with psychological symptoms. Approach coping was found to be linked with lower levels of psychological signs and avoidant coping was found to be linked with high levels of psychological symptoms (Dubow et al., 1991). 'Avoidant-focused coping' has been linked to a variety of emotional issues (Joseph et al., 1992). Lazarus (1974) has emphasised the vital role of cognitive processes in coping activity and its importance in determining the intensity and quality of emotional reactions to a stressful situation. Based on the nature of the mechanism involved, coping strategies can be broadly divided into three broad components i.e. biological, cognitive and learned components.

(i) **Biological component:** Any challenging situation that an individual perceived in the environment triggers a chain of neuroendocrine events. Two separate responses occur during this stage. First being of sympathetic / adrenal responses with the secretion of epinephrine and norepinephrine. Second, the pituitary/adrenal response with the secretion of corticosteroids.

(ii) **Cognitive component:** This approach to coping is mainly based on the mental process of how the individual appraises the stressful event/situation, wherein the level of appraisal determines the level of stress and the unique way of coping strategies that the individual adopts (Lazarus & Folkman, 1984). Two types of appraisals i.e. primary and secondary appraisals are involved to deal with the

stressful situation. In the primary appraisal, an individual makes conscious evaluations of stressful situations. However, in the secondary appraisal, the individual evaluates the available resources for coping the stressful events.

(iii) **Learned components:** Learned components of coping encompass everything that was focused upon by various social learning theories, which assume that human motivation and behaviour are the results of what is learned by experiential reinforcement, modelling, and learned helplessness phenomena. The positive impact of social learning theories has been found in dealing with stressful situations. Cognitive restructuring i.e. changing how one cognitively processes particular events, behaviour modification i.e. how you behave in a particular situation, biofeedback and various relaxation techniques like breathing, meditation, exercise etc are part of what is learned through experiential reinforcement.

1.11 Self-esteem

The self-esteem construct was initially evolved by William James in 1890. “Self Esteem” is consists of two terms 'self' and 'esteem'. The indicator of one's self is the ‘self’, and ‘esteem’ means value. It can conclude that self-esteem is value for oneself by combining these two terms. It refers to an individual’s overall ‘self-worth and attitude’ toward themselves. Self-esteem is commonly regarded as an evaluative component of self-concept, a broader illustration of oneself that includes cognitive, behavioural, and evaluative or affective aspects (Blascovich et al., 1991). In social sciences as well as in day-to-day life, self-esteem is a vital construct. In the field of social sciences, self-esteem is a theoretical construct that is quantified as the sum of evaluations across key aspects of one's personality or self. It is regarded as an global affective evaluation of one's worth and value. This belief underpins the belief that measuring attitudes toward or evaluations of oneself reflects a person's self-esteem. The concept of self-esteem is also known as self-regard, self-worth, self-acceptance, and self-respect. All of these are thought to be compatible with dictionary definitions of self-esteem.

“Self-esteem is the positive or negative evaluation of the self, as in how one feels about it” (Smith & Mackie, 2007). Self-esteem is a person's disposition that represents his assessment of his own worth (Olsen et al., 2008). Self-esteem is essential for mental health and personality balance. This assessment is thought as an important element for the individual's optimal adjustment and functioning. There are primarily two types of self-esteem: “low self-esteem” and “high self-esteem”, which vary according to circumstances, environment, and people's surroundings. Low self-esteem is a condition in which a person feels hopeless, incapable, incompetent, lacks confidence in oneself, useless, and unworthy. Low self-esteem is a characteristic of financially unsuccessful individual, which leads to a lack of risk-taking ability. High self-esteem, on the other hand, creates a good impression of oneself, wherein a person feels self-worthy, competent, confident, capable, energetic, happy, optimistic and free of worries.

In everyday life, the psychological importance of self-esteem cannot be overlooked. It is widely considered that the self-esteem concept is a trait that results in a stable over time within individuals. There is little doubt on the role of self-evaluation in global self-esteem; various hypothetical self-evaluation processes have been proposed. Self-esteem is also defined as an affective attitude that serves as the “evaluative component” of self-concept (Rosenberg, 1965).

Individuals' beliefs and evaluations of themselves are critical in determining who they are, what they can become, and what they can do (Burns, 1982). These are so powerful beliefs which not only nurture and guide people throughout life but also manage their behaviour. Self-esteem has emerged as a critical factor in expansion of mental health as well as in overall well-being of an individual (Carvajal et al., 1998). Self-esteem and well-being were found positively correlated with each other and go hand in hand in determining an individual's happiness and mental health (Zimmerman, 2000). Likewise, a positive correlation amid self-esteem and general health (Boykin & Rice, 2013), and with self-reported health, self-efficacy, strength and motivation have been reported (Rice et al., 2006).

1.12 General Health

Many factors are taken into consideration while defining health. As per World Health Organization (WHO), mental, social, and physical well-being are significant elements in defining the health (World Health Organization [WHO], 2022). In public health surveys, common self-reported health status is considered an important element (DeSalvo et al., 2006). In self-reported health, a person discloses his perceptions about their own health and exactly describes their physical, social and emotional well-being. In the cross-sectional studies, self-rated health is related to the presence of physical symptoms (Bernick, 1978; Burns, 1982). In self-rated health, one can either expect improvement or decline. This could help to reveal the current fluctuations in degree of distress associated along with physical symptoms. A review by Greene-Shortridge et al. (2007) was done to identify the role of the stigma linked with mental health and seeking help for that problem in the military. The review revealed a predominance of general negative stereotypes towards individuals with mental health issues leading to potential discrimination towards these individuals. Because of the internalisation of these negative beliefs, a self-stigma developed among these personnel, which further leads to reduced self-esteem.

1.13 Summary

It can be concluded that the transition from a defence organisation after a considerably long service is a challenging phenomenon to handle. Transiting into the dynamic domain of civil society brings many challenges for these esteemed Air Veterans as they are experiencing it for the first time in their lives. These personnel after spending the golden and youthful time of their lives in the defence sector, as a result, a unique identity formed to be recognised within service. This might create a challenging situation while joining the civil society, which requires a psychological preparedness paradigm. Adequate information and necessary psychological skills/training can help them to handle this transition phase effectively. As we have seen in the introductory part, many government agencies are involved to guide them about their financial management,

pensionary benefits and other welfare-related services including joining a second career. However, a dearth of resources is found to handle their well-being and adjustment pattern during the transition phase.

This current study is undertaken to evaluate the impact of this specific phenomenon of MCT, specifically in the context of the Air Force on adjustment and psychological well-being. Researcher through this study has made an effort to reach the nerve of Air Veteran and try to see their invisible wounds when they land in civil society post-retirement. With this effort, some viable solutions can be arrived at to make this transition a smooth process for the future population of Air Veterans. Furthermore, to the researcher's knowledge, psychological impact during the transition period particularly in the context of IAF veterans has not been explored in past researches. The current research study goes some way to address this shortage.

This part of the report emphasised the introductory features of the research problem and possible problems faced by Air Force Veterans during their transitional period. To meet the objectives of the study, a formal academic plan has been equipped. Based on the introductory framework necessary objectives and hypotheses are formulated.

CHAPTER 2

REVIEW OF LITERATURE

*“Our flag does not fly because the wind moves it,
it flies with the last breath of each soldier
who died protecting it.”*

- Indian Air Force

The literature review is a systematic and comprehensive summary of all previous research about a topic. The depth and quality of an organised literature review determine the essence of every research, which is undertaken with utmost care and responsibility by every researcher. It is the benchmark from where the whole research process starts. It makes the researcher familiar with immense knowledge about his / her research topic. The process of literature review allows the researcher not only to identify the research gap but also to give a push to fulfil that gap through his / her present research study. Reviewing the literature requires different styles of thinking and activities (Baker, 2000).

2.1 Overview

This segment of the research report represents the review of literature pertaining to central theme of the current study. Studies reviewed during this section are mostly from the research documenting the transition phase of military personnel, resettlement issues and socioeconomic issues of Military Veterans (commissioned and non-commissioned officers). However, during the process of reviewing of literature, the researcher has found a dearth of studies about the transitional outcome on adjustment patterns and psychological well-being of military veterans in general and Air Force Veterans specifically.

Figure 2.1 Flow Chart of Review of Literature Process

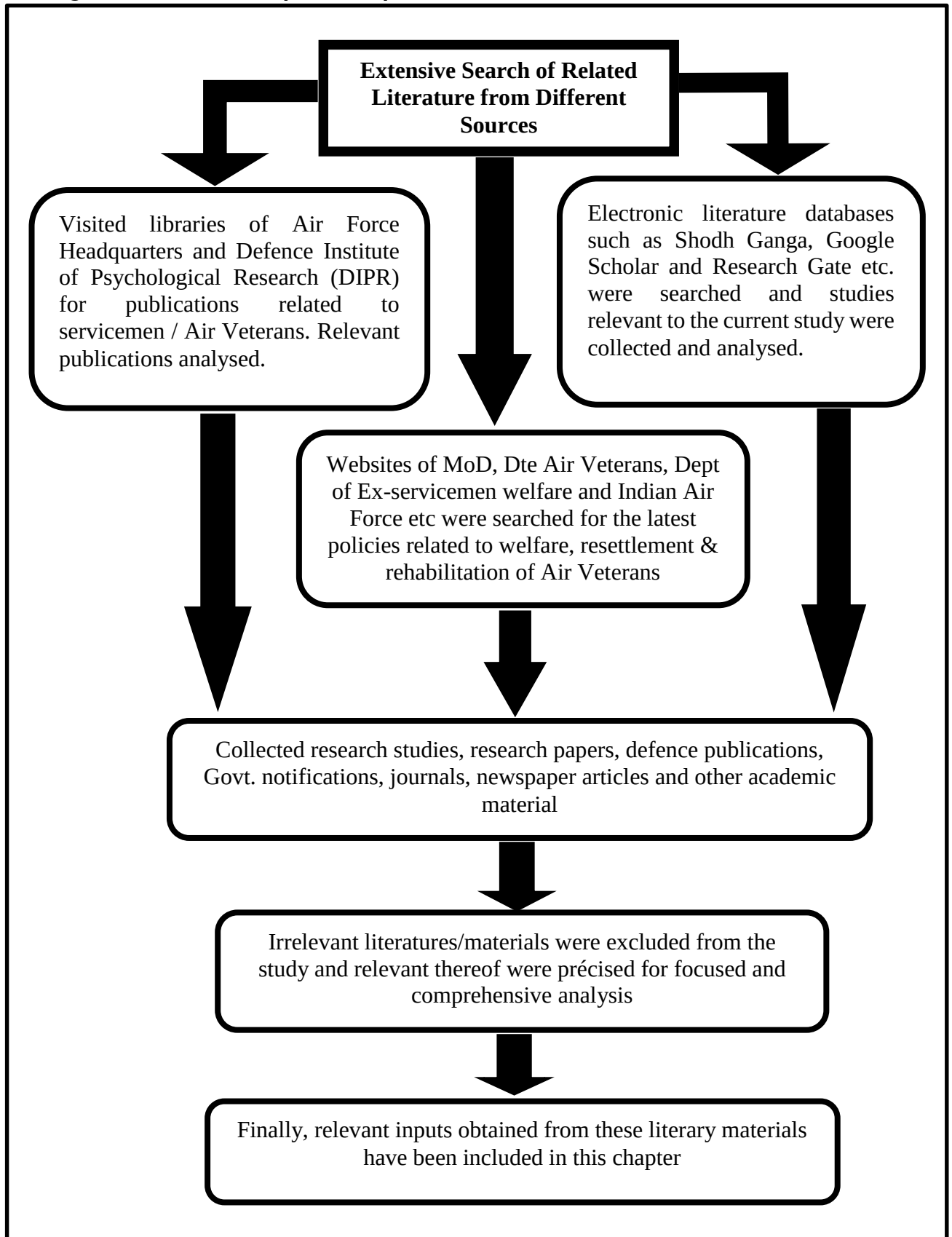


Figure 2.1 demonstrates a brief flow chart of the review of the literature process undertaken during this research study. It describes how the literatures from various sources (online/offline) pertaining to the current study have been obtained and analysed. The result obtained from this preliminary search gives the direction for further in-depth literature searches related to the study. Important and relevant information from related research studies, research articles, research papers, blogs, reports, manuals, speeches, and the latest government policies/schemes about ESM in general and Air Veterans in particular, were carefully noted with appropriate references.

To have the latest and updated pensionary benefit/welfare scheme, the bi-annual magazine "Vayu Samvedna" published by Dte of Air Veterans exclusively for Air Veterans and their NOK was referred by the researcher. Pensionary benefits and various welfare schemes issued by the government / Indian Air Force are clearly outlined in this magazine for awareness of Air Veterans. While reviewing the literature about the challenges of the veteran's fraternity, the researcher has observed that past research in the domain of veterans was only limited to their resettlement, rehabilitation, PTSD, socioeconomic status, identity crisis etc. However, research concerning the pattern of their adjustment and the status of their psychological well-being especially during the transitional period were found missing. Literature in past focusing on the various difficulties/challenges of the veteran community was found to ignore the psychological as well as adjustment related challenges that come during the transition phase (Ray & Heaslip, 2010). During the review, it was observed by researchers that past studies conducted on the ESM fraternity were mostly limited to their re-employment, thus neglecting the vast spectrum of social re-integration challenges (Burdett et al., 2013). Samele (2013) also reported the shortage of particular research studies on the transition of military personnel particularly from military to civil society.

While acknowledging sacrifice of the ex-servicemen fraternity for the nation, Sh. Narendra Modi (now Prime Minister of India) addressing an Ex-servicemen's rally at Rewari (Haryana) on 15 Sep 2013 mentioned that "Friends, sacrificing your life for the nation, wishing every moment to die for the country, to be a martyr, it is no less than the

lives of saints and so I bow down to all of you. I feel proud to be with you and I will not only salute those who are present here but bow down to every retired army person, a very soldier in every corner of this nation. I bow down to all of them..!"

Military veterans' well-being is conceived of as encompassing multiple domains, including employment, finances, health, life skills and readiness to manage the transition, social integration, housing and adjusting in new social environment (Pedlar et al., 2019). In the study, the author emphasises forming an effective relationship between military cultures and post-military cultures to have a smooth military-to-civilian transition. Emphasis on roles of whole-of-community, their families, military, veterans' administrations, and public/private sector agencies in better transitional outcomes for veterans was given by the authors.

Most of the veterans leave the military organisation with the intention of returning to civil society and working in the civilian workforce after serving a significant period of time in the military. However, joining the civilian workforce create a lot of challenges for these returning veterans due to multiple elements such as adjusting to a different cultural environments, handling with psychological health and emotional issues during their transition phase (Ahern et al., 2015; Cooper et al., 2018; Keeling et al., 2018; Kelty et al., 2010; MacLean & Elder, 2007; Stone & Stone, 2015). A large number of veterans (44% to 72%) experienced transitional stress in many domains of life like re-employment, workplace adjustment, relational problems related to adjustment with family & friends, adopting the new civilian culture etc (Morin, 2011). The acculturation process into the military organisation that is deeply and constantly enforced, does not weakening smoothly, particularly after retirement. Becoming a soldier from a civilian and then back to civilian after serving a considerably long period in the military is normally underestimated (Higate, 2001). The study by Ahern et al. (2015) on veterans reveals a perception of a lack of - appropriate recognition, suitable mental health, and transferability of role, defined structure and purpose during their post-retirement life.

There is a considerable amount of research demonstrating the challenges and negative outcomes experienced by military personnel when they are discharged from military service and reintegrating into civilian society (Hammond, 2016). Transiting from one organisation, culture and society to another organisation, culture and society is normally challenging and stressful. Veterans transitioning to civilian society also faces some challenges related to fulfilling basic psychological needs. Military organisations greatly differ from civilian organisations. Military culture is known as a collectivistic culture contrasting with civil culture, which is seen as individualistic in nature (Coll et al., 2012). The military is considered as a total institution, wherein individualism point towards lower organisational commitment and skills (Johansen et al., 2014). Hence, when a military veteran carries this spirit to the civil culture, he faces stress. Moving to the status of civilian by these military personnel is acknowledged as a major life transition that requires dealing with a new society of civilians and new social networks (Hatch et al., 2013). Out of these transiting members, some experience an array of mental health-related and social issues (Iversen et al., 2011). Communication in the military is largely influenced by the 'rank' of the communicator whereas when a military person lands in civil society, he found this rank factor missing and finds it difficult to communicate appropriately.

As seen in the introductory section, a lot of efforts are being made by the government as well as military organisations to keep veterans updated about the various welfare schemes. The study by Vogt et al. (2018) found inadequate information on the most pressing needs, which results in low well-being among some military veterans when they separate from military service. Lack of awareness about the various welfare programmes by government / military organisations could result in difficulties in fulfilling these needs by veterans.

Generally, it is seen that changes are resisted by everyone in almost all organisations. However, the degree of resistance may vary from person to person. The matter of how military personnel resist change may be a field in which psychological concept could be of very helpful. By virtue of stability and rich tradition linked with the military organisation, it is difficult to bring changes easily. A lot of literature on status quo

bias and system justification also demonstrates why people prefer existing structures and status quo and are more inclined to resist change (Eidelman & Crandall, 2014; Kay & Friesen, 2011).

Research on identity theory cannot be ignored while understanding the unique phenomena of the transition of veterans. Cooper et al. (2018) also emphasise that research on the military transition of veterans is not well understood in past. Adjustment difficulties have been seen to have an opposing impact on well-being of veterans including their families (Demers, 2011). In the pieces of literature, military identity was found as having a key role in the military-civilian transition. Post-military identity development determining the well-being of veterans is an important factor in supporting these personnel through the military-civilian transition (Robinson et al., 2017). Authors in their study have defined “Military-to-Civilian Transition” as a process which allows military veterans to achieve and maintain a stable level of psychological, physical, and financial well-being. Military-civilian transition can be understood as an identity transition and managing various challenges associated with this transition can work as a buffer against a decline in psychological well-being during this phase (Praherso et al., 2017). Individuals' overall well-being is largely affected by identity disruptions. Loss of social identities was found more closely associated with a decline in psychological well-being rather than a degree of social support. The study supports the hypothesis that social identities are psychological resources which protect well-being.

Binks and Cambridge (2018) investigated the transition experiences of military veterans upon re-joining civilian society. The study was conducted by asking specific research questions, interpretative phenomenological analysis and semi-structured interviews with these personnel in the transition phase. The result of the study was also in support of previous studies on the transition phase, wherein transition from the military is viewed as challenging, involving identity confusion, feelings of loss and cessation both from the military and from society in general.

Reviews by Haslam et al. (2009) and Haslam et al. (2012) highlight that social identity formed through social group memberships will determine the important social behaviour of people. The study by Orazem et al. (2017) also agreed that the identity adjustment of veterans rehabilitating into community life is an understudied aspect in past research. Most of the identity research has been done on the non-veteran population, however, research on the veteran community is very limited. Identity researches on veterans need to be conducted to suggest effective ways of identity management so that the military-to-civilian transition phase can be smoothly handled. There feels a need of hour explore issues related to transitional stress and factors contributing to managing this transitional stress effectively of this large population of veterans who are transiting to civil life after serving the nation.

Similarly, Al-Naggar et al. (2011) conducted a study among the retired population in Malaysia also identified financial crisis, family and work-related problems as major predictors of transitional crisis in retired people. They share problems with others and engage in their housework during their free time to reduce stress. The transition from military life seems to be multifaceted, implying the need for integration between physical therapists and other service providers to ease difficult transitions (MacLean et al., 2014). Resettlement is also considered one of the major transitional crisis as per the study done on Air Veterans (Maharajan & Subramani, 2014). Results of the study were also similar with other research wherein major resettlement-related problems were regarding adjustment to a new society, financial difficulties, lack of proper support, existing resettlement network and lack of support from their family and friends. Similarly, some of the veterans find it difficult to reintegrate into the civil culture after they retire from the military and experience major difficulties including in health, housing requirements, getting second employment, finance management, welfare and appropriate training (Ashcroft, 2014). Those who attempted to maintain continuity between their military and civilian lives, found it more difficult to adjust because civilian spaces cannot recreate the same environment as it was in military settings (Brunger et al., 2013). Researchers found that the 'military identity' of transiting military members accounts for various challenges and issues during their transition to civilian life. These transiting members experience a

literal shift in their sense of self during their transition. The way military personnel are socialised during service does not match with the civilian world. There is a wide gap in the arrangement and environmental predictability when veterans land in civil society and this could affect their occupational success and psychological experience (Kay et al., 2009). The study by Maharajan and Subramani (2016) emphasised the socioeconomic needs during the resettlement among veterans in India. Since most veterans leaving the service are below the age of 50 years, thus making resettlement as an important issue not only at the microeconomic but also at the macroeconomic level. The study also emphasised the need to effectively handle these skilled and trained versatile veterans.

Both positive and negative effects of transition on military veterans' life-course affecting multiple domains were reported (Spiro et al., 2016). Authors in their review recommended a conceptual-framework, which could have possible positive as well as negative outcomes for these returning military personnel. The framework highlights many factors which may influence a veteran's post-retirement life. Such factors include personal characteristics at the time of entry to the military, military culture and post-military pathways.

Significant relationships among transitional phase, psychological well-being, and social adjustment among these returning military veterans were reported (Ruwan et al., 2020). In their study among Nigerian military veterans, wherein MCT and social adjustment were found good forecasters influencing psychological well-being among these personnel. Moderate negative relationships of MCT with psychological well-being and social adjustment were reported in their study. Therefore, need for psychological services during the military resettlement programme was recommended to handle the issues related to the military-civilian transition.

The period after retirement was also found to be an important factor in social adjustment in military veterans, wherein the post-retirement 'Time' was found to be inversely proportional to the social adjustment factor (Verma & Singh, 2016). The study was conducted on 150 Army Ex-servicemen (Non-commissioned officers) located in

various districts of Haryana state. The study was intended to measure adjustment, well-being, demands, and achievements in civil life vis-à-vis personal resources of army ex-servicemen. The result of the study reveals that the 'last rank held' by the military personnel has an important effect on adjustment measures, current standard of living, quality of life expected while joining the Indian Army, achievements in civil life and psychological distress. However, it did not find any significant effect on the 'overall contentment level' of military veterans. 90% of the ex-servicemen face overt and covert social discrimination during the transitional phase from military to civil life. The study also revealed that emotional adjustment plays an important role in effective social adjustment in life after retirement.

While reviewing the literature related to the transition and adjustment of military veterans, a common theme was focused on general statistics like age, gender, racial ethnicity and income. Similarly, Mobbs and Bonanno (2018) in their review of the MCT have largely focused on "basic demographic and situational factors". The review highlighted that the majority of research on defence veterans is focusing on psychopathological issues like PTSD and other mental health-related issues, though the population suffering from these issues are very less. The review emphasises that many non-pathological factors contributing to transitional stress have been ignored in recent research. The authors also speculate that the military's culture emphasis more on masculinity and its potentially striking divergence from the arguably more diverse gender roles and norms that characterise civilian life, could be a source of transition stress. Moreover, authors have suggested an extensive research programme on the veteran transition crisis. In the present study, the researcher has made a sincere effort to examine the impact of the transition phase on the post-retirement life of Air Veterans.

Singh (2005) highlights the concern of Indian ex-servicemen. Therein, in one of the suggestions (p.96), it was brought out that rehabilitation for military personnel should start from the beginning of the military service and not at the end. Brooks and Greenberg (2018) focused on the prevalence of work-related stress in a work-setting environment. The authors have suggested that Defence organisation should ensure that their soldiers are

adequately helped, their problems are properly addressed and ensure that they are psychologically trained to handle their anxieties developed during transitional phase. Inadequate senior support, low cohesion and social conflict among members, workplace harassment, role conflict and work overload may pose a occupational health risk in the routine military work environment that can be addressed by the organisation. The goal of the defence organisation must be to strengthen the relationships between its members and their supervisors/coworkers while keeping away other stressful factors such as workplace discrimination and harassment.

Military organisation offers a high level of external obligatory order and structure. There is a hierarchy of communication, specific service norms/rules, systematic promotion policies and organisational stability in any military organisation, which works as foundations of external control when viewed by the common population. In an organisational setting, when the perception of personal control is low, the preference to follow social/external norms tends to increase (Shepherd et al., 2011). Almost similar findings were reported in the study conducted by Kakkar and Sivanathan (2017). Since in a military setting, these external sources of control are organised and defined, these personnel see an asymmetry between the military and civil organisation.

Military civilian transition is conceptualised as a extremely individual process that occurs over a time span ranging from in-service to post-military service. Many features of military-civilian transition account for various interacting factors that largely influence well-being during major life course, various ways of measuring well-being across domains and the broad heterogeneity of life-course trajectories known to occur in this personnel. These are important aspects determining the success of MCT outcomes like managing identity disruption, life skills preparedness, second career selection, searching a fresh sense of purpose, financial management, housing requirement and effective medical facilities (Ashcroft, 2014; Atuel & Castro, 2019; Thompson et al., 2017). Military veterans prone to be stereotyped in civilian society, especially in the employer's setting. They are treated differently because of the positive and negative stereotypes held by employers (Shepherd, 2019). The study found that veterans are stereotyped as low in feeling emotions and high

in the planning dimension when they come forward for a second career. Study by Derefinko et al. (2019), veterans have highlighted that mentorship and social services from other veterans were found of immense help especially for newly transitioning veterans during their acculturation process (military to civilian culture).

Physical and psychological injuries, and family and social relationships were also found to influence the reintegration process (Pease et al., 2015). Improper regulation of emotion during the transition phase by the military veteran is also contributing to veteran adjustment-related problems (Adler et al., 2011). Bowes et al. (2018) also revealed similar findings from their study conducted on 154 veterans in Scotland to explore how various psychosocial factors affect veterans' adjustment to a new civilian life. The researchers were also interested to find out the elements responsible for the improper adjustment of these veterans. The result of the study indicates that adjustment difficulty and way of life of veterans were correlated to various psychosocial issues. Cognitive reappraisal, mental health and experiential avoidance were the important indicators of adjustment related difficulty of the veteran. The relationship between veteran adjustment and mental health was mediated by experiential avoidance and cognitive reappraisal, with experiential avoidance as the stronger mediator. Study also reported many psychosocial factors such as mental health, experiential avoidance and cognitive reappraisal, stigma, and self-stigma were found to be a predictor of veteran adjustment-related problems.

Thompson et al. (2016) in their study explored level of mental health and well-being in general among Armed Forces veterans of Canada. Their findings reveal that although most of the veterans hold good mental health, many had mental health-related issues that affect their well-being and their functioning in their later lives. Recent veterans who have just left the Armed Forces were found more prone to have mental health-related issues as compared to other earlier-era veterans and serving personnel. The mental health of retired military personnel was found correlated with their physical health, poor adjustment patterns to civilian life and with many socio-demographic factors. The result of the study supports the multidimensional approach for enhancing the well-being and mental

health of veterans by supporting military civilian transition and access to better physical and mental health services.

A study by Kumar and Ghosh (2022a) was conducted on serving IAF personnel belonging to the airman cadre to infer the connection between psychological well-being and occupational conflict. Findings of the their study inferred that the participants showed more prominence in handling both types of conflicts i.e. work to family as well as family to work conflict. This in turn has shown excellence in their psychological well-being. They scored far better than the average in all domains of psychological well-being. The lesser conflict has resulted in the higher psychological well-being of serving IAF personnel. In the context of IAF particular, Kumar and Ghosh (2022b) also undertook a comparative study to compare the level of self-esteem and general health among the two important populations of the IAF i.e. serving personnel and Air Veterans. Results of the study showed higher proficiency in self-esteem as well as general health by the serving members as compared to retired members, despite the fact that the difference was not statistically significant in the domain of general health. The findings of the study were in line with earlier research by Boykin and Rice (2013) and may be attributed to the work environment during in-service, which contributes to better physical and mental health resulting in the overall well-being of serving personnel. Higher self-esteem has found as indicator of better general health among military personnel (Rohall et al., 2014).

Self-esteem and general health go hand in hand giving substantial contributions to the psychological well-being of a person. In the literature on military personnel and veterans, self-esteem has emerged as a significant reason for mental health and good quality of life and this in turn contributes to the overall well-being of these people (Carvajal et al., 1998). How one evaluates himself/herself and what beliefs he/she holds for himself/herself, are considered very crucial not only in knowing who he/she is but also in determining what he/she can do (Burns, 1982). These self-evaluations and beliefs by people go in a long way which not only guides them and also determines their behavioural outcome. Self-esteem and subjective well-being were found positively correlated and the substantial contribution of self-esteem can be seen in one's mental health and happiness

level (Zimmerman, 2000). Similarly, studies have also shown a high level of self-esteem as an indicator of lower depression resulting in better mental health among military members (Mann et al., 2004; Rohall et al., 2014). A study among US Army personnel informed a positive significant correlation of self-esteem with general health (Boykin & Rice, 2013). Some soldiers reported depression, mental health stigma and anxiety as a result of lower self-esteem (Green-Shortridge et al., 2007; Kim, 2021; Mann et al., 2004). Better adaptation to military culture has been established as a result of higher self-esteem in soldier's fraternity across the world and this enhanced self-esteem was found positively correlated with endurance, self-reported health, motivation and self-efficacy among military personnel (Rice et al., 2006). The study conducted on veterans also highlights that veterans who experience recurrent vacillations in their self-esteem and affect are found more susceptible to psychopathology than veterans who can effectively modulate their self-image and emotional reactions (Kashdan et al., 2006). The study also confirmed that veterans with Post-traumatic stress disorder (PTSD) exhibit added temporal fluctuations in self-esteem as compared to veterans without PTSD. Akin to previous studies, lower self-esteem and negative affective instability were found correlated with weakened well-being among veterans.

Changes in stable self-esteem occur as a consequence of a variety of transitions and major life events (Caspi & Roberts, 2001). Regardless of level of self-esteem or belief in their abilities while serving, many military personnel find transiting from service and to further assimilation back into civilian life to be extremely difficult and a long process. Transiting soldiers are inadequately prepared for the initial stages of transition, which may jeopardise their sense of self and self-worth. During this time, they may face a variety of challenges, including separation from military comrades, loss of previous military identity, a lack of order and purpose that characterised their service experiences, a sense of moral injury, confusion about military-civilian difference and changing masculine roles.

In US Military veterans, conformity to masculine norms was found significantly negatively correlated with psychological well-being with hardiness as a factor completely mediating the effect of masculine norms on psychological well-being (Alfred et al., 2014).

The mental health of veterans also played a major role during their transitional phase. During the literature survey, it was found that Veterans having mental health-related issues were found poorly adjusted after retirement (Ciarleglio et al., 2018; Cutright et al., 2014). Dickstein et al. (2010) concluded that stigma related to mental health is a significant challenge to the overall health and well-being of returning veterans. Social support systems play an important role in the transition from military to civilian life. It is difficult to name a single factor responsible for poor adjustment patterns. There are many factors such as individual adjustment factors, and effective management for the transitional phase by veteran and civilian transition support systems were found to be contributing to better social adjustment for veterans (Castro & Kintzle, 2016).

Similarly, post-retirement adjustment was found to be associated with retirement expectations and effective social support systems (Taylor et al., 2008). The changing effects of retirement expectations and social support on adjustment were investigated in two different time periods. It was discovered that early in the retirement process, expectations were more crucial in determining retired life satisfaction and began to diminish over time. Retirement expectations were found a major forecaster of retirement satisfaction and life satisfaction. This finding was consistent in that retirement should be viewed as a continuous transition. Different factors may predict adjustment as the nature of the retirement expectation changes and the demands on the retiree shift over time. In their study, social support had no effect on social or life satisfaction but did have an effect on retirement satisfaction later in the transition.

Improved social support, high levels of mastery and community belonging among military veterans lead to better self-reported health, lower levels of stress resulting in better adjustment to civil community (Hachey et al., 2016). Similar conclusions were also reported by Drebing et al. (2018), wherein the social support system in the process of community integration during the transitional phase of a veteran was found to be an important factor. The study conducted on 444 veterans found that involvement in Veteran Service Organisations (VSOs), can be very helpful to reduce social isolation and make the

military civilian transition a successful period instead of stressful (Russell and Russell, 2018).

Joining military service has been identified as a potentially protective turning point in the formation of social bonds and social control (Laub & Sampson, 2001). However, it is unclear how the transition from military to civilian life affects these returning soldiers' social bonds and mental health.

Military culture strongly contrasts with civilian culture because the military is acknowledged as a 'total institution' demanding soldiers to fully embrace the values, norms, and practices of the military (McGarry et al., 2015). When a veteran transitions to civilian culture, they encounter a looser, more flexible, and relaxed set of organisational norms. In a military organisation, the rank structure is one of the important structures which influence soldier management during their service. The rank held by the veterans during their retirement affects their psychological well-being of the veterans (Verma & Singh, 2016). The study confirmed that other ranks (ORs) have low psychological well-being (11.88) as compared to Junior Commissioned Officer (JCO) score (14.2) on psychological well-being.

Study done by Maharajan and Krishnaveni (2017) on inclusive management of ESM reveals that most Air Force personnel leave the Air Force between 35 to 47 years of age in contrast to civilians who retire normally between 57 to 60 years of age. The study highlights that the educational demands of their children are the main priority followed by finding civilian employment for themselves. Authors in the study highlight how the self-esteem of ESM boosts if proper and adequate resettlement facilities are provided to them. In one of the latest reviews by Shepherd et al. (2021) on the challenges faced by military veterans during their transitional phase, authors have found that military socialisation, stereotype threat/self-stigma and discrimination against being a veteran are some of the important elements that shape the experience of veterans' transition. The authors present the potential opportunity and emphasis for basic applied research in the domain of the

veteran's community, thereby finding out some interventions programme contributing to successful transition by these personnel.

In a study of 1080 Air Force recruits, Fiedler et al. (2004) discovered that features associated with various types of personality disorders are related to work performance and the ability to conform to the requirements of military life. The non-adaptive and adaptive personality schedules, as well as a peer nomination procedure, were used to assess traits associated with ten different types of personality disorders. This study shows that personality disorder traits and characteristics have a negative impact on military adjustment. Personality problems, as measured by self-report and peer-report, were linked to poor occupational functioning.

During the literature survey, very few studies were found that documented the successful transition of veterans from military to civilian (Ashcroft, 2014). MacBride (1976) examined the literature on retirement to find out if the damaging retirement stereotype is a reality or myth. There appears to be very little hard data to back up the stereotype, and it was noticed that the negative stereotype is a myth. Health, income, socioeconomic status, and personality structure, on the other hand, can predispose individuals to less fortunate retirement outcomes and experience transitional crisis as the majority of studies have documented in the above literature part.

Adjustment patterns during the transition are largely affected by the coping strategies used by the individual. In any challenging situation, two types of coping strategies are used by an individual i.e. (i) Approach coping or problem-focused coping and (ii) Avoidance coping. Problem-focused coping is active and directly focused on the elimination of the root cause of the problem. On the other hand, avoidance coping is passive and focused on looking for ways to escape during a challenging situation. When confronted with an extreme situation, an individual's coping strategies distinguishes those who do and do not suffer from psychological dysfunction. Veterans, less affected by battle-zone experiences, are found to cope with these situations effectively, whereas veterans who use more avoidance coping strategies during their deployment are highly vulnerable to being

identified with PTSD later in life. (Benotsch et al., 2000). The study also reported positive correlations between avoidance coping and poor health outcomes in the veteran community. Similarly, different health consequences were reported with different coping strategies in the past literature (Folkman & Moskowitz, 2004). Problem-focused coping, which involves focusing on situational demands and requires initiating a plan of action found linked with decreased anxiety, depression, somatisation (Greenglass & Burke, 2000) and contributes to better overall health (Parkes, 1990). Dealing with stressors with avoiding coping may reduce one's anxiety for a short period but in a long term, it creates distress (Begley, 1998; Tyler & Cushway, 1995). Soldiers who involve in 'avoidance coping' during deployment will felt more psychological distress and report more illness symptoms. A longitudinal analysis by Holahan and Moos (1986) highlights the importance of coping alongwith family support in predicting better psychological and physical adjustment. The findings of the study reveal a reluctance to use 'avoidance coping' and family support operated jointly to protect from adverse psychological consequences of life stress. The perception of having control over stressful and challenging situations is promoted through using problem-focused coping and such perception tends to reduce stress (Taylor & Brown, 1988).

A study by Romero et al. (2015) highlight the ways veterans select a coping style mainly influenced by: (i) Extend of integration of military culture on its members (ii) the severity and frequency of psychological symptoms among veterans (iii) Stigma of mental illness among military personnel (iv) Hesitancy in help-seeking behaviour. In their study, the authors concluded that avoidant coping is the default coping strategy used by many student veteran populations in the US. Avoidance coping results from reluctance to seek help from others among veterans, as they do not want to be viewed as dependent on others (Vacchi, 2012).

Veterans of IAF comparatively have better educational qualifications, technical skills, verbal skills in the English language and are used to of an urban-orientated lifestyle. These specific characteristics among Air Veterans make them subtly different from their counterpart in the Army and Navy (Kishore, 1991). However, in the current changing

scenario, such subtle differences are bridging and with this aspect, the researcher expects the result of this study can be widespread to the whole community of ESM in general and in particular to Air Veterans of IAF.

2.2 Research Gap

Existing literature has confirmed that only a small population of returning soldiers experience post-traumatic stress disorder (PTSD), however, a lot of studies have been carried out to document PTSD in the past (Mobbs & Bonanno, 2018). As confirmed by many studies, a majority of veterans experience transitional stress in many domains of life like re-employment, workplace adjustment, relational problems related to adjustment with family/friends, adopting the new civilian culture, etc. A recent study has also confirmed that many non-pathological factors contributing to transitional stress have been ignored and much focus was given to pathological factors of military veterans in past (Mobbs & Bonanno, 2018). The author in one of the research papers has suggested an extensive research program on the veteran transitional crisis. The present study will be helpful not only to identify the transitional crisis but also its influence on the adjustment and psychological well-being of a large population of veterans who had served the nation with full honour and pride, before hanging their uniform. During literature survey on the military veterans' community, it was also revealed that the majority of researchers have undertaken their research on military veterans. The control group (non-veterans) was found missing. This study will be unique as it is comparing the impact of the transitional crisis of the Air veteran community with serving Air Force personnel. The literatures reviewed have confirmed that adaptation to civilian society can largely be affected by effective emotional management skill by the veteran during the transition phase. Accordingly, many studies have tried to correlate emotion regulation with veterans' mental health. However, the contribution of emotional regulation in the adjustment and psychological well-being of veterans is the missing area discovered during the literature survey. This study will be helpful to uncover this missing area. In military research, issues related to the measurement of the exact estimation of factors contributing to psychological

well-being and adjustment cannot be overlooked. As, these factors keep on fluctuating over time because of the advancement of technology, the educational level of veterans, and the modernisation of the military structure. Hence, it becomes the need of hours to check the effect of factors contributing to the well-being and proper adjustment in the current changing scenario.

2.3 Need for the Present Study

Major life-course transitions include becoming an adult, finishing school, landing a job or losing one, getting married, developing health issues, losing a loved one, and retirement. Everyone generally faces challenges during transitions to varying degrees in many facets of life. During their time in the military, military members go through many transitions, including promotions, postings, unit moves, and operational deployments. Two major types of transitions are encountered by every military personnel during their life period. One is when they join the military service and the second is when they leave the military, which involves the total cultural shift from military personnel to civilians.

After analysis of the literatures on the existing phenomena of the transitional phase of military personnel, it was revealed that the literature has highlighted only pathological factors such as PTSD and many other physical visible issues. Recent studies have also confirmed that many non-pathological factors contributing to transitional crisis/stress have been ignored and much focus was given to pathological factors of military veterans in past (Mobbs & Bonanno, 2018). The current study would be helpful not only to identify the transitional crisis but also its influence on long-term adjustment and psychological well-being of a large population of Air Veterans, who had served the nation with full honour and pride, before hanging their uniform.

As discussed in this chapter, the majority of past studies in this domain have taken only military veterans. The appropriate control group was found missing in past studies. During this study, a systematic approach has been adopted to make it a unique study,

wherein along with the impact of the transitional crisis on the Air Veteran, researchers have documented the comparison between the Air Veterans and serving personnel to document the impact of transition in a more realistic way. Hence, it seems the need for hours to check the effect of the transitional phase on psychological well-being and adjustment in this population of Air Veterans in the prevailing changing set-up. As a result, the purpose of this study is to evaluate the effects of the latter transition phase, particularly on Air Veterans in the areas of adjustment and psychological health.

To achieve this predetermined purpose of this research study, a systematic approach was undertaken, wherein objectives formulated during the initial stage of the current study were explored. To verify the hypotheses of the current study, the data were obtained from Air Veterans whose retirement period was above three months and below three years. Along with this, data were also obtained from serving personnel to have a comparison between both the groups i.e. Air Veterans and serving Air Force personnel.

CHAPTER 3

METHOD

3.1 Problem Statement

Impact of the transitional crisis on adjustment and psychological wellbeing of Air Veterans.

3.2 Objectives

1. To assess and compare the level of adjustment between Air Veterans and serving Air Force personnel.
2. To assess and compare the level of psychological well-being between Air Veterans and serving Air Force personnel.
3. To investigate the type of coping strategy employed by Air Veterans during the transitional phase of Air Veterans during the transitional crisis.
4. To assess and compare the level of self-esteem and general health between Air Veterans and serving Air Force personnel.
5. To examine the relationship of adjustment with psychological well-being, coping, self-esteem and general health among Air Veterans.
6. To examine the relationship of psychological well-being with coping, self-esteem and general health among Air Veterans.

3.3 Hypotheses

H1: There will be no impact of Transitional Crisis on the Adjustment of Air Veterans.

H2: There will be no impact of Transitional Crisis on the Psychological Well-being of Air Veterans.

H3: There will be no difference in employing coping strategies during the transition phase by Air Veterans.

H4: There will be no impact of Transitional Crisis on the Self-esteem and General Health of Air Veterans.

H5: There will be no significant relationship of Adjustment with psychological well-being, coping, self-esteem and general health among Air Veterans.

H6: There will be no significant relationship of Psychological well-being with coping, self-esteem and general health among Air Veterans.

3.4 Methodology

The central goal of this research is to study the impact of the transitional crisis on Air Veterans in the domain of adjustment and psychological well-being post-transition. The purposive sampling method has been used for selecting the population of Air Veterans, as only those Air Veterans who have retired after completion of their initial term of engagement (i.e. 20 years) are selected for the present study. After selecting the population, snowball sampling technique was used to contact the participants. A survey method was employed for data collection from these selected samples. Since the population of the

present study is distributed across the country, the survey method was considered to be an appropriate one for collecting the data.

The present research study involves five variables i.e. Adjustment, Psychological well-being, coping strategy, self-esteem and general health. The quantitative method has been employed to quantify the collected data for further analysis of the result since employing quantitative methods for hypothesis testing delivers results with better reliability and validity (Cavana et al., 2001). Further, results from the quantitative method indicate good statistical shreds of evidence in terms of evaluating any variables or association between variables under study (Amaratunga et al., 2002).

A set of questionnaires was prepared and handed over to the participants for obtaining their responses. The obtained data during the study were analysed in terms of descriptive and inferential statistics through the software package Statistical Package for Social Sciences (SPSS) (22.0 version).

3.4.1 Area of the study

Since people across the country are part of the Indian Air Force and there is no restriction or reservation in terms of geographical area, the effort has been made to select samples across the country.

3.4.2 Sample for the study

Air Veterans: A veteran is a person who has a long career in a particular occupation or field. Air Veteran is a person who has served in Indian Air Force and presently has retired from active service. Air Veterans include officers, airmen as well as non-combatant enrolled personnel, who have retired from the Air Force. In the present study, only the airman cadre of Air Veterans has been studied.

Serving Air Force Personnel: This category will include serving Air Force personnel who served at least 10 years of service and are not on the verge of retirement.

The present study comprises 225 (N) male participants and is further divided into two groups:-

- (a) 150 (n_1) participants from Retired Air Force Personnel (Air Veterans) from different parts of India are taken, whose post-retirement period is between 3 months to 3 years only. Participants are from pan India. These participants were matched as far as practicable concerning their age, educational level, occupation and type of retirement i.e. volunteer retirement on completion of the initial term of engagement.
- (b) 75 (n_2) participants (serving Air Force Personnel) have been taken as part of the study. These participants possess a considerable length of service (more than 10 years) and are not on the verge of completing their initial term of engagement.

3.4.3 Calculating Sample Size

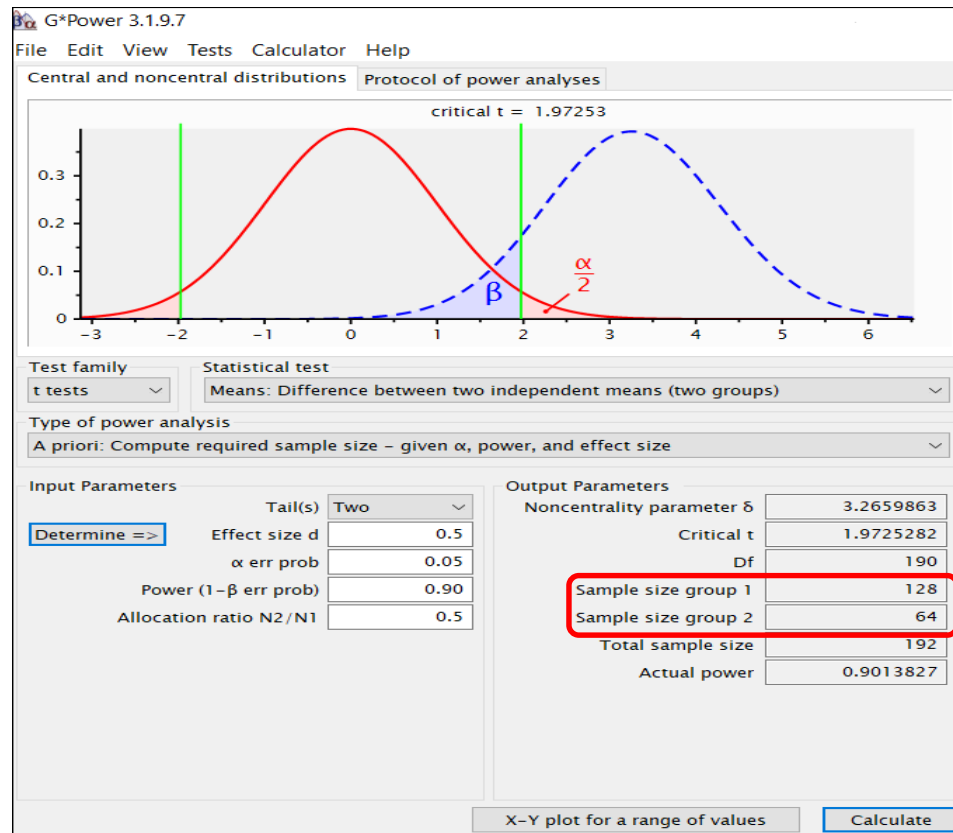
In the present study, sample size ($n_1 = 150$ & $n_2 = 75$) was determined using G*Power 3 statistical test analysis commonly used in social and behavioral research (Erdfelder, Faul, & Buchner, 2007). G*Power 3 is a major extension and improved version widely runs on computer platforms like Windows XP, Windows Vista, and Mac OS X 10.4. It covers many different statistical tests like t, F, Z and O2 test families. This test provides better effect size calculators and graphic options. Calculating the appropriate sample size using G*Power 3 basically involves the following four steps:

- (a) Select the statistical test appropriate for the problem (Means: Difference between two independent means - two groups) was used in the present study.
- (b) Choose one of the five types of power analysis (A priori: Compute required sample size – given α , power ($1 - \beta$) and effect size.

- (c) Provide the input parameters required for the analysis.
- (d) Click on “Calculate” to obtain the results.

In the present study, ‘independent t-test’ was used to compare the mean difference between the two groups. Input parameters for calculating the sample size were taken as : significance level (α) = 0.05, power ($1 - \beta$) = 0.90 and effect size = 0.5. With these input parameter, sample size of group 1 (n_1) and group 2 (n_2) was calculated as 128 and 64 respectively (refer to Figure 3.1). However, as a buffer to meet the attrition the sample size of group 1 (n_1) and group 2 (n_2) was taken as 150 and 75 respectively.

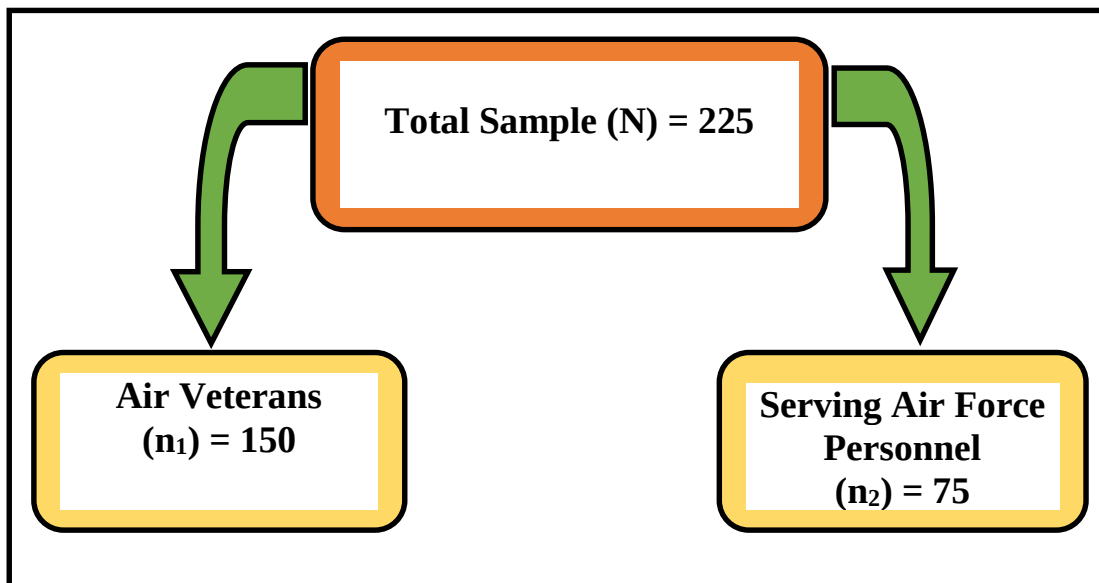
Figure 3.1 Calculating Sample Size using Test Specification in G*Power 3.0



3.4.4 Sampling Technique

Non-probability sampling technique was used for selecting the sample. Under non probability sampling, purposive sampling method was used for population selection. This was done as per the inclusion and exclusion criteria as per the objectives of the study, which are mentioned subsequently. After identifying the target population, samples were selected based on the snowball technique of sample selection. Non-probability sampling is considered more appropriate and more frequently employed in fieldwork research (Bryman & Bell, 2015). Specifically, studies with humans as subjects are less likely to involve random samples (Polit & Beck, 2010). According to Cooper and Schindler (2011), a carefully planned non-probability sample can produce accurate and significant results.

Figure 3.2 Sample Distribution



3.5 Research Design

Ex Post Facto research has been employed for the present research since the participants are selected based on specific characteristics as per the inclusion/exclusion criteria mentioned subsequently.

3.6 Sample Selection Criteria

3.6.1 Inclusion Criteria

In the present study, responses were collected only from the IAF population (Air Veterans and serving personnel) between the age group of 38 to 45 years. The participants were all married men who were part of the IAF's Airmen cadre. Air Veterans, who have opted for discharge from service on accomplishment of their initial term of engagement of Air Force service (i.e. 20 years), are included in the present study. Air Veterans with a retirement period between 3 months to 3 years were included as part of the study.

3.6.2 Exclusion Criteria

The study did not include participants from the sister services, such as the Army or Navy. Since the study's age range was limited to participants aged 38 to 45, neither individuals under 38 nor beyond 45 were taken into consideration. Participants who were single and female participants were also excluded from the study. Air Veterans, who have been discharged from service on other grounds such as compassionate grounds/self medical grounds / dependent medical grounds / disciplinary grounds are not the part of sample for the present study. Air Veterans with retirement durations of less than three months and more than three years are also excluded from the sample.

3.7 Variables

1. Adjustment
2. Psychological well-being
3. Coping Strategy
4. Self-esteem
5. General Health

3.8 Assessment Tools

1. Personal Adjustment Inventory (PAI) (Deshpande, 1982)
2. Psychological Well-being Scale (Ryff, 2007)
3. Brief COPE (Carver, 1997)
4. Rosenberg Self-Esteem Scale (Rosenberg, 1965)
5. General Health Questionnaire (GHQ-12) (Goldberg & Williams, 1988)

3.8.1 *Personal Adjustment Inventory*

Personal Adjustment Inventory (PAI) is developed by Dr. C.G. Deshpande in 1982. It is a 20 statements inventory, wherein a participant has to see how far each statement applies to him on a three-point scale. This inventory is useful for identifying mainly two domains of an individual:-

- (a) To know the personal adjustment of an individual
- (b) To know the degree of personal mental health.

A person who is well-adjusted has specific behavioural traits, such as the ability to follow social norms, awareness of one's strengths and limitations, and confidence in oneself and others. These individuals exhibit a strong feeling of security and accountability, are able to meet their own and others' emotional needs, have well-defined life goals and are realistically adapted. On the other hand, someone who lacks several of these traits is said to be maladjusted and would need counselling and other psychological remedial methods.

Scoring: Responses are scored on 3 points scale e.g. Always, Sometimes and Never.

Always	=	2
Sometimes	=	1
Never	=	0
Range	=	0 to 40

Table 3.1 Norms and Scores of Personal Adjustment Inventory (PAI)

	Very High Adjustment	High Adjustment	Average Adjustment	Poor Adjustment	Very Poor Adjustment
Personal Adjustment	0-8	8-16	16-24	24-32	32-40
Mental Health	Highly Satisfactory	Satisfactory	Indifferent	Unsatisfactory	Highly Unsatisfactory
	0-8	8-16	16-24	24-32	32-40

Reliability & Validity: It has a reliability of 0.81 as measured by the split-half method using even-odd scores. The validity of this inventory is measured against their marriage adjustment scores by-biserial correlation and is found to be 0.35.

3.8.2 Psychological Well-being Scale

Psychological Well-being scale (Ryff, 2007) has been used to assess Psychological Well-Being. It is a 42 items measure that assesses six aspects of psychological well-being, including self-acceptance, environmental mastery, personal growth, and positive relationships with others. This test requires 6 to 8 minutes to complete with a reading level of 6th to 8th standard.

Scoring: The answer format for the scale is 1 = strongly agree; 2 = somewhat agree; 3 = a little agree; 4 = neither agree nor disagree; 5 = a little disagree; 6 = somewhat disagree; 7 = strongly disagree. Distribution of items as per sub-dimension is as follows:-

Table 3.2 Scoring System of Various Sub-dimensions of Psychological Well-being Scale

Dimensions of Psychological Well-being	No of items	Item No.
Autonomy	07	1, 13, 24, 35, 41, 10 and 21
Environmental Mastery	07	3, 15, 26, 36, 42, 12 and 23
Personal Growth	07	5, 17, 28, 37, 2, 14 and 25
Positive Relations with Others	07	4, 7, 18, 30, 38, 16 and 27
Purpose in Life	07	9, 20, 32, 39, 6, 29 and 33
Self-Acceptance	07	11, 22, 34, 40, 8, 19, and 31
Total Items	42	

Out of the 42 items, item no. 1, 2, 3, 4, 6, 7, 11, 13, 17, 20, 21, 22, 23, 27, 29, 31, 35, 36, 37, 38, and 40 are reverse-scored. These items are written in the inverse order of what the scale is measuring. The reverse-scoring items are scored as: $\{(\text{Number of scale points}) + 1\} - (\text{Respondent's answer})$. For example, item no 7 is a 7-point scale. Suppose a respondent has answered 3 on item no. 7, the resultant score on item no. 7 would be recorded as $(7 + 1) - 3 = 5$.

In this way, the total score for each sub-dimension can be calculated by adding the score of each item in that sub-scale considering the reverse scored item. Similarly, the total score of all six sub-dimensions gives us the overall psychological well-being of the subjects.

Reliability: The test-retest reliability coefficient value was 0.82.

3.8.3 The brief-COPE

The brief-COPE inventory is developed in 1997 by Carver. A 28-item self-report questionnaire called the Brief-COPE has been used to measure the effectiveness of coping strategies for stressful life events. According to a broad definition, "coping" refers to actions taken to lessen the discomfort brought on by traumatic situations. This scale is frequently used in a healthcare context to gauge how patients are reacting to a serious diagnosis. This inventory's main goal is to assess a person's capacity for dealing with a variety of difficulties. A person's principal coping mechanisms might be identified on the scale as Approach Coping or Avoidant Coping. The physical health of people with medical issues is correlated with avoidant coping. Avoidant coping has been proven to be less successful at reducing anxiety than Approach coping. Approach coping is connected to more positive reactions to adversity, such as practical adaptation, improved physical health, and more steady emotional reactions.

Scoring: The responses are coded in the following manner across all statements:

- 1 = I haven't been doing this at all
- 2 = I've been doing this a little bit
- 3 = I've been doing this a medium amount
- 4 = I've been doing this a lot

Table 3.3 Scoring System of Sub-dimensions of the Brief-COPE Scale

Dimensions	Item No.
Avoidant Coping	1, 3, 4, 6, 8, 9, 11, 13, 16, 19, 21 and 26
Approach Coping	2, 5, 7, 10, 12, 14, 15, 17, 20, 23, 24 and 25

Despite the fact that all sub scales (i.e. 14) have only two items in each, their reliabilities all meet or exceed the minimally acceptable reliability value of .50. In fact, all subscales have reliability of more than .60 except for Venting, Denial and Acceptance sub scales (Carver, 1997).

3.8.4 Rosenberg Self-Esteem Scale

To gauge a person's degree of self-esteem, Rosenberg (1965) scale was used. It was first designed exclusively to evaluate high school pupils' self-esteem. However, since its foundation, this scale has been predominantly used for various populations, including adults, using the scale's established norms. It is a 10 items scale using the Guttman scaling method, which has satisfactory reproducibility and scalability. The following theoretical and practical considerations were taken into account while constructing this measure:-

1. Ease of administration
2. Economy of time
3. Unidimensionality
4. Face validity

Administration of the Scale: Since it is only a 10 items scale, it requires hardly a few minutes to administer.

Scoring and Interpretation: Scoring involves the procedure of combined ratings. Low self-esteem responses are "disagree" or "strongly disagree" on items 1, 3, 4, 7, and 10, and "strongly agree" or "agree" on items 2, 5, 6, 8, and 9. The scale can also be scored by totaling the individual 4-point items after reverse-scoring the negatively worded items.

Table 3.4 Scoring System of the RSE Scale

Scoring	Strongly Agree	Agree	Disagree	Strongly Disagree
Items 1, 3, 4, 7,10	1	2	3	4
Items 2, 5, 6, 8, 9	4	3	2	1

Reliability: The scale has a coefficient of reproducibility of 0.92, indicating great internal consistency. Over a period of two weeks, test-retest reliability revealed correlations of 0.85, showing outstanding stability.

Validity: Using known groups, this scale demonstrates concurrent, predictive, and construct validity. The RSE has a strong correlation with other self-esteem measures, such as the Coopersmith Self-Esteem Inventory. The RSE is also predicted to be related to measures of anxiety and depression.

3.8.5 General Health Questionnaire-12 (GHQ-12)

GHQ-12 was used to assess general health and identify participants' psychological distress. It was developed by Goldberg in 1976. By virtue of its reliability, validity, ease/quickness of administration and usefulness, this scale is used worldwide. It measures general mental health domains of anxiety, depression, somatic symptoms and social withdrawal. Items are designed in such a way that they assess the respondent's present state and whether that differs from 'normal', focusing particularly on the ability to carry out regular functions, or the appearance of new and distressing symptoms. The resulting rating reflects the current psychiatric status in relation to the usual status. Goldberg's GHQ-12 was adopted to assess general health and identify participants' psychological distress. GHQ-12 is a quick screener commonly used in surveys as compared to other versions of GHQ i.e. GHQ-60, GHQ-30 and GHQ-28. Twelve items on a four-point Likert scale are used to assess general health. Like, items included in test "Have you recently been able to enjoy your normal day-to-day activities?", "Have you recently been able to concentrate on whatever you're doing?" and "Have you recently been losing confidence in yourself?" Higher scores on the test indicate psychological distress and lower score indicate better well-being and general health. The test may be scored in four ways:-

- (a) Likert scoring (0-1-2-3) **(Researcher adopted this method)**
- (b) Modified Likert Scoring (0-0-1-2)
- (c) C-GHQ scoring (0-0-1-1 for positive items and 0-1-1-1 for negative items)
- (d) GHQ scoring (0-0-1-1)

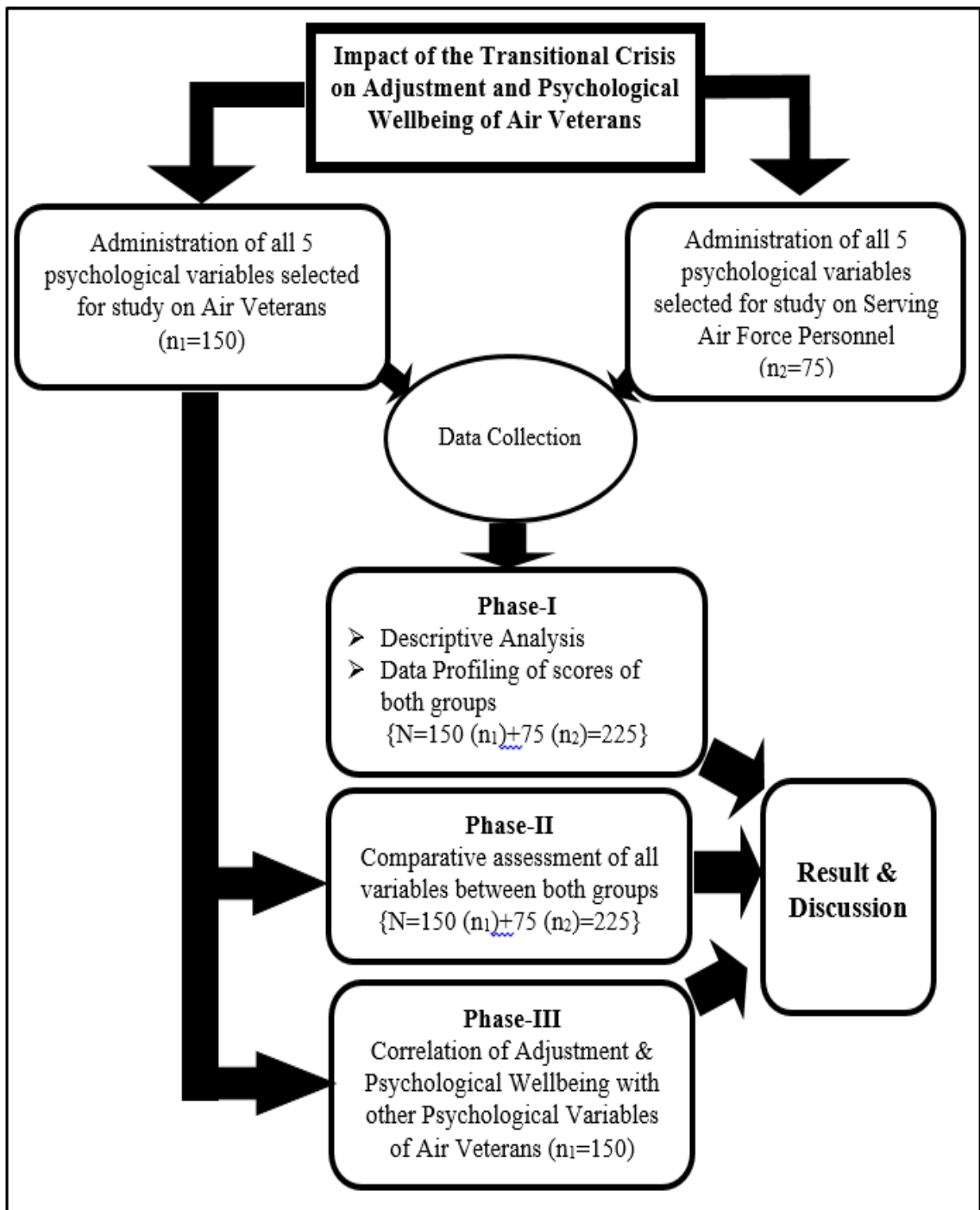
Out of above four methods of scoring, the Likert method is more suited when the research aims to assess severity as per the test author. In the present study, the Likert scoring method has been used to score the items of this test, as it produces a wider and smoother score distribution to assess severity. Higher scores indicate more severe conditions. GHQ-12 will yield only an overall total score.

Table 3.5 GHQ-12 Scores Interpretation

Scores	Interpretation
7 and Below	Probable Normal
8 – 15	Probable Psychiatric Cases
Above 15	Definite Psychiatric Cases

Reliability: The Cronbach alpha coefficient for the GHQ ranges from 0.82 to 0.86.

Figure 3.3 Flow Chart of Methodology of the Study



Source: Researcher's data

3.9 Procedure

The present study comprises two groups: Air Veterans and serving Air Force Personnel. As far as the sample from the Air Veterans population is concerned, only Air Veterans who were between the retirement period of 3 months to 3 years were included as part of the study, as per the inclusion criteria. Air Veterans participants of the study were contacted through purposive sampling followed by the snowball sampling technique.

Contact and address details of Air Veterans as per stated inclusion criteria were taken from various Zila Sainik Boards in person / telephonically and from the last duty stations (Air Force Stations) of those Air Veterans. After obtaining the contact details, the researcher contacted those Air Veterans and briefed them about the purpose of the contact. Many of them show curiosity about knowing the purpose of the study on the telephone itself, their request was immediately fulfilled. The participants were approached on an availability and consent basis.

The research study's purpose was explained to all participants. Preliminary information from the subjects was taken using an information schedule 'Demographic Information' placed at "**Appendix A**". 'Informed Consent' placed at "**Appendix B**" was taken from each participant before the administration of the test. Only those participants who volunteered to participate in this research study were administered psychological tests.

Participants who were settled within the physical proximity of the researcher were contacted in person. Many of the participants have appreciated the effort of the researcher in undertaking a research study towards the Air Veterans community. Before the administration of the test, researcher established a good rapport with the participants of the study. The psychological tests were administered in two sessions. In between two sessions, participants were provided with sufficient rest pauses (10 to 15 minutes) to overcome the boredom susceptibility factor, if any. Care was also taken to avoid the order effect of the tests for which the sequence of the administration of tests was changed for different

subjects randomly. The psychological tests were administered following standard procedures devised by the respective test devisor.

Participants' cooperation was not only limited to filling up the self-report inventories but also they were volunteered to share the contact details of their fellow Air Veterans, which could participate in the present study. Participants who were located at far / distant places across the country were asked about their convenience in filling up the self-report inventories. For those who have given their preferences for filling up the inventory in hard copy mode, a complete set of the self-report inventory along with a consent form was forwarded to their postal address through registered post. A self-address envelope (with a postal stamp) for returning those filled inventories was also attached along with the set of questionnaires. Participants were requested to speed post the self-report inventory after marking the responses as per their convenience. Those participants, who have given preference for the online mode for recording their responses, self-report inventories in the appropriate form (Email/Google forms) along with the consent form were forwarded to their electronic addresses. These participants were also briefed in detail about the objectives of the current study by the researcher. The researcher has also informed instructions for filling up the responses in the self-report inventories.

The researcher has maintained a complete database along with the brief details of participants, who have been provided with research questionnaires. Many of the participants responded very quickly and returned the filled-up questionnaire immediately. However, those who have not responded within 2 weeks, were contacted again by the researcher and were requested to record their responses.

With this comprehensive methodology of data collection, the researcher collected responses from 155 Air Veterans as per the inclusion criteria mentioned in the preliminary stages of the research. However, three participants who either did not meet the inclusion criteria or did not fill up the questionnaires completely were therefore discarded from the study. Two responses were rejected as either the consent forms were not signed by the participants. Hence, a total of five responses were discarded from the obtained samples.

During the interaction, many of the Air Veterans requested the researcher to communicate the result/outcome of the study. The researcher has assured them about this aspect.

For administering the psychological inventories on serving Air Force personnel, the researcher requested the permission from the appropriate Air Force Authority and the permission was granted subject to adherence to the confidentiality of data. The researcher has ensured the confidentiality of data at every stage of the present study. After obtaining the permission, participants (serving personnel) who fulfilled the inclusion criteria were informed about the purpose of the research. After obtaining the participant's written consent, two sets of self-report inventories were administered to 75 serving Air Force personnel with a time interval of 10 to 15 minutes in between both sets. At the onset, the first set containing psychological well-being and personal adjustment inventory was handed over to the participants for completion. After a few intervals, the second set containing leftover three inventories i.e. GHQ-12, coping inventory and self-esteem inventory were handed over to participants for completion by randomly changing the sequence of these inventories. The sequence of administration of these inventories was done to remove any sequence effect if any.

On completion of data collection from both groups, data were tabulated, scrutinised & scored. Scoring was done strictly as per the instructions and guidelines provided in the respective test manuals. After scoring, total score of each participant on all five inventories was tabulated along with the score on sub-dimensions, as applicable.

3.10 Statistical Analysis

Statistics involve the scientific method, by which information is collected, organised, analysed and interpreted to arrive at decision-making. It deals with many aspects of data collection, selecting an appropriate and systematic research design. The data obtained were analysed through descriptive and inferential statistics through MS Excel and SPSS software. Descriptive statistical techniques such as mean and standard deviation;

inferential statistics techniques like t-test and correlation are used for the analysis of the data. Statistical analysis techniques as mentioned in Table 3.6 are used to test and verify the proposed hypotheses of the study.

Table: 3.6 Hypotheses Formulated and Statistical Tests Applied

Sl No.	Hypotheses	Statistical test/s applied
1.	H₀1: There will be no impact of Transitional Crisis on the Adjustment of Air Veterans.	Descriptive Statistic: Mean and SD. Inferential Statistic: Independent samples t-test
2.	H₀2: There will be no impact of Transitional Crisis on the Psychological Well-being of Air Veterans.	Descriptive Statistic: Mean and SD. Inferential Statistic: Independent samples t-test
3.	H₀3: There will be no difference in employing coping strategies during the transition phase by Air Veterans.	Descriptive Statistic: Mean and SD. Inferential Statistic: Independent samples t-test
4.	H₀4: There will be no impact of Transitional Crisis on the Self-esteem and General Health of Air Veterans.	Descriptive Statistic: Mean and SD. Inferential Statistic: Independent samples t-test
5	H₀5 There will be no significant relationship of Adjustment with psychological well-being, coping, self-esteem and general health among Air Veterans.	Inferential Statistic: Pearson's product-moment correlation
6	H₀6 There will be no significant relationship of Psychological well-being with coping, self-esteem and general health among Air Veterans.	Inferential Statistic: Pearson's product-moment correlation

3.11 Ethical Considerations

This study is conducted after the approval of the Department Doctoral Board and Centre of Research Degree Programmes (CRDP), Lovely Professional University, Phagwara (Punjab). The researcher also obtained prior permission from the Indian Air Force authority for obtaining data from serving Air Force personnel. Ethical principles formed by World Medical Association (WMA) and American Psychological Association (APA) are followed in letter and spirit. “*Statement of ethical principles for medical research involving human subjects*” as framed by WMA was primarily to adhere during medical researches. However, other research involving human participants is also encouraged to abide by these principles. Due to the involvement of human participants, these principles are also followed by the researcher in the present study. In addition, the following ethical principles laid down by APA are adhered to during the study:-

1. Beneficence and Non-maleficence
2. Fidelity and Responsibility
3. Integrity
4. Justice
5. Respect for People's Rights and Dignity

3.12 Summary

The precise research method and design used for the current study were covered in detail in this chapter. Each hypothesis has been tested in the following chapter (Chapter 4), using the aforementioned descriptive and inferential statistical approaches, and conclusions have been formed based on the analysis and interpretation of the data obtained. The examination and discussion of the data dominate the next chapter.

CHAPTER 4

RESULTS AND DISCUSSION

In the previous chapter, the methods used for the current study were discussed. This section pertains to the findings and discussion of the present study. It provides a preview of the descriptive and inferential statistics used during the study. The data tabulated in the Tables has been described and interpreted under each Table. The results of the study have been discussed in light of the objectives. To achieve the aim of the study, the objectives of the present study are divided into three phases. In the first phase, the objective is to assess the levels of adjustment, psychological well-being, type of coping strategy employed, self-esteem, and general health of the Air Veterans during their transitional period. Data profiling is performed after assessing the level of all variables to determine the nature and shape of data distribution. In the second phase, the objective is to compare the levels of the stated psychological variables between Air Veterans and serving Air Force personnel. In the last phase, the correlation of adjustment and psychological well-being with other psychological variables under study were analysed. Standardised tools suitable for these variables were used to obtain responses from the participants. Finally, responses from 150 Air Veterans (n_1) and 75 serving Air Force personnel (n_2) were obtained to analysed the result. Following the data collection, analysis of the data was carried out quantitatively through both descriptive and inferential statistics.

Descriptive statistical techniques like mean and standard deviation; inferential statistical techniques like t-test and correlation have been used for analysis of the obtained data through the SPSS 22.0 version. The statistical significance level was considered at $p \leq .05$ and $p .01$. The obtained data was tabulated, and the following statistical analysis were carried out for data analysis: -

Phase I

- Descriptive analysis: Mean and SD
- Data profiling

Phase II

- Inferential analysis: student's t-test

Phase III

- Pearson Product Moment Correlation

Results obtained are presented and discussed in three phases in the present study. In the first phase of the study descriptive analysis mean and SD is applied to find the level of all psychological variables among Air Veterans group followed by data profiling. In the second phase, student's t-test is applied to compare the levels of all psychological variables between Air Veterans and serving Air Force personnel. In the last phase of the study Pearson Correlation analysis is used for statistical analysis of the obtained result for Air Veterans group.

The following acronyms have been used throughout the different chapters:

Acronym Description

ADJT	Adjustment
PWB	Psychological well-being
AU	Autonomy
EM	Environment mastery
PG	Personal growth
PL	Purpose in life
PR	Positive relations with other
SA	Self-acceptance

COPE	Coping Strategies
GHQ	General Health Questionnaire
SE	Self-esteem
t	Student's 't' statistics
F	F value in ANOVA
p	Probability value
Sig.	Significance
M	Mean
SD	Standard Deviation
N	Total number of participants
n₁	Participants in group 1
n₂	Participants in group 2
NS	Non-significant

Table 4.1 Demographic and Service Profile of Air Veterans

	n	Percentage
Length of service rendered in IAF (N = 150)		
[1] Between 19 to 20	113	75.3
[2] Between 21 to 22	37	24.7
Present age of veterans in years (N = 150)		
[1] 38 – 40	73	48.7
[2] 41 – 42	38	25.3
[3] 43 – 45	39	26.0
Time period since discharge from IAF (in months) (N = 150)		
[1] Discharge period < 6	22	15
[2] Discharge period 7 to 12	24	16
[3] Discharge period 13 to 18	21	14
[4] Retirement period 19 to 24	26	17
[5] Retirement period 25 to 30	18	12
[6] Retirement period 31 to 36	39	26
Size of family i.e. number of family members (N = 150)		
[1] Up to 3	33	22
[2] 4	63	42
[3] 5 and more	54	36
Education (N = 150)		
[1] Intermediate	4	3
[2] Graduation & Equivalent	54	36
[3] Post-Graduation & Equivalent	92	61
Occupation after Discharge (N = 150)		
[1] Govt Sector	54	36
[2] Pvt Sector	22	14.7
[3] Own Business	20	13.3
[4] Not occupied	54	36
Trade while in IAF (N = 150)		
[1] Non-Technical	109	72.7
[2] Technical	41	27.3

4.1 Phase I

4.1.1 Descriptive Analysis

In this initial phase of the study, a descriptive analysis of all psychological variables under study, i.e., level of adjustment, psychological well-being, coping strategies employed (avoidant versus approach coping), self-esteem, and general health in respect of the Air Veterans was carried out, and accordingly, the discussion was done in the light of empirical and theoretical research background.

Transiting from civilian to military and then from military to civilian culture is a unique phenomenon in the life of a soldier. This transitional shift brings a lot of challenges to adjusting to the new culture. In the present study, military to civilian transition is focused upon. Thus, the primary aim of this research is to find the psychological impact of this transitional phase, especially on Air Veterans.

Obtained mean scores and SD of all variables in respect of Air Veterans are shown in Table 4.2 followed by a graphical representation at Figure 4.1. The following objectives are partially achieved in phases I and II. In phase-I, assessment of the level of all psychological variables in respect of Air Veterans are analysed. In phase II, for a deeper understanding, a comparison of all psychological variables between Air Veterans and serving Air Force personnel is drawn.

Objective-1

To assess and compare the level of adjustment between Air Veterans and serving Air Force personnel.

Objective- 2

To assess and compare the level of psychological well-being between Air Veterans and serving Air Force personnel.

Objective- 3

To investigate the type of coping strategy employed by Air Veterans during the transitional phase.

Objective-4

To assess and compare the level of self-esteem and health general between Air Veterans and serving Air Force personnel.

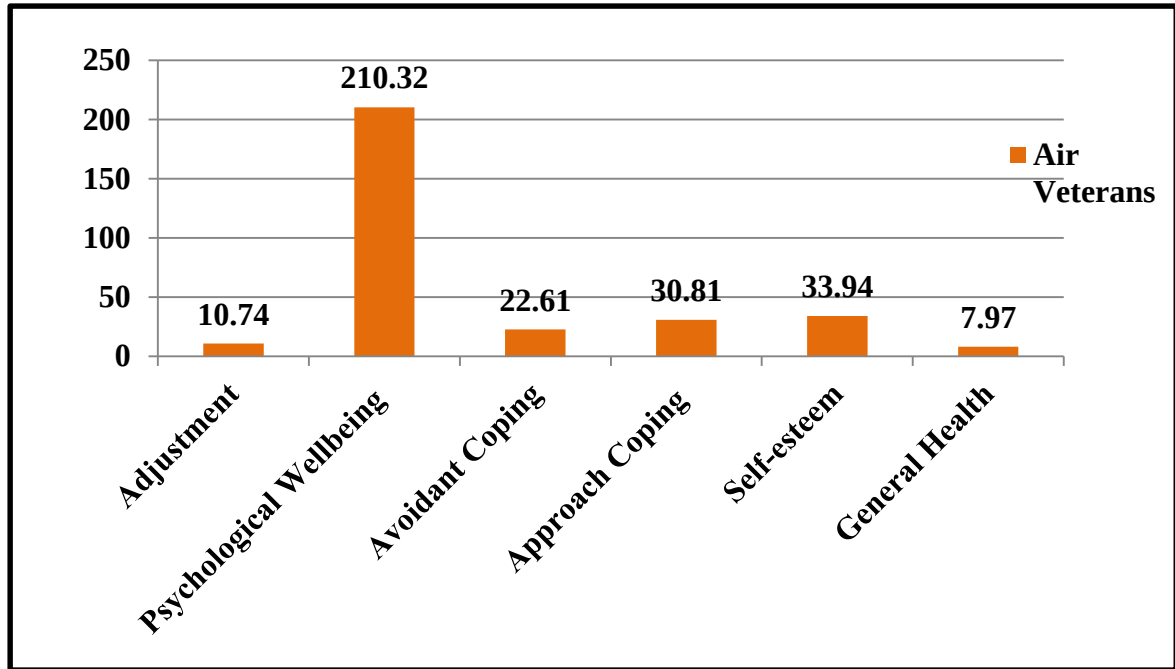
Table 4.2 Mean and SD Scores of Psychological Variables for Air Veterans

Variables		Mean Scores (n ₁ = 150)	SD
Adjustment		10.74	4.11
Psychological Well-being		210.32	17.63
Coping Strategies	Avoidant Coping	22.61	4.66
	Approach Coping	30.81	7.74
Self-esteem		33.94	4.25
General Health		7.97	3.03

Table 4.2 depicts the mean analysis of psychological variables under study in respect to Air Veterans during the transitional stage. In the domain of adjustment, the score (**M = 10.74, SD = 4.11**) indicates average adjustment (mean ranging from **8 to 24**) as per test norms. Scores on this variable indicate an average level of personal and mental health adjustment among Air Veterans during their transition phase. In the domain of psychological well-being, scores (**M = 210.32, SD = 17.63**) were reported. Mean scores on avoidant coping (**M = 22.61, SD = 4.66**) and approach coping (**M = 30.81, SD = 7.74**) indicate that out of the two coping strategies, i.e., avoidant coping and approach coping, Air Veterans were more inclined to employ approach coping when they entered the transitional phase. In the domains of general health and self-esteem, scores (**M = 7.97, SD**

= 3.03) and ($M = 33.94$, $SD = 4.25$) were reported by this group respectively. A graphical representation of the mean score on all psychological variables is shown in Figure 4.1.

Figure 4.1 Graphical representation for mean scores of Psychological variables for Air Veterans



4.1.2 Data Profiling

To better understand the shape and nature of data distribution and for better understanding of the variables under study, data were profiled before selecting any statistical techniques for further analysis. Through data profiling, any interference by errors can be precluded at the initial stage itself (Hair et al., 2018), which otherwise could go unnoticed. Data profiling, also known as "data examination", assesses the impact of outliers, missing data and checks whether the data meets the required assumptions underlying the statistical analysis which researcher intended to employ during the study for analysis. These errors could affect the actual results of the research without the knowledge of the researcher if they go unnoticed. Violation of the assumptions underlying any

statistical tests may result in the non-significance of the obtained results and their further generalisability. Thus, before employing any statistical tests, collected data was profiled to address technical issues such as the presence of outliers, missing data, and finally, the assumptions which are the foundation for selecting any statistical technique for statistical inferences and results. Following statistical methods were employed for reasons mentioned in the bracket:-

1. Q-Q (quantile-quantile) plot (for normality)
2. Boxplot (for detection of outliers)
3. Welch's t-test (making decisions regarding deletion or retention of outliers)
4. Testing of assumptions of statistical Test

1. **Q-Q plot**

The SPSS version 22.0 is used to build the Q-Q plot of the data pertaining to each variable for the both groups. It shows the distribution of the data against expected normal distribution. If the data is normally distributed, all the observations should lie approximately on a straight line. The visual inspection of Q-Q plots for Air Veterans (refer Figures 4.2 to 4.7) and serving Air Force personnel (refer Figures 4.8 to 4.13) suggests that the shape of data is within the normal range required for conducting further inferential statistics.

Figure 4.2 Q-Q plot of Adjustment for Air Veterans

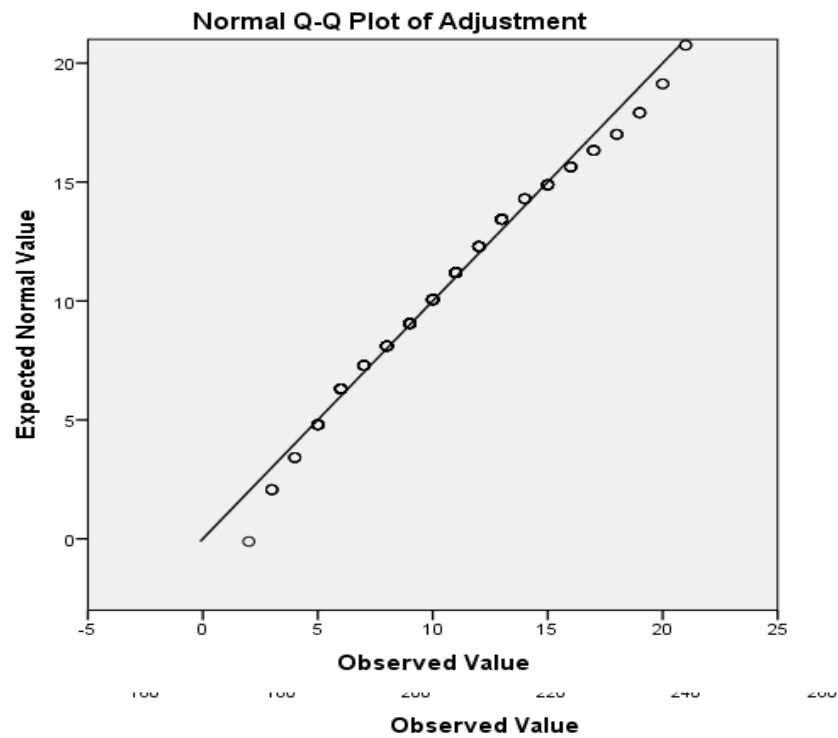


Figure 4.3 Q-Q plot of Psychological Well-being for Air Veterans

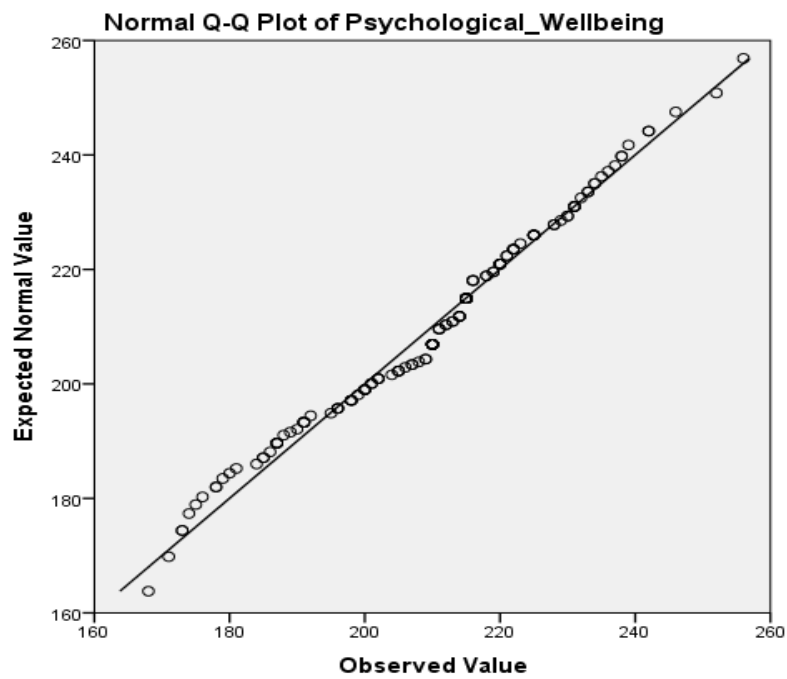


Figure 4.4 Q-Q plot of Approach Coping for Air Veterans

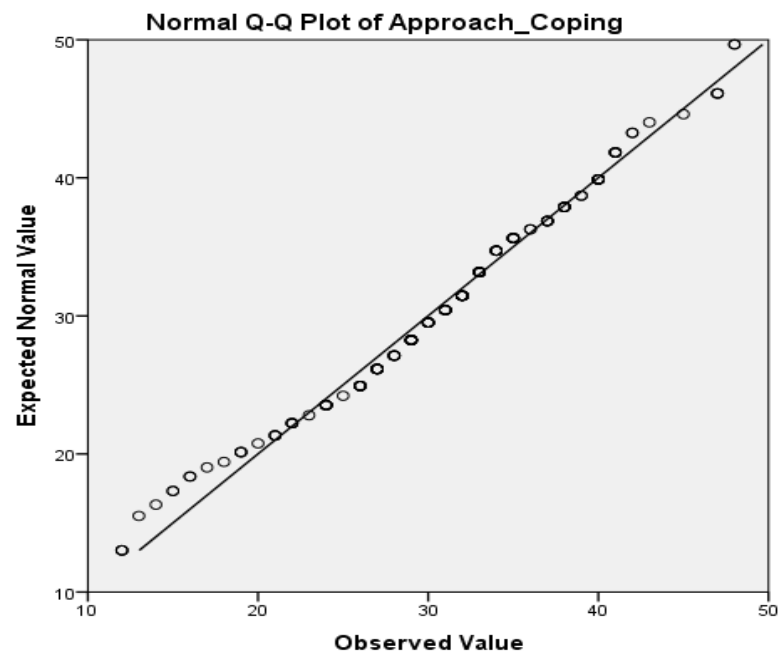


Figure 4.5 Q-Q plot of Avoidant Coping for Air Veterans

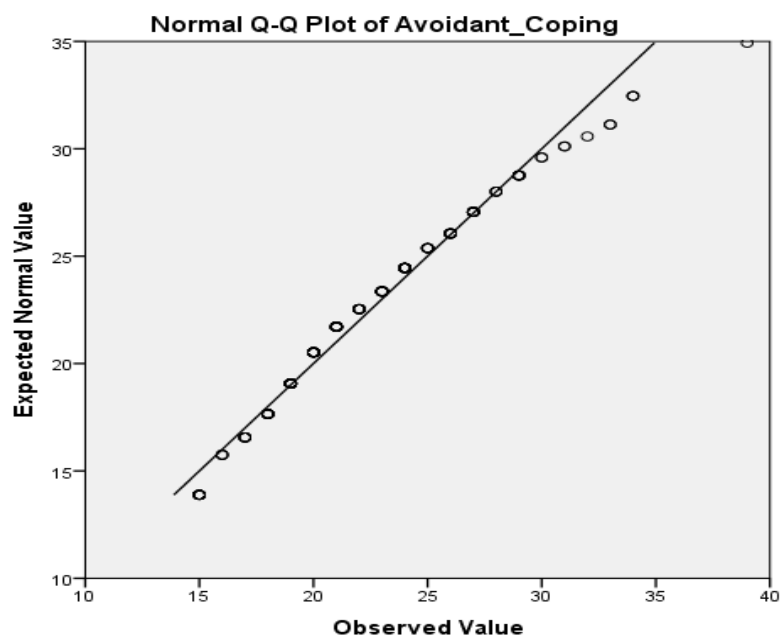


Figure 4.6 Q-Q plot of Self-esteem for Air Veterans

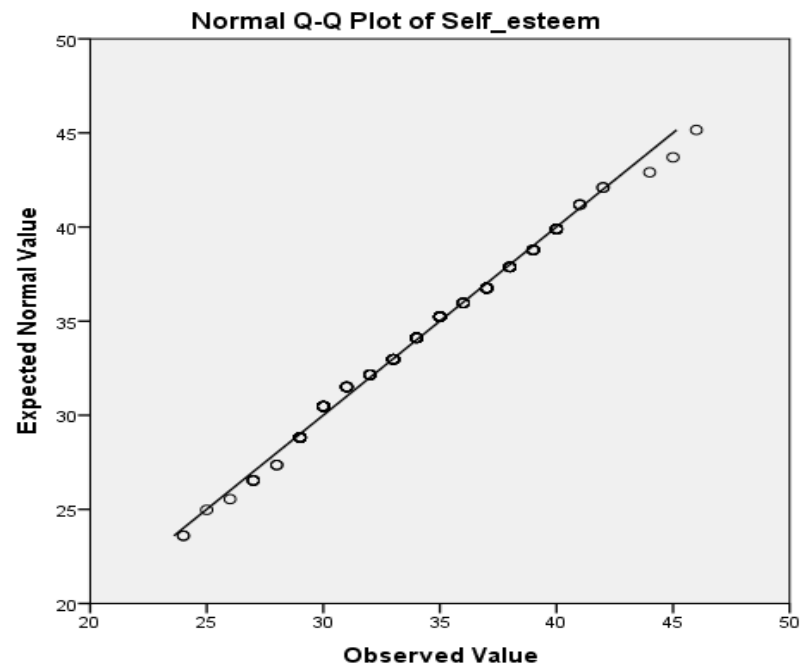


Figure 4.7 Q-Q plot of General Health for Air Veterans

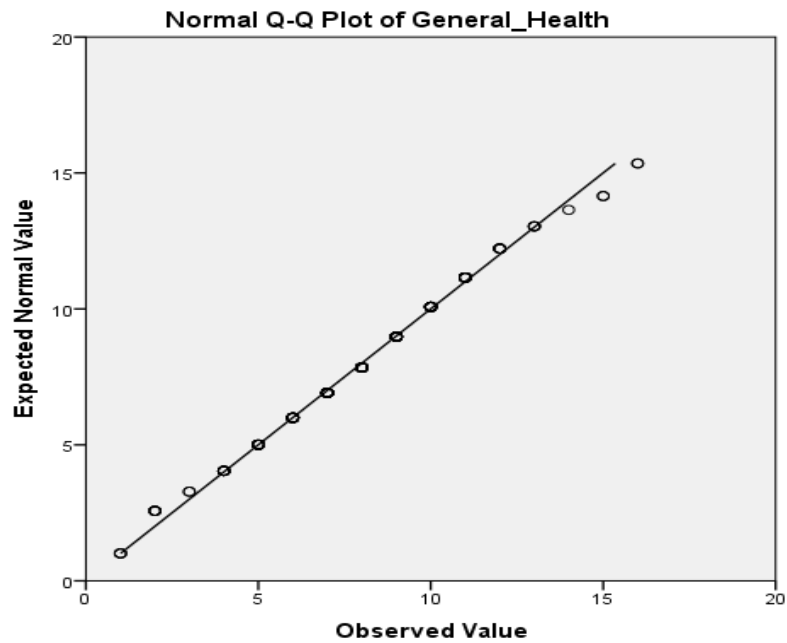


Figure 4.8 Q-Q plot of Adjustment for Serving Air Force Personnel

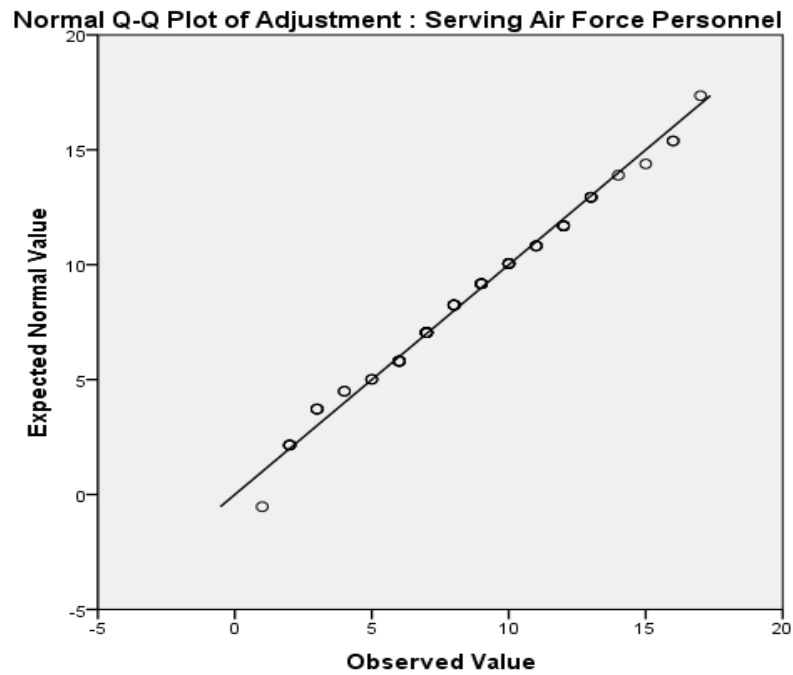


Figure 4.9 Q-Q plot of Psychological Well-being for Serving Air Force Personnel

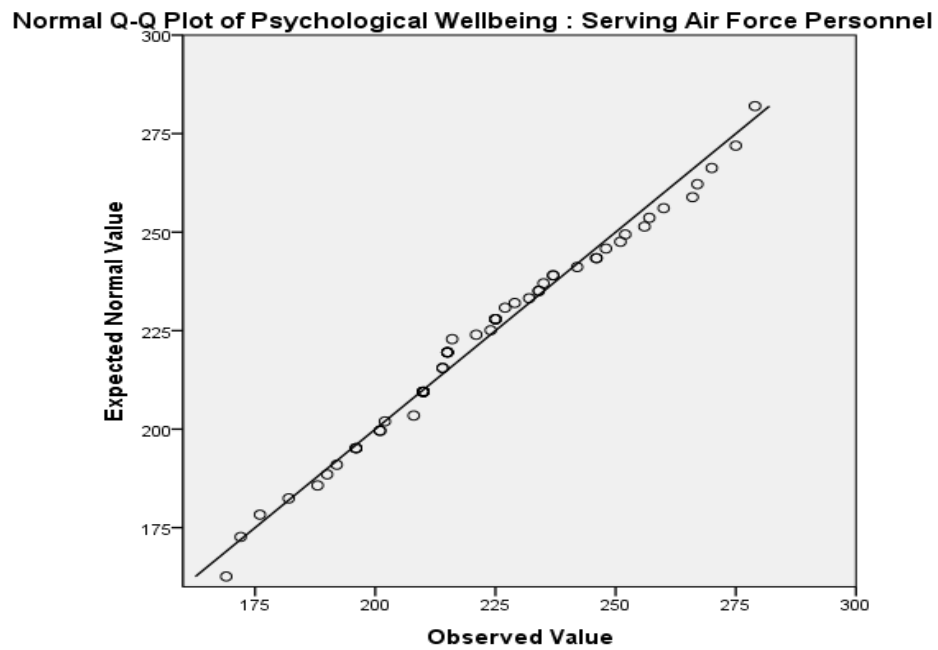


Figure 4.10 Q-Q plot of Avoidant Coping for Serving Air Force Personnel

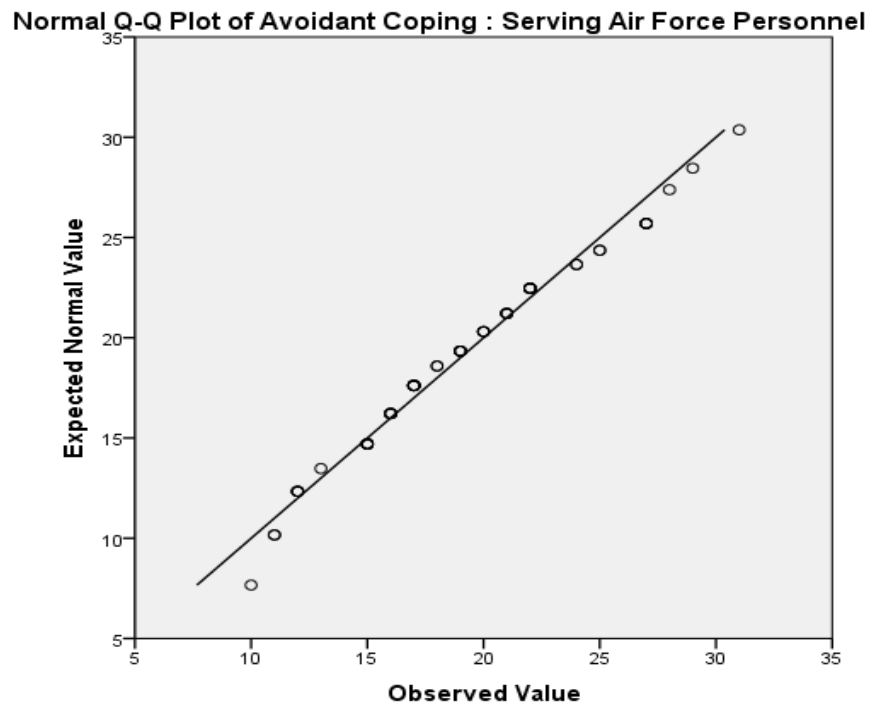


Figure 4.11 Q-Q plot of Approach Coping for Serving Air Force Personnel

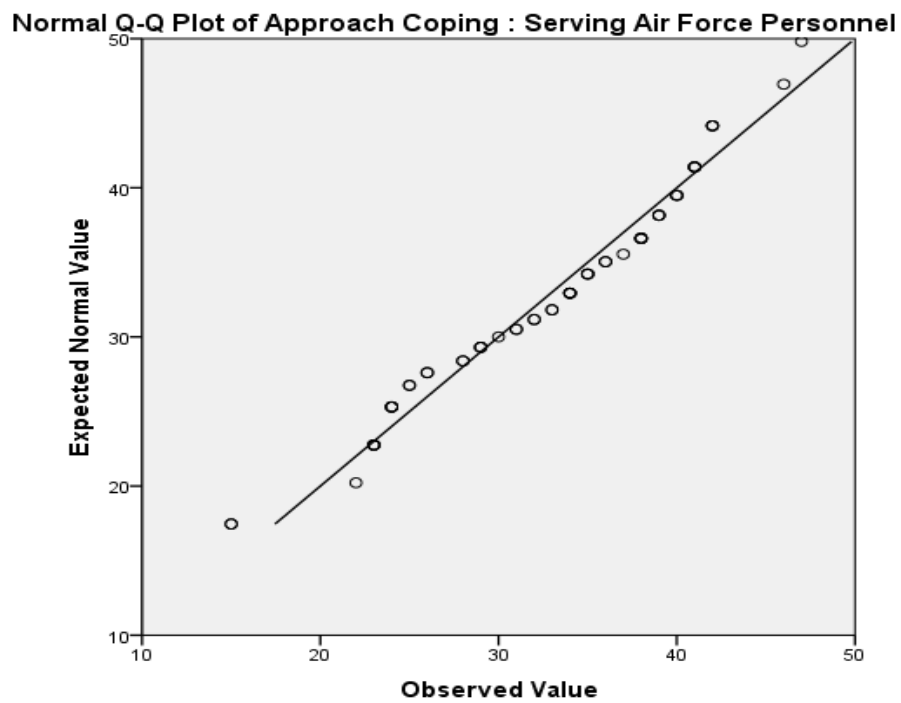


Figure 4.12 Q-Q plot of Self-esteem for Serving Air Force Personnel

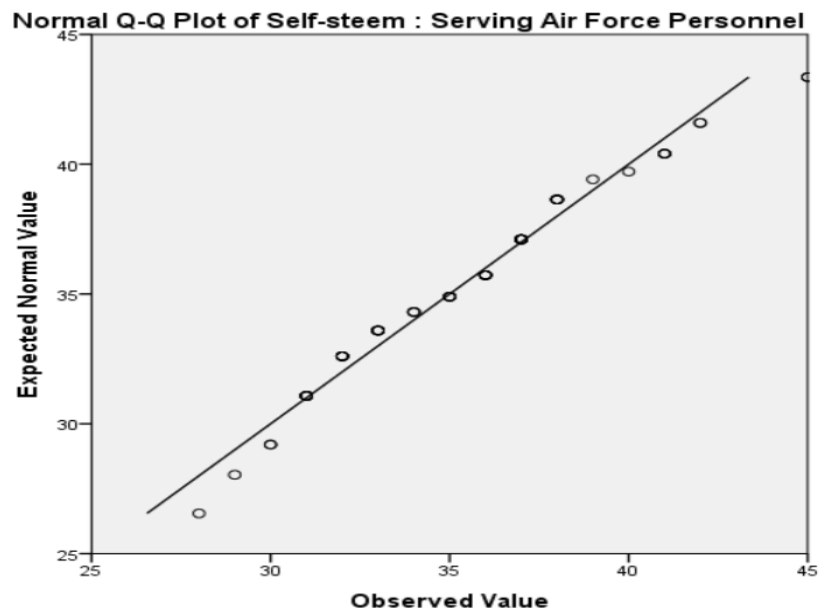
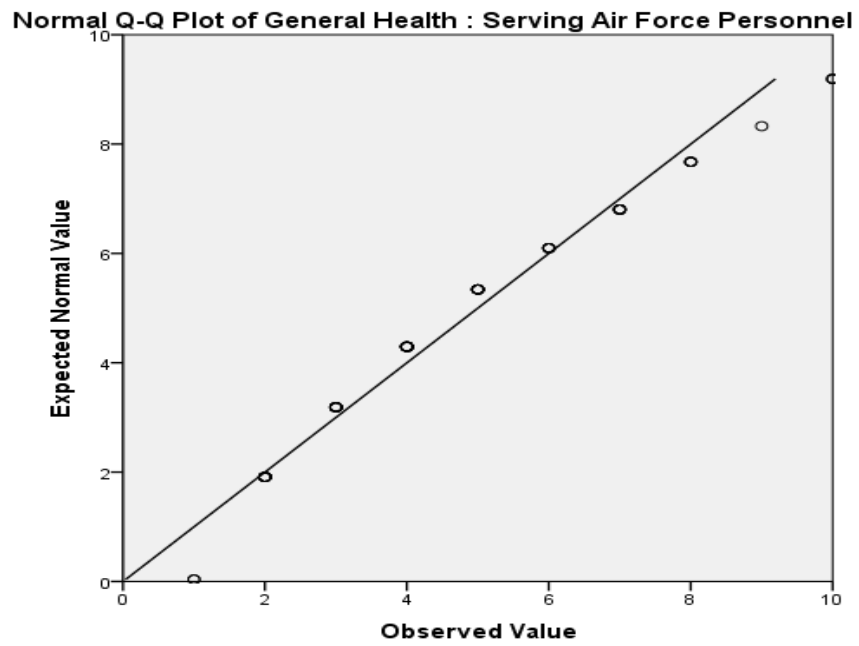


Figure 4.13 Q-Q plot of General Health for Serving Air Force Personnel



2. **Boxplots**

The observations that are distinctly different from other observations are termed "outliers." Typically, a value stands out from the rest due to an extremely high or low value. Box plots are a very effective and simple technique for assessing the outliers, if any. These observations could result in biases. The SPSS 22.0 version is used to assess the possible outliers. Boxplots for variables having outliers for the Air Veterans group are shown from Figures 4.14 to 4.19, and boxplots for the serving Air Force personnel group are shown from Figures 4.20 to 4.25.

Figure 4.14 Boxplot of Adjustment for Air Veterans

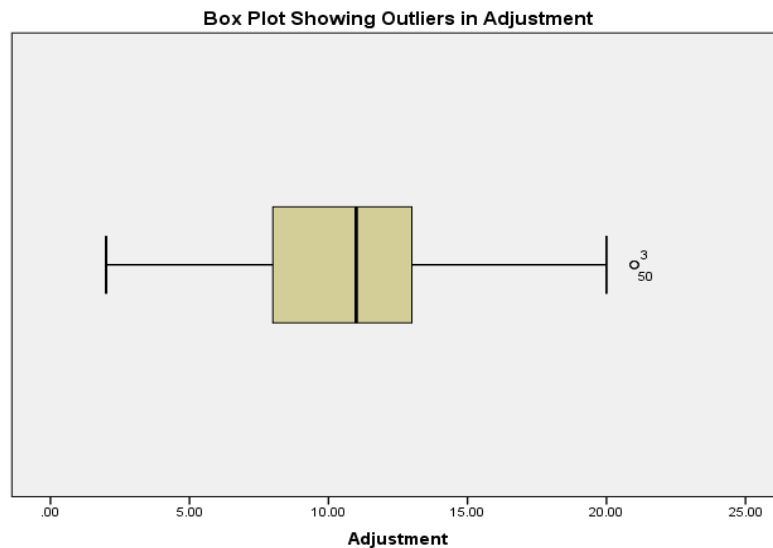


Figure 4.15 Boxplot of Psychological Well-being for Air Veterans

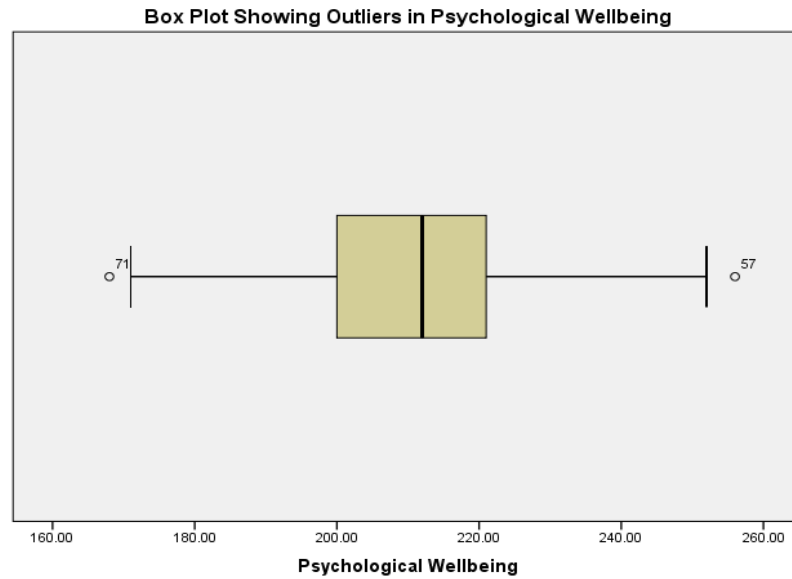


Figure 4.16 Boxplot of Approach Coping for Air Veterans

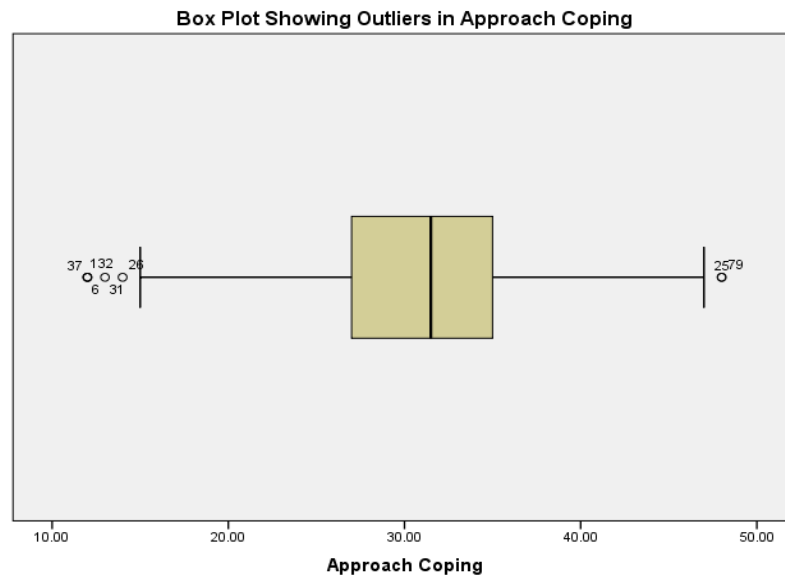


Figure 4.17 Boxplot of Avoidant Coping for Air Veterans

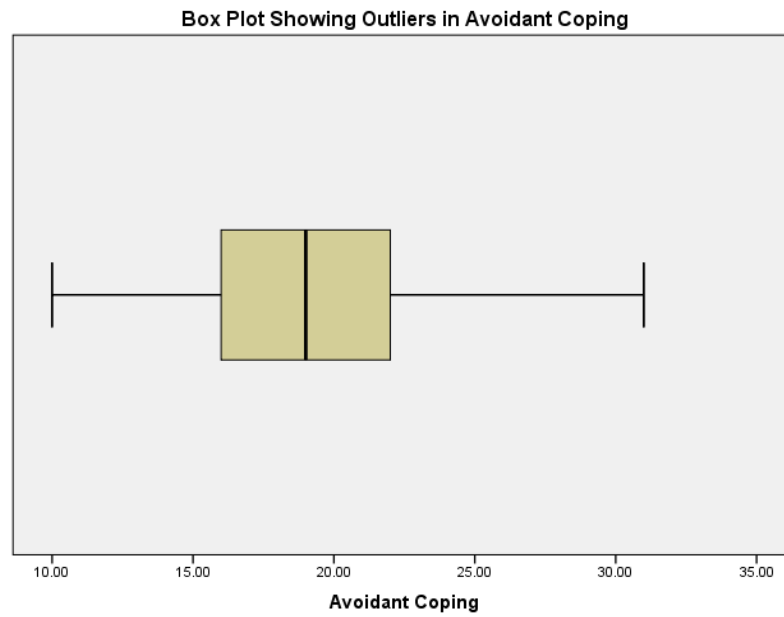


Figure 4.18 Boxplot of Self-esteem for Air Veterans

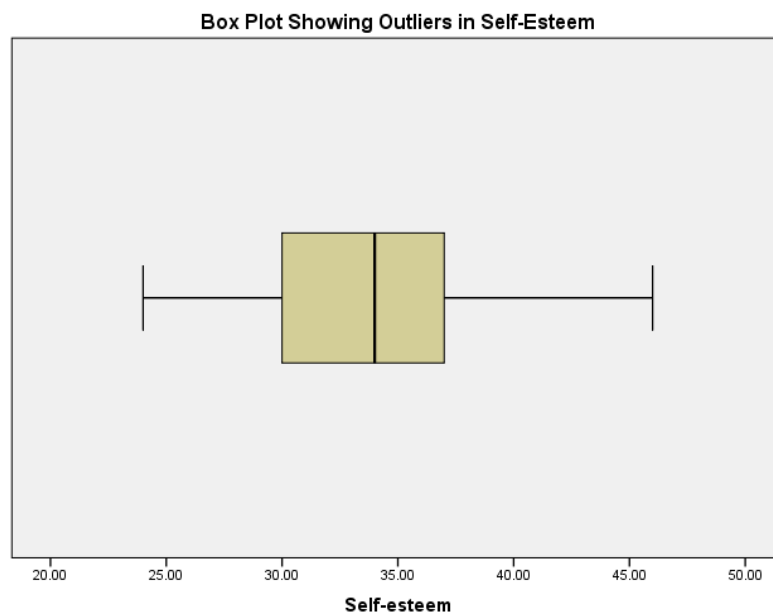


Figure 4.19 Boxplot of General Health for Air Veterans

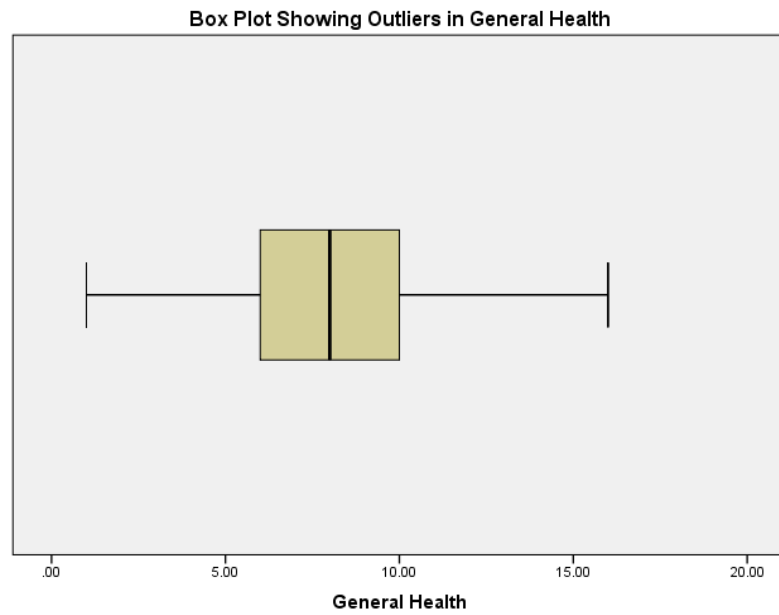


Figure 4.20 Boxplot of Adjustment for Serving Air Force Personnel

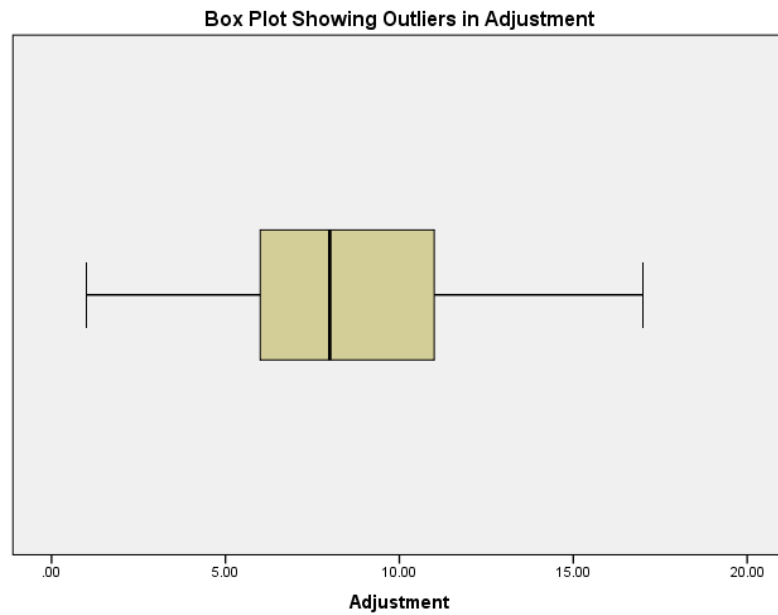


Figure 4.21 *Boxplot of Psychological Well-being for Serving Air Force Personnel*

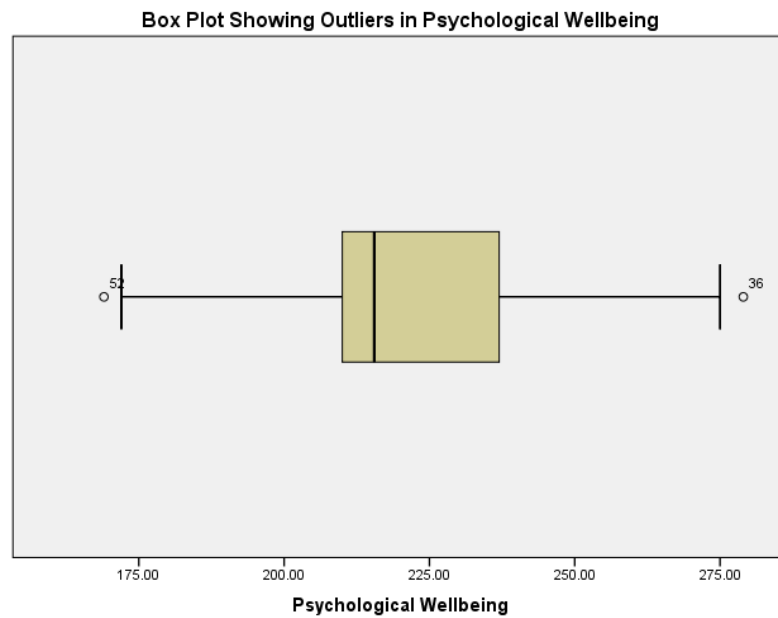


Figure 4.22 *Boxplot of Approach Coping for Serving Air Force Personnel*

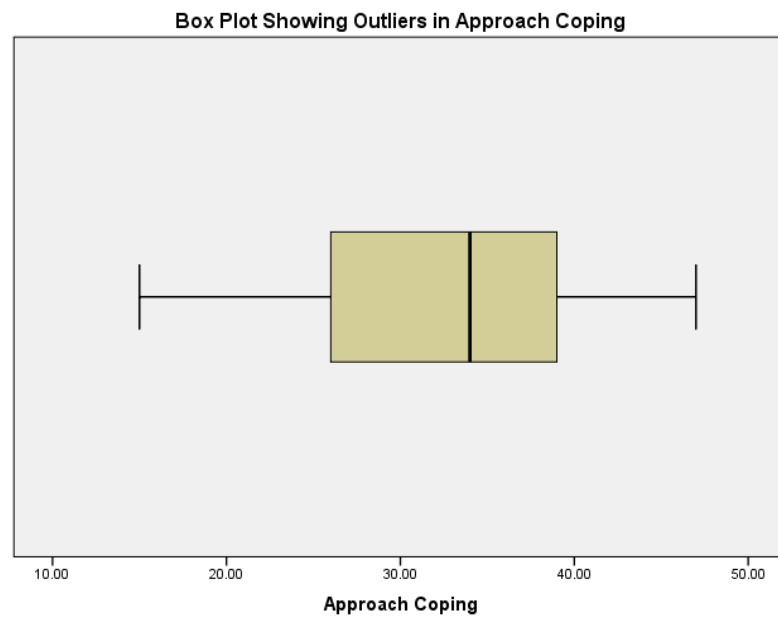


Figure 4.23 Boxplot of Avoidant Coping for Serving Air Force Personnel

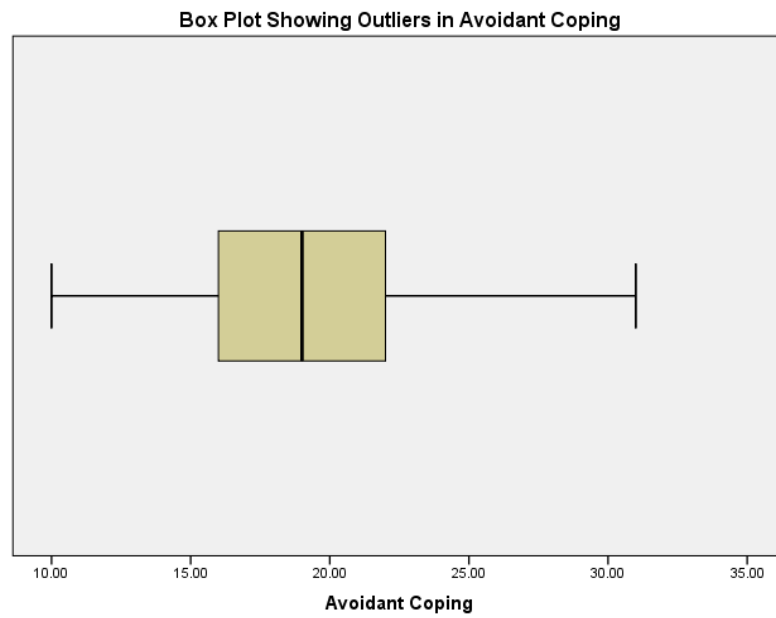


Figure 4.24 Boxplot of Self-esteem for Serving Air Force Personnel

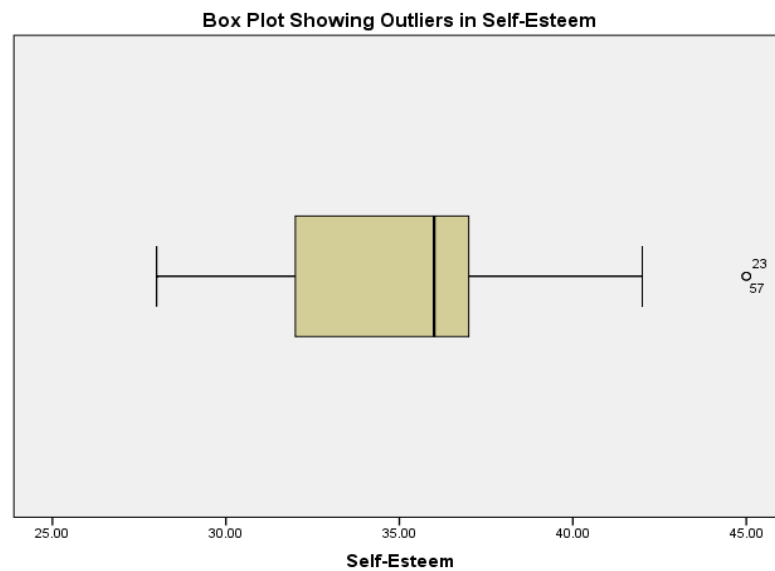
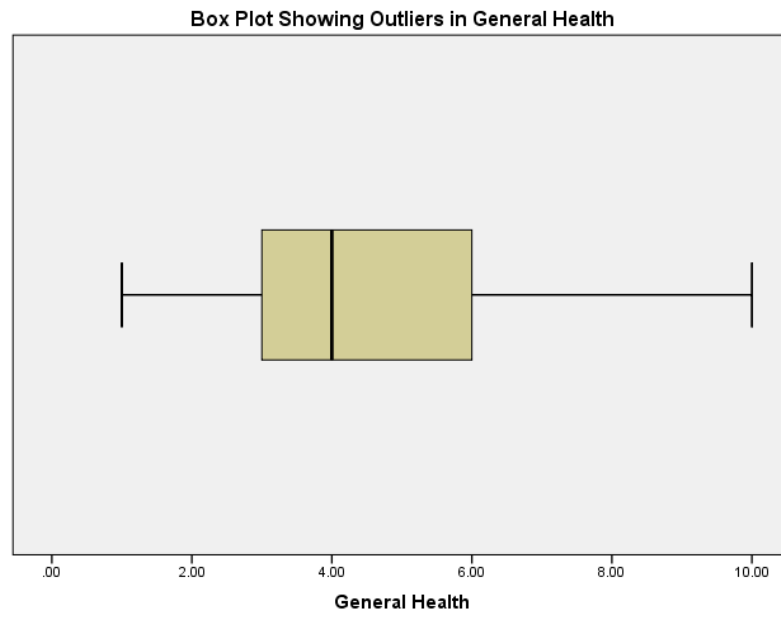


Figure 4.25 Boxplot of General Health for Serving Air Force Personnel



Description of boxplot:-

- (i) The data is expressed on the basis of the median.
- (ii) A box that is rectangular in shape is derived, wherein the size of the box indicates middle 50% of data.
- (iii) The median is expressed by a line parallel to the box's width.
- (iv) On either side of the box, there are two lines, known as whiskers.
- (v) The endpoints of both whiskers indicate maximum and minimum data points.
- (vi) Data lying outside the whiskers are termed "outliers".
- (vii) Scores beyond both whiskers, i.e., below the minimum score or above the maximum score, are outliers and were retained for obvious reasons. They are tabulated in Table 4.3 (for the Air Veterans group) and in Table 4.4 (for serving Air Force personnel group).

Table 4.3 Potential outliers in Air Veterans Group

Variables	No of Outliers Detected	Case No in SPSS Data View	Value of Outliers	Position
Adjustment	2	3 & 50	21& 21	> Max Value
Psychological Well-being	2	57	256	> Max Value
		71	168	< Min Value
Avoidant Coping	1	81	31	> Max Value
Approach Coping	7	25 & 79	48 & 48	> Max Value
		6,26,31,37&132	12,14,13,12&13	< Min Value
Self-esteem		No outlier detected		
General Health		No outlier detected		

Table 4.4 Potential Outliers in Serving Air Force Personnel group

Variables	No of Outliers Detected	Case No in SPSS Data View	Value of Outliers	Position
Adjustment		No outlier detected		
Psychological Well-being	2	36	279	> Max Value
		52	169	< Min Value
Avoidant Coping		No outlier detected		
Approach Coping		No outlier detected		
Self-esteem	2	23 & 57	45 & 45	> Max Value
General Health		No outlier detected		

3. Welch's t-test

It is a two-sample test, and its purpose is to determine whether the means of two populations are equal. It is a modification of the student's t-test and is accurate when the two samples have different sample sizes and variances (Ruxton, 2006). This test is administered to the variables that are found to have outliers. This test is more robust than any other in cases of unequal variance and sample size. This test could be applied if the variance and sample size between the groups are not equal. The MS Excel's "*t-test: Two-Sample Assuming Unequal Variances*" function was used to conduct Welch's t-test.

Tables 4.3 and 4.4 demonstrate the details of outliers detected in the Air Veterans and serving Air Force personnel groups, respectively. The variables with outliers were examined using Welch's t-test. Two samples, one including outliers and the other excluding the outliers, were drawn and analysed through MS Excel's "*t-test: Two-Sample Assuming Unequal Variances*" function. If the difference between both samples is found to be significant at $p < .05$, the outliers need to be deleted and replaced with the "mean" of the distribution. If the difference was found non-significant, the outliers were retained. In the present study, differences between the two samples were found to be non-significant, hence outliers detected were retained, as shown in Tables 4.5 and 4.6.

Table 4.5 Outlier's Retention and Deletion for Air Veterans Group

Variables	Value of Outliers	Welch's t-value	Critical Value (.05)	Significance	Decision
Adjustment	21 & 21	0.7673	1.968	Not Sig	Retained
Psychological Well-being	256 & 168	0.991	1.968	Not Sig	Retained
Avoidant Coping	31	0.8355	1.9679	Not Sig	Retained
Approach Coping	48,48,12,14, 13,12& 13	0.6478	1.9682	Not Sig	Retained
Self-esteem			No outlier detected		
General Health			No outlier detected		

Table 4.6 Outlier's Retention and Deletion for Serving Air Force Personnel Group

Variables	Value of Outliers	Welch's t-value	Critical Value (.05)	Significance	Decision
Adjustment					No outlier detected
Psychological Well-being	279 169	0.9896	1.9813	Not Sig	Retained
Avoidant Coping					No outlier detected
Approach Coping					No outlier detected
Self-Esteem	45 45	0.6168	1.9815	Not Sig	Retained
General Health					No outlier detected

4. Testing of assumptions of statistical Test

This completes the process of reviewing the data. The data was cleaned in the last two steps in an effort to prepare it for future statistical testing and analysis. The researcher chose the independent sample t-test in the present study to compare the mean difference between the two samples of the study on the variables under consideration. Being a parametric test, the t-test requires some assumptions to be fulfilled for an unbiased and successful result. Following are the important assumptions underlying the parametric test:

-

- (a) **Normality:** It is the most fundamental assumption for any parametric test. It refers to the shape of the distribution of data for a variable, which corresponds to the benchmark of normal distribution. Normality can have serious effects in small samples (< 50 cases), but this impact effectively diminishes when sample size reach around 200 cases or more (Hair et al., 2018). Graphically analysis

of the normality can be assessed through ‘**Q-Q plot**’. It shows the graphically distribution of the data against the expected normal distribution. If the data is normally distributed, all the observations should lie approximately on a straight line. The SPSS 22.0 version is used to build the Q-Q plot of the data pertaining to each variable. The visual inspection of the Q-Q plots for the Air Veterans group (Figures 4.2 to 4.7) and for the serving Air Force personnel group (Figures 4.8 to 4.13) suggests that the shape of the data is within the normal range required for conducting further inferential statistics through a parametric test. In addition to graphic representation through the Q-Q plot, a statistical test of normality was also employed for more accuracy. As statistical test (the Shapiro-Wilks test) measures the actual degree of departure from normality (Hair et al., 2018). The Shapiro-Wilks test ($p > .05$) was carried out to check the level of significance for the differences from a normal distribution. Table 4.7 indicates the p values of all variables under study for both groups. Since, the p value of all variables are greater than .05, it indicates normality of data distribution in both the groups under study.

Table 4.7 Test of Normality for Air Veterans and Serving Air Force personnel

Variables	Group	Shapiro-Wilk		
		Statistic	df	Sig. (p value)
Adjustment	Air Veterans	.980	150	.059
	Serving Personnel	.979	75	.393
Psychological well-being	Air Veterans	.983	150	.057
	Serving Personnel	.980	75	.543
Avoidant coping	Air Veterans	.965	150	.051
	Serving Personnel	.972	75	.208
Approach coping	Air Veterans	.982	150	.052
	Serving Personnel	.964	75	.086
Self-esteem	Air Veterans	.987	150	.159
	Serving Personnel	.966	75	.105
General Health	Air Veterans	.984	150	.074
	Serving Personnel	.946	75	.052

(b) **Homogeneity of Variance:** Homogeneity of variance means that two groups have the same kind of variability. For this purpose, Levene's test for equality of variance is used. This test tests whether the variances of two samples are approximately equal or not. The SPSS 22.0 version is used to find the value of this test. A significance value of greater than 0.05 on Levene's test indicates "non-significant", which further indicates that equal variances are assumed between the groups. Table 4.8 indicates the significance values of Levene's test for all variables under study. The obtained p value is greater than .05, which indicates that the homogeneity of variance in both the groups under study.

Table 4.8 Test of Homogeneity of Variance Between Both Groups

Variables	Levene's Test for Equality of Variances	
	F	Sig.
Adjustment	.092	.762
Psychological well-being	13.831	.06
Avoidant coping	.253	.616
Approach coping	.051	.821
Self-esteem	.587	.445
General Health	3.535	.061

4.2 Phase II

This phase depicts a comparative analysis of all psychological variables between both groups i.e. Air Veterans and serving Air Force personnel as a part of the objectives of the present study.

Objective-1

To assess and compare the level of adjustment between Air Veterans and serving Air Force personnel.

Hypothesis-1

There will be no impact of Transitional Crisis on the Adjustment of Air Veterans.

Table 4.9 Mean Comparison on Adjustment Between Air Veteran and Serving Air Force Personnel Groups

Variable	Air Veterans (n ₁ = 150)		Serving Air Force Personnel (n ₂ = 75)		t-value	Significance Level
	Mean	SD	Mean	SD		
Adjustment	10.74	4.11	8.41	3.88	3.72	p < .01 level

Figure 4.26 Graphical Mean Comparison for Adjustment Between Air Veterans and Serving Air Force Personnel

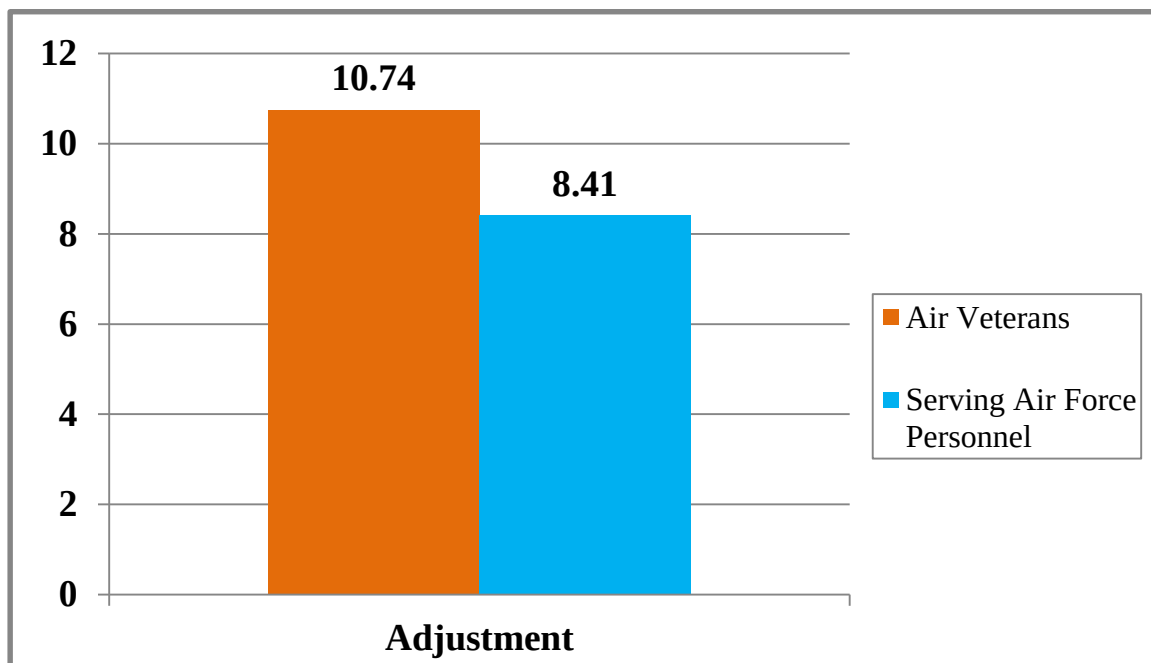


Table 4.9 shows the comparative analysis of the adjustment variable between the two groups under study. Result indicates mean score in the domain of adjustment of Air Veterans (**M = 10.74**) was found higher than of serving Air Force personnel (**M = 8.41**). As per the test developer, lower mean scores indicate better adjustment. Though the scores of

both groups are comparatively lower than the average level, indicating better adjustment among both groups in general, there has been an increase in the mean scores of Air Veterans as compared to serving personnel. This indicates that when a serving person entered the transitional phase, some adjustment difficulties were encountered by Air Veterans. It was also revealed that Air Veterans (**SD = 4.11**) showed higher variability of scores compared to serving personnel (**SD = 3.88**) (refer Table 4.9). The difference between the two means was statistically significant, as demonstrated by the fact that the t-value (**3.72**) was significant at $p < .01$ level of significance. Therefore, the proposed null hypothesis (H_1) that there will be no impact of the transitional crisis on adjustment among Air Veterans is rejected.

Moderately lower adjustment among Air Veterans during the transitional period has been noticed in the present study, even though that is within the average range. The current finding is in line with previous study findings, wherein adjustment-related problems among veterans after military service were reported (Morin, 2011; Demers, 2011). Similarly, study conducted by Maharajan and Subramani (2014) on Air Veterans' resettlement also reported "adjustment" as a major transitional crisis. Cooper et al. (2018) observed that early-departure military personnel are more prone for adjustment-related difficulties as compared to those who lived a full career. Similar results are also seen in the present study. This may be because of shared belief and personality pattern, which they experienced during in-service was found missing when they entered in the civil community. Though, serving personnel also undergo some kind of transition in terms of posting and temporary relocation but it differ from military-civilian transition. Reason behind is that former transition take place within the context of military organisation only, while the later one include change of the cultural setting.

All these previous research findings concluded that during transitional period, there has been a moderate decline in level of adjustment among Air Veterans. Probably the reason is the multiple challenges associated with transition, like dealing with a new culture, navigating identity disruption, struggling to find a new sense of purpose, searching for a second career, managing finances, meeting housing requirements, etc. Since these

challenges are unique and are never or rarely encountered during their service, they may result in moderate adjustment difficulties among Air Veterans. However, the time period after the transition may be an important factor affecting the level of adjustment among veterans (Verma, 2016). In the study, post-retirement time was found to be inversely proportionate to the adjustment. A graphic mean comparison on adjustment between Air Veterans and serving Air Force personnel is shown in Figure 4.26.

Objective- 2

To assess and compare the level of psychological well-being between Air Veterans and serving Air Force personnel.

Hypothesis-2

There will be no impact of Transitional Crisis on the Psychological Well-being of Air Veterans.

Table 4.10 Mean comparison on Psychological Well-being Between Air Veteran and Serving Air Force personnel Groups

Variable	Air Veterans (n ₁ = 150)		Serving Air Force Personnel (n ₂ = 75)		t- value	Significance Level
	Mean	SD	Mean	SD		
Psychological Well-being	210.32	17.63	222.29	25.95	3.81	p < .01 level

Figure 4.27 Graphical Representation for Mean Comparison on Psychological Well-being Between Air Veterans and Serving Air Force Personnel

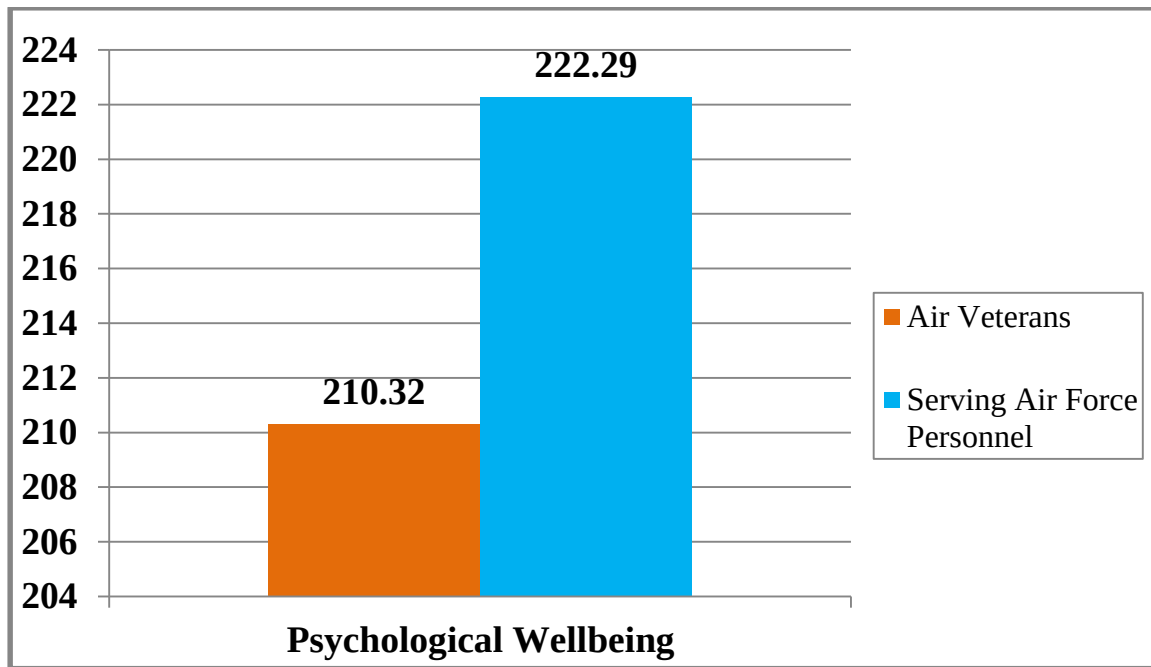


Table 4.10 indicate the comparative analysis of psychological well-being between the two groups of study. Result indicates mean score of psychological well-being of Air Veterans ($M = 210.32$) was found lower than of serving Air Force personnel ($M = 222.29$). As per the test developer, lower mean scores indicate lower psychological well-being. Results indicate a moderate decrease in the psychological well-being during transitional phase among Air Veterans as compared to serving personnel. Similar trends have also been observed in the adjustment patterns among Air Veterans during the transitional phase. It was also observed that Air Veterans ($SD = 17.63$) showed lower variability of scores compared to serving personnel ($SD = 25.95$) (refer Table 4.10). Referring Table 4.10, the t-value (3.81), which indicates the statistical significance of the difference between the two means, was also determined to be significant at $p < .01$ level of significance. Therefore, the proposed null hypothesis (H_2) that there will be no impact of the transitional crisis on the psychological well-being of Air Veterans is rejected.

Akin to adjustment pattern, a downward trend of psychological well-being among Air Veterans during transitional period has been noticed in this study. The current findings is similar to previous studies as conducted by Demers (2011) and Robinson et al. (2017) in the area of adjustment and psychological well-being especially on Air Veterans. Post-military life is associated with managing various challenges, and a sense of loss of military identity at the same time could result in lower psychological well-being during this phase (Praherso et al., 2017). Inadequate experience and lack of exact predictability of the new transiting culture results in decrease in psychological well-being by these personnel (Kay et al., 2009). A graphically comparative analysis of mean scores on psychological well-being between both Air Veterans and serving personnel is shown in Figure 4.27.

Objective- 3

To investigate the type of coping strategy employed by Air Veterans during the transitional phase.

Hypothesis-3

There will be no significant difference in employing coping strategies during the transition phase by Air Veterans.

- (a) There will be no significant difference in employing avoidant coping during the transition phase by Air Veterans.
- (b) There will be no significant difference in employing approach coping during the transition phase by Air Veterans.

Table 4.11 Mean Comparison on Coping Strategies Between Air Veteran and Serving Air Force personnel groups

Variables		Air Veterans (n ₁ = 150)		Serving Air Force Personnel (n ₂ = 75)		t- value	Significance Level
		Mean	SD	Mean	SD		
Coping Strategies	Avoidant Coping	22.61	4.66	19.01	4.93	4.9	p < .01 level
	Approach Coping	30.81	7.74	32.77	7.4	1.65	NS

Figure 4.28 Graphical representation for mean comparison on Coping Strategies Between Air Veterans and Serving Air Force Personnel

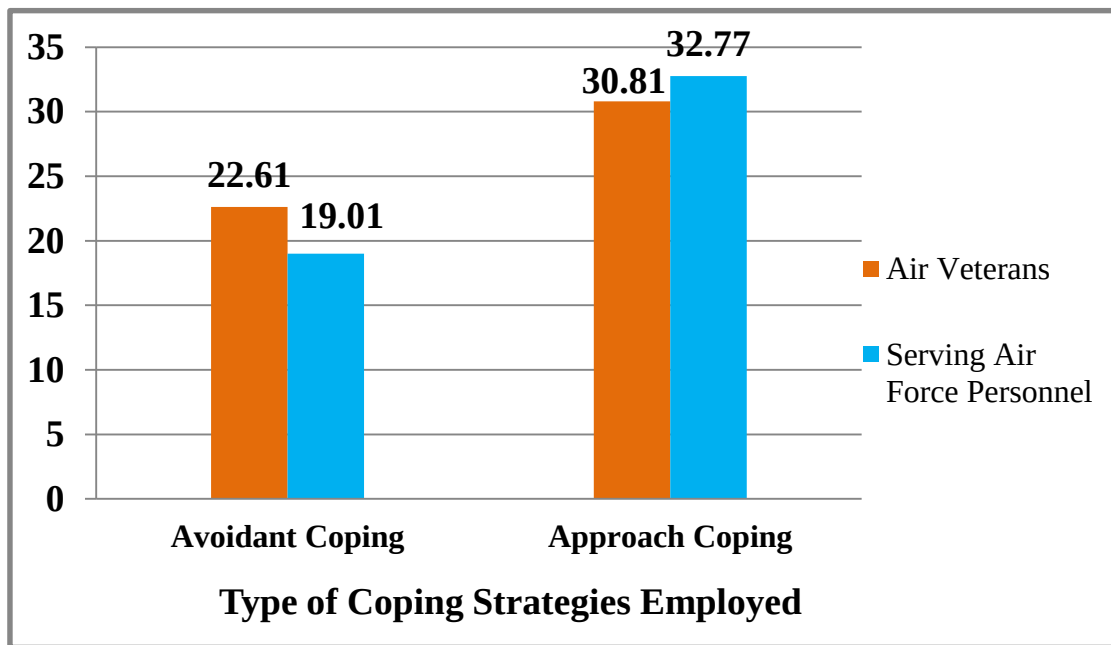


Table 4.11 shows the comparative analysis of the types of coping strategies adopted by these two groups. Result indicates mean score on avoidant coping of Air Veterans (**M = 22.61**) was found higher than of serving Air Force personnel (**M = 19.01**). The t-value

(4.9) was found significant at $p < .01$ level of significance (refer Table 4.11), which implies that both groups differ significantly when selecting avoidant coping. The higher mean score on avoidant coping indicates that during the transitional phase, this group is more inclined to employ avoidant coping as compared to serving personnel. In the domain of approach coping, a slight difference in the mean scores of Air Veterans ($M = 30.81$) and serving personnel ($M = 32.77$) was observed. Though the difference in their mean scores on approach coping was observed, it was found to be non-significant ($t = 1.65$). Therefore, the proposed null hypothesis H(3a) that there will be no significant difference in employing avoidant coping is rejected, and the null hypothesis H(3b) that there will be no significant difference in employing approach coping is retained in the present study.

This indicates that approach coping was not affected during the transitional phase, and this could be attributed to the quality of military training ingrained in these personnel, which helps them to stay committed and consistent not only during service but even after retirement. A graphic comparative analysis of mean scores on the type of coping strategies employed by Air Veterans and serving personnel is shown in Figure 4.28.

Objective-4

To assess and compare the level of self-esteem and general health between Air Veterans and serving Air Force personnel.

Hypothesis-4

There will be no impact of Transitional Crisis on the Self-esteem and General Health of Air Veterans.

- (a) There will be no impact of Transitional Crisis on the Self-esteem of Air Veterans.
- (b) There will be no impact of Transitional Crisis on the General Health of Air Veterans.

Table 4.12 Mean Comparison on Self-esteem Between Air Veteran and Serving Air Force Personnel Groups

Variable	Air Veterans (n ₁ = 150)		Serving Air Force Personnel (n ₂ = 75)		t- value	Significance Level
	Mean	SD	Mean	SD		
Self-esteem	33.94	4.25	35.39	3.84	2.27	p < .05 level

Figure 4.29 Graphical Representation for Mean Comparison on Self-esteem Between Air Veterans and Serving Air Force Personnel

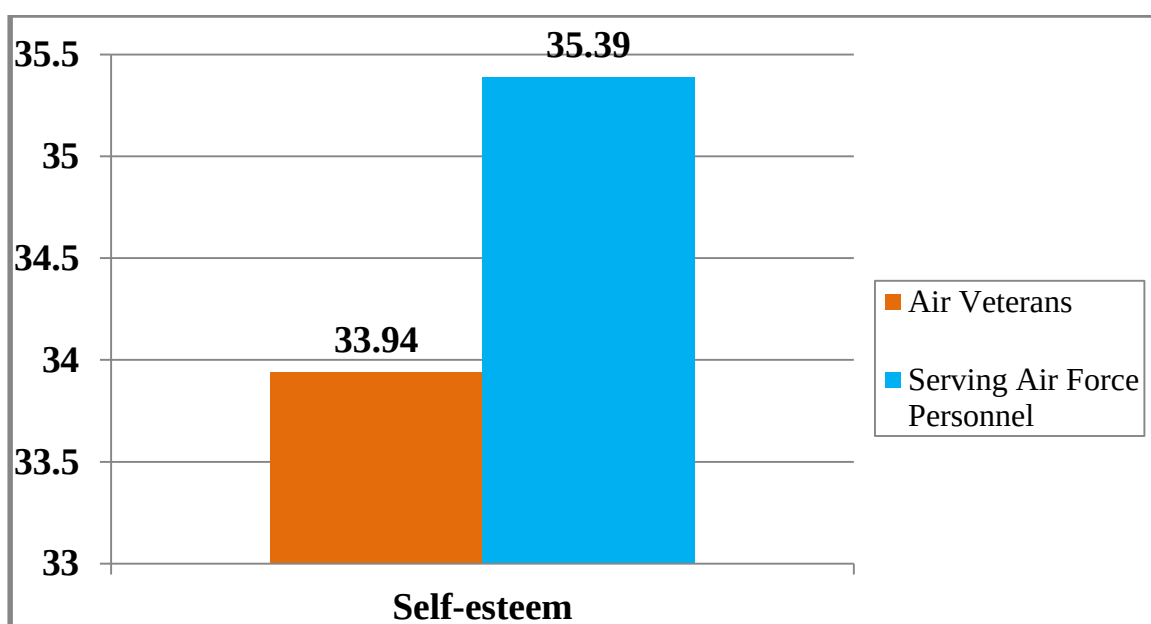


Table 4.12 shows the comparative analysis of self-esteem between Air Veterans and serving personnel. The mean score on self-esteem of Air Veterans (**M = 33.94**) was found to be lower than serving personnel's mean score (**M = 35.39**). Higher mean scores is indicator of better self-esteem as per test developer. Though the scores of both groups are comparatively higher than the average level, indicating higher self-esteem in both groups in general, there has been a reduction in the mean score of Air Veterans during the

transitional phase as compared to serving personnel. It was also found Air Veterans have showed more variability in score (**SD = 4.25**) as compared to serving personnel (**SD = 3.84**). The difference between the two means was statistically significant, according to the notion that the t-value (**2.27**) was found to be significant at $p < .05$ level of significance. Therefore, the proposed null hypothesis H(4a) that there will be no impact of the transitional crisis on the self-esteem of Air Veterans is rejected.

A moderate reduction in self-esteem was seen among Air Veterans during the transition phase as compared to serving personnel. This finding is consistent with previous research evidence (Rice et al., 2006), wherein self-esteem was found to be closely related to health status, endurance, self-efficacy, and motivation among military personnel. These particular qualities fit the way of life of serving personnel extremely well. Both intrinsic and external motivation to work are provided by the Air Force's specific commitment to serve the country. People are deprived of that particular setting to initiate themselves on the level of psychological well-being after leaving the service. However, earlier researchers also reported some contradictory hints (Kim, 2021). Figure 4.29 shows the graphical comparative analysis of mean scores on self-esteem among Air Veterans and serving personnel.

Table 4.13 Mean comparison on General Health between Air Veteran and serving Air Force personnel groups

Variable	Air Veterans (n ₁ = 150)		Serving Air Force Personnel (n ₂ = 75)		t- value	Significance Level
	Mean	SD	Mean	SD		
General Health	7.97	3.03	4.79	2.29	7.22	p < .01 level

Figure 4.30 Graphical Representation for Mean Comparison on General Health Between Air Veterans and Serving Air Force Personnel

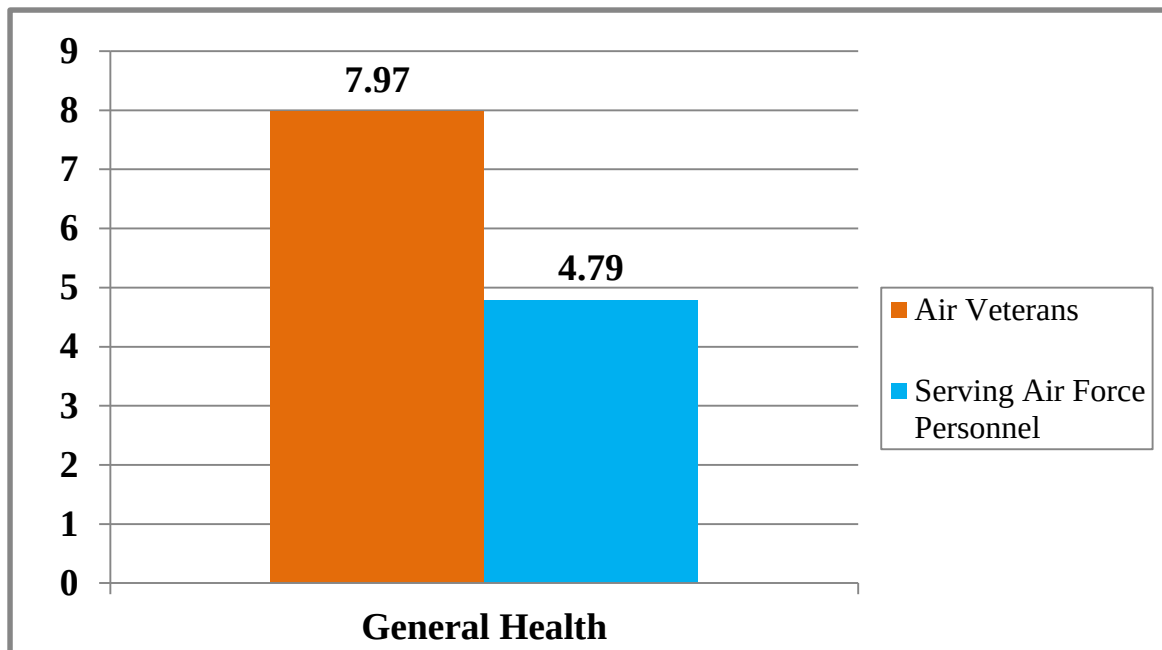


Table 4.13 explores the mean comparison on general health status among Air Veterans and serving personnel. The mean score of Air Veterans was higher ($M = 7.97$) as compared to serving personnel ($M = 4.79$). As per the test developer, a lower score on general health is an indicator of better health status. It was also found that Air Veterans ($SD = 3.03$) showed higher variability of scores as compared to serving personnel ($SD = 2.29$). The t-value (7.22) was found significant at $p < .01$ level of significance, which implies that the difference between the two means was statistically significant. Therefore, the proposed null hypothesis $H(4b)$ that there will be no impact of the transitional crisis on general health of Air Veterans is rejected.

Results revealed on this variable indicate that the serving population has reported more prominence on the variable of general health as compared to the population during transition in the current study. The current finding is similar to earlier research evidence (Boykin & Rice, 2013; Kumar & Ghosh, 2022b). A study by Cooper et al. (2018) also supports this finding, wherein personnel who opt for early departure from service are found

to be at-risk for health-related issues. The current finding may be attributed to the healthy and systematic environment during in-service, which helps in the development of better physical and mental health status in serving personnel. These outcomes clearly indicate that health and wellness levels are higher during in-service as compared to the retirement phase. However, wellness and general health may be influenced by the transition phase among Air Veterans. Figure 4.30 shows the graphical comparative analysis of mean scores on general health among Air Veterans and serving personnel.

4.3 Phase III

In this final phase of the study, Pearson Product Moment Correlation analysis was carried out to determine the relationship of Adjustment and Psychological well-being with other psychological variables under study.

Objective -5

To examine the relationship of Adjustment with psychological well-being, coping strategies, self-esteem and general health among Air Veterans.

Hypothesis -5

There will be no significant relationship of Adjustment with psychological well-being, coping strategies, self-esteem and general health among Air Veterans.

- (a) There will be no significant relationship between Adjustment and psychological well-being among Air Veterans.
- (b) There will be no significant relationship between Adjustment and avoidant coping among Air Veterans.
- (c) There will be no significant relationship between Adjustment and approach coping among Air Veterans.
- (d) There will be no significant relationship between Adjustment and self-esteem among Air Veterans.
- (e) There will be no significant relationship between Adjustment and general health among Air Veterans.

Table 4.14 Correlation of Adjustment with Other Psychological Variables Among Air Veterans

Variables	PWB (n ₁ = 150)	Coping Avoidant (n ₁ = 150)	Coping Approach (n ₁ = 150)	Self- Esteem (n ₁ = 150)	GHQ (n ₁ = 150)
Adjustment (n₁ = 150)	-.486**	.289**	.086	-.097	.455**

** . Correlation is significant at the .01 level (2-tailed).

* . Correlation is significant at the .05 level (2-tailed).

Figure 4.31 Graphical Representation for Correlation Between Adjustment and Psychological Well-being Among Air Veterans

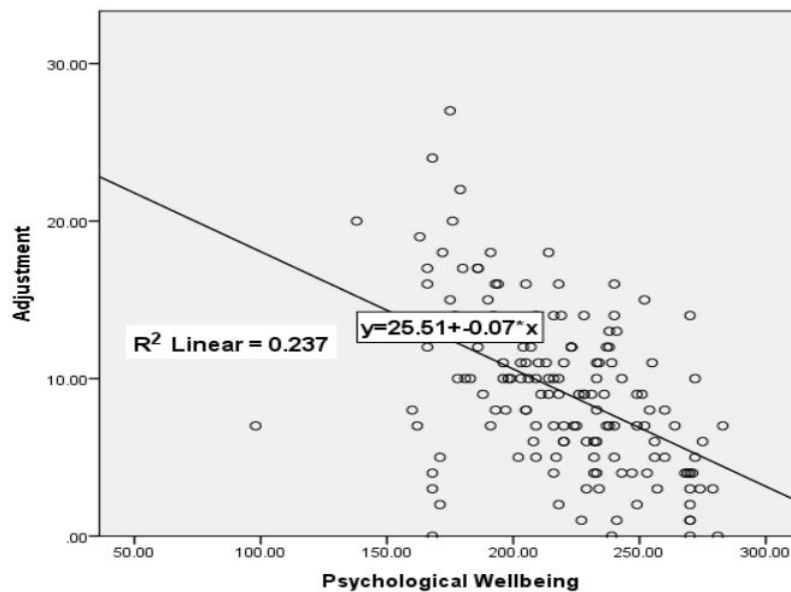


Figure 4.32 Graphical Representation for Correlation Between Adjustment and Avoidant Coping Among Air Veterans

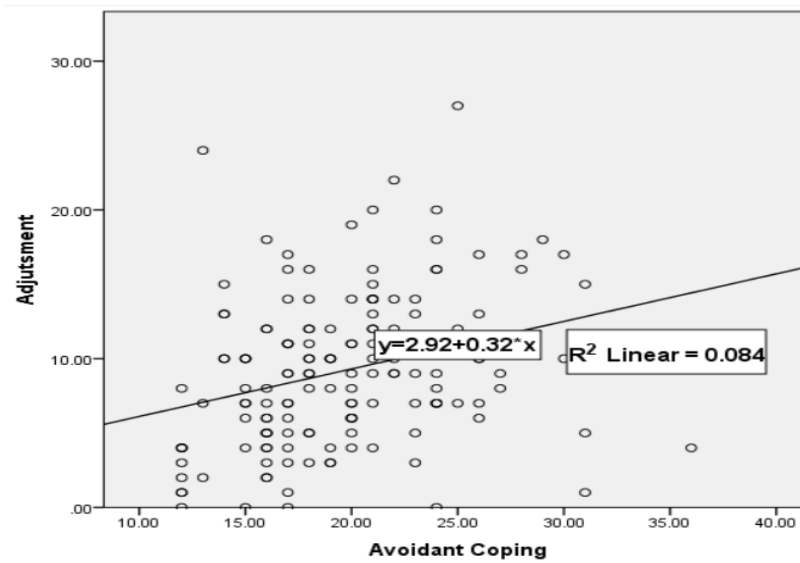
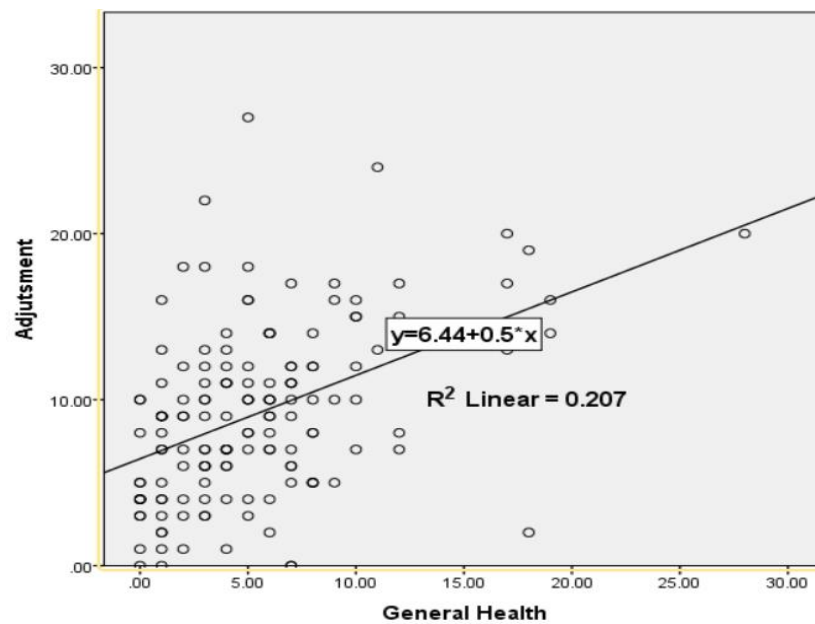


Figure 4.33 Graphical Representation for Correlation Between Adjustment and General Health Among Air Veterans



A summary of the result of the correlation coefficient of adjustment with other variables is shown in Table 4.14. Result indicate that adjustment level among veterans had a significant negative correlation with psychological well-being ($r = -.486, p < .01$). Since, higher scores on adjustment show poor adjustment and same was found to be negatively correlated with psychological well-being indicates that higher adjustment related difficulties during transitional phase, the overall psychological well-being will be decrease and vice versa. Opposite to this, a positive correlation of adjustment with avoidant coping ($r = .289, p < .01$) was observe in current study. This indicates that more the adjustment difficulties during transitional phase, more an Air Veteran is inclined towards employing avoidant coping. In contrast, when Air Veterans experience lesser adjustment related difficulties while transiting from military to civilian culture, they are less prone to use avoidant coping. The result has also indicates a significant positive relationship between adjustment and general health ($r = .455, p < .01$). As discussed in phase II, a lower score on the general health variable is indicative of better health, which was found to be associated with a better adjustment level among this group. This implies lesser adjustment related difficulties during military to civilian transition is an indicator of better health of Air Veterans. The above relationships have been graphically presented in Figures 4.31 to 4.33. The correlation between adjustment and self-esteem was found to be negative but insignificant. Similarly, the correlation between adjustment and approach to coping was found to be positive, but that was also insignificant. Therefore, the proposed null hypotheses H5(a), H5(b), and H5(e) are rejected, and hypotheses H5(c) and H5(d) are retained in the present study.

Similar results were also reported in a recent study conducted by Bowes et al. (2018), wherein they explored the strong association between adjustment to civilian life and their mental health. In the current research, investigators also reported that veterans using avoidant coping are more prone to adjustment-related difficulties. In contrast, veterans who use approach coping are less likely to have adjustment-related difficulties. A study by Brockman et al. (2016) on military veterans found that using avoidant coping may reduce the individual's ability in adapting to the challenging situation and could result in

adjustment difficulties during the transitional phase. The important role of self-esteem on good quality life also reflect in another study by Carvajal et al. (1998).

Objective -6

To examine the relationship of psychological well-being with coping strategies, self-esteem and general health among Air Veterans.

Hypothesis -6

There will be no significant relationship of psychological well-being with coping strategies, self-esteem and general health among Air Veterans.

- (a) There will no significant relationship of psychological well-being with avoidant coping among Air Veterans.
- (b) There will no significant relationship of psychological well-being with approach coping among Air Veterans.
- (c) There will no significant relationship of psychological well-being with self-esteem among Air Veterans.
- (d) There will no significant relationship of psychological well-being with general health among Air Veterans.

Table 4.15 Correlation of Psychological Well-being with Other Psychological Variables Among Air Veterans

Variables	Coping Avoidant (n ₁ = 150)	Coping Approach (n ₁ = 150)	Self-Esteem (n ₁ = 150)	GHQ (n ₁ = 150)
PWB (n₁ = 150)	-.383**	.193*	.166*	-.458**

** . Correlation is significant at the .01 level (2-tailed).

* . Correlation is significant at the .05 level (2-tailed).

Figure 4.34 Graphical Representation for Correlation Between Psychological Well-being and Avoidant Coping Among Air Veterans

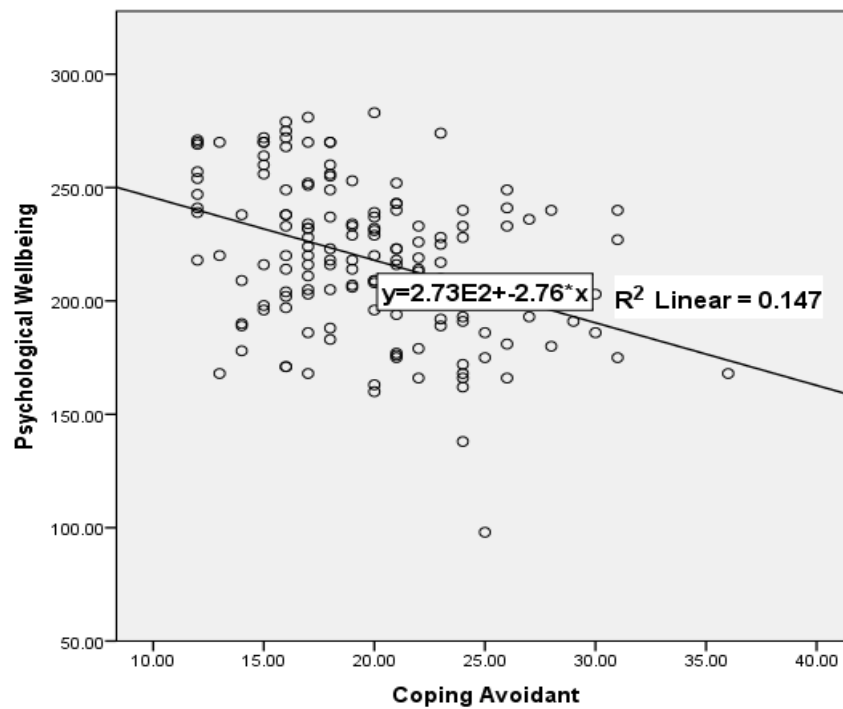


Figure 4.35 Graphical Representation for Correlation Between Psychological Well-being and Approach Coping Among Air Veterans

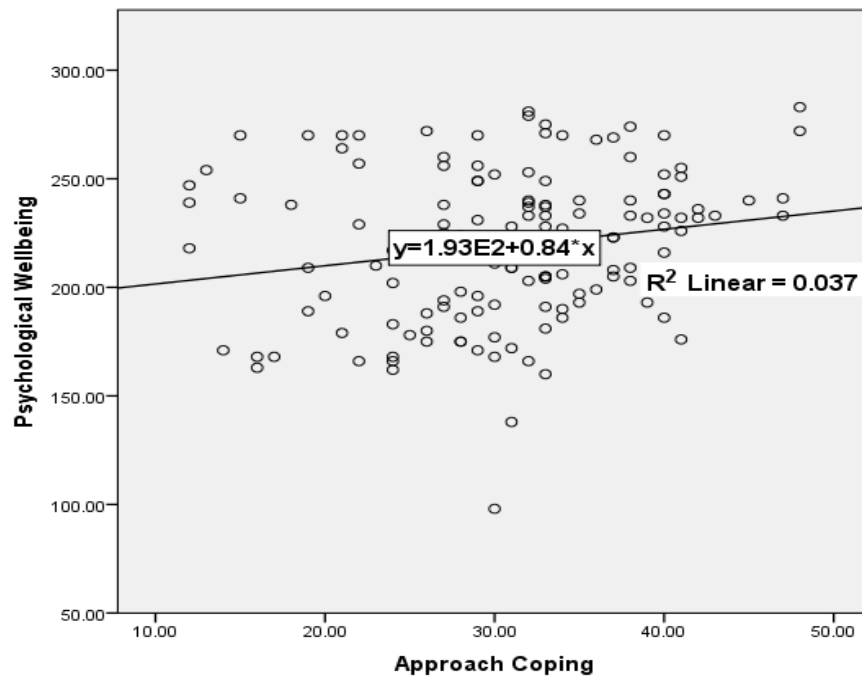


Figure 4.36 Graphical Representation for Correlation Between Psychological Well-being and Self-esteem Among Air Veterans

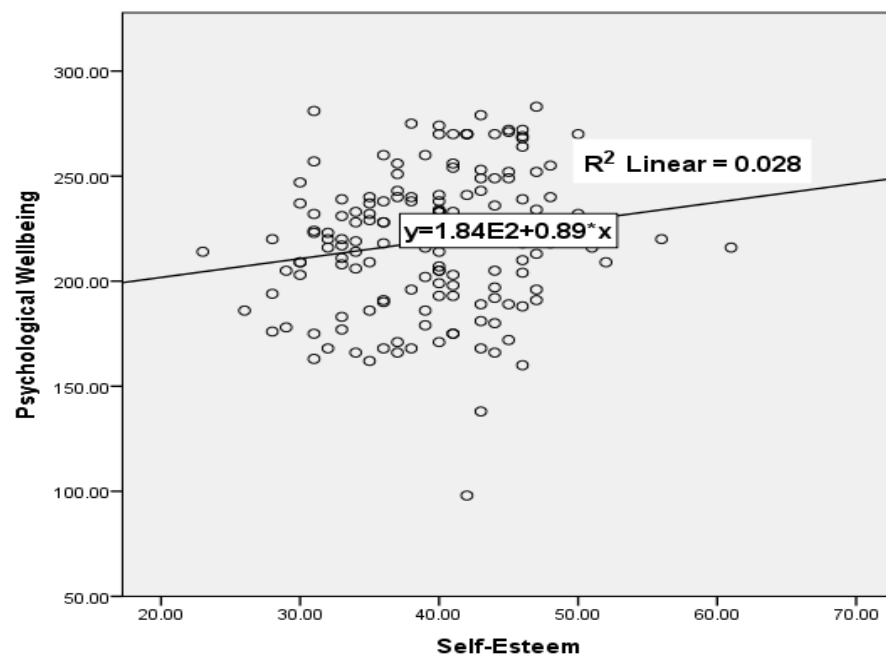
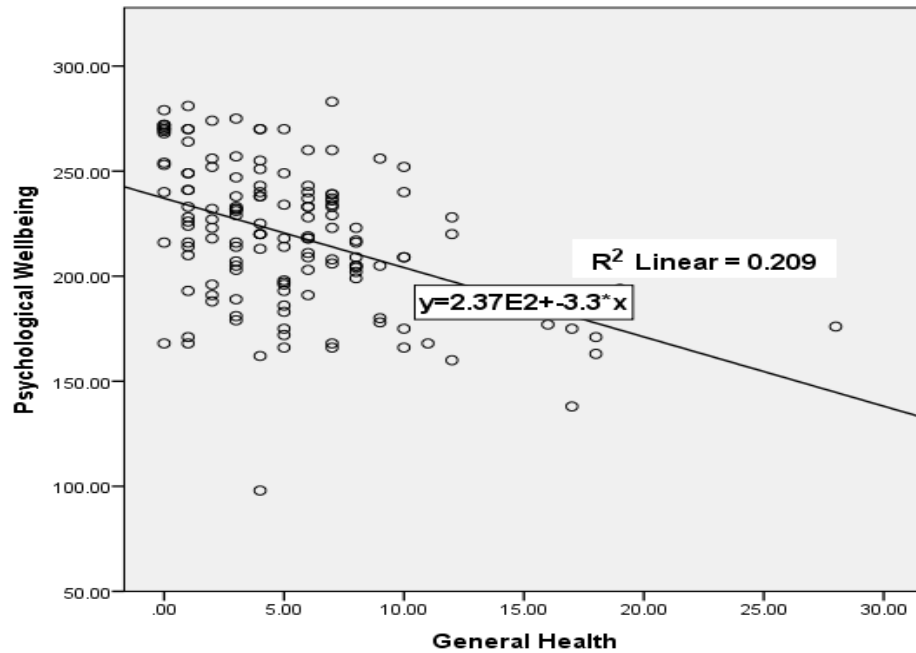


Figure 4.37 Graphical Representation for Correlation Between Psychological Well-being and General Health Among Air Veterans



Summary of the result of correlation of overall psychological well-being of Air Veterans with other variables are shown in Table 4.15. Results indicate that psychological well-being among veterans had a significant negative correlation with coping avoidant ($r = -.383$, $p < .01$) and a significant positive correlation with coping approach ($r = .193$, $p < .05$). This indicates that higher psychological well-being during the transitional phase is an indicator of avoiding the coping avoidant strategy and focusing more on employing approach coping. The result also found a significant positive relationship between psychological well-being and self-esteem ($r = .166$, $p < .05$). This implies that better psychological well-being among Air Veterans is also an indicator of high self-esteem. In the domain of general health, psychological well-being was found negatively correlated ($r = -.458$, $p < .01$). Lower scores on GHQ indicate better health status, as per the test developer. Since psychological well-being is found negatively correlated with general health of Air Veterans that imply higher the level of psychological well-being better will be the general health. In contrast, Air Veterans who score low on psychological well-being

are more susceptible to health-related issues during this phase. The above relationships have been graphically presented in Figures 4.34 to 4.37. Therefore, the proposed null hypothesis H(6) that there will be no significant relationship of psychological well-being with coping strategies, self-esteem, and general health among Air Veterans is rejected.

As seen in the literature review, the majority of research in past on military veterans was limited to issues of resettlement, PTSD, rehabilitation, socioeconomic factors, and pathological factors, ignoring the main psychological factor that can contribute significantly to their post-military lives. A study conducted by Ray & Heaslip (2011) highlights the ignorance of psychological well-being factors and their impact during the transitional phase among military veterans. A study by Ahern et al. (2015) on veterans supports the result of this study, wherein post-retirement psychological well-being was found to be linked with general health. Study by Bowes et al. (2018) conducted in Scotland also highlights the role of psychosocial factors in post-retirement mental health. The result of the study was also supported by the study (Thompson et al., 2016) conducted on Canadian Armed Forces veterans for finding the level of mental health and well-being in general. Results of the study reveal that poor mental health adversely affects psychological well-being during the initial phase of transitional as compared to the later phase. Authors in their study have highlights the importance of multidimensional approach to enhance the well-being and mental health in veterans to support the military to civilian transition.

In the domain of self-esteem, past research (Zimmerman, 2000) also reported positive correlation between psychological well-being and perceived self-esteem in military veterans, and a significant contribution of self-esteem has been seen in their level of happiness. The overall well-being and good quality of life experienced by transiting veterans enhance their self-esteem (Carvajal et al., 1998). In the current study, high variability in the score of self-esteem among Air Veterans was observed, which is evidenced in the study conducted by Kashdan et al. (2006). In their study conducted on veterans, the authors have acmes that veterans who experience frequent fluctuations in self-esteem are more prone to psychopathology as compared to veterans who show consistency in their self-esteem.

Table 4.16 Correlation Among Different Domains of Psychological Well-being with Other Psychological Variables Among Air Veterans

Variables	Domains of Psychological Well-being					
	AU (n = 150)	EM (n = 150)	PG (n = 150)	PR (n = 150)	PIL (n = 150)	SA (n = 150)
Adjustment	-.319**	-.461**	-.432**	-.471**	-.309**	-.424**
Avoidant Coping	-.286**	-.339**	-.342**	-.254**	-.326**	-.364**
Approach Coping	.022	.146	.202*	.223**	.254**	.099
Self-esteem	.163*	.193*	.157	.062	.054	.201*
GHQ	-.394**	-.409**	-.391**	-.364**	-.270**	-.462**

**Correlation is significant at the .01 level (2-tailed).

*Correlation is significant at the .05 level (2-tailed).

Note: AU = Autonomy; EM = Environmental Mastery; PG = Personal Growth; PR = Positive Relations; PIL = Purpose in Life; SA = Self-Acceptance

The result of the correlation coefficient between psychological variables and domains of psychological well-being is shown in Table 4.16. Adjustment was significantly negatively relationship with all the domains of psychological well-being. The correlation coefficients obtained between adjustment and various domains of psychological well-being i.e. autonomy ($r = -.319$, $p < .01$), environmental mastery ($r = -.461$, $p < .01$), personal growth ($r = -.432$, $p < .01$), positive relations ($r = -.471$, $p < .01$), purpose in life ($r = -.309$, $p < .01$) and self-acceptance ($r = -.424$, $p < .01$) were found significantly negatively correlated. In other words, as the scores of adjustment increase, all domains of psychological well-being tend to decrease significantly, and vice versa.

Avoidant coping was also significantly negatively correlated with all the domains of psychological well-being. The correlation coefficients obtained between avoidant coping and various domains of psychological well-being i.e. autonomy ($r = -.286$, $p < .01$),

environmental mastery ($r = -.339, p < .01$), personal growth ($r = -.342, p < .01$), positive relations ($r = -.254, p < .01$), purpose in life ($r = -.326, p < .01$) and self-acceptance ($r = -.364, p < .01$) were found significantly negatively correlated. In other words, as the scores on avoidant coping increase, all domains of psychological well-being tend to decrease significantly.

Approach coping was positively correlated with all the domains of psychological well-being. However, the correlation coefficients obtained between adjustment and personal growth ($r = .202, p < .05$), positive relations ($r = .223, p < .01$), purpose in life ($r = .254, p < .01$) were found to be significantly positive. In other words, as the scores on approach coping increase, there has been a linear and significant increase in the scores on personal growth, positive relations, and purpose in life. However, in the domains of autonomy ($r = .022$), environmental mastery ($r = .146$) and self-acceptance ($r = .099$), correlation was found to be positive but not significant.

A similar trend was seen in the domain of self-esteem, wherein self-esteem was also found to be positively correlated with all the domains of psychological well-being. However, the correlation coefficients obtained between self-esteem and autonomy ($r = .163, p < .05$), environmental mastery ($r = .193, p < .05$), self-acceptance ($r = .201, p < .05$) were found significantly positive. In other words, as the scores on self-esteem increase there has been a linear and significant increase in the scores on autonomy, environmental mastery, and self-acceptance. However, in the domains of personal growth ($r = .157$), personal relations ($r = .062$) and purpose in life ($r = .054$), correlation was found to be positive but not significant.

General health was significantly negatively correlated with all the domains of psychological well-being. The correlation coefficients obtained between general health and various domains of psychological well-being i.e. autonomy ($r = -.394, p < .01$), environmental mastery ($r = -.409, p < .01$), personal growth ($r = -.391, p < .01$), positive relations ($r = -.364, p < .01$), purpose in life ($r = -.270, p < .01$) and self-acceptance ($r = -.462, p < .01$) were found significantly negatively correlated. In other words, as the scores

of general health increase, all domains of psychological well-being tend to decrease significantly.

Table 4.17 Conclusion of Research Hypotheses of the Study

Sl No.	Hypotheses	Significant / Non-significant	Rejected / Retained
H₀₁	There will be no impact of Transitional Crisis on the Adjustment of Air Veterans.	Significant	Rejected
H₀₂	There will be no impact of Transitional Crisis on the Psychological Well-being of Air Veterans.	Significant	Rejected
H₀₃	There will be no difference in employing type of coping strategy during the transition phase by Air Veterans.		
	(a) There will be no significant difference in employing avoidant coping during the transition phase by Air Veterans.	Significant	Rejected
	(b) There will be no significant difference in employing approach coping during the transition phase by Air Veterans.	Non-significant	Retained

H₀₄	There will be no impact of Transitional Crisis on the Self-esteem and General Health of Air Veterans.		
	(a) There will be no impact of Transitional Crisis on the Self-esteem of Air Veterans.	Significant	Rejected
	(b) There will be no impact of Transitional Crisis on the General Health of Air Veterans.	Significant	Rejected
H₀₅	There will be no significant relationship of Adjustment with psychological well-being, coping strategies, self-esteem and general health among Air Veterans.		
	(a) There will be no significant relationship between Adjustment and psychological well-being among Air Veterans.	Significant	Rejected
	(b) There will be no significant relationship between Adjustment and avoidant coping among Air Veterans.	Significant	Rejected
	(c) There will be no significant relationship between Adjustment and approach coping among Air Veterans.	Non-significant	Retained
	(d) There will be no significant relationship between Adjustment and self-esteem among Air Veterans.	Non-significant	Retained

	(e) There will be no significant relationship between Adjustment and general health among Air Veterans.	Significant	Rejected
H₀₆	There will be no significant relationship of Psychological well-being with coping, self-esteem and general health among Air Veterans.		
	(a) There will no significant relationship of psychological well-being with avoidant coping among Air Veterans.	Significant	Rejected
	(b) There will no significant relationship of psychological well-being with approach coping among Air Veterans.	Significant	Rejected
	(c) There will no significant relationship of psychological well-being with self-esteem among Air Veterans.	Significant	Rejected
	(d) There will no significant relationship of psychological well-being with general health among Air Veterans.	Significant	Rejected

Discussion as shown in Table 4.17 states that most of our null hypotheses are not supported by research data resulting in rejection of the null hypotheses. It reveals that there is clearly difference present and found correlation among psychological variables undertaken in the present study. This is could be attributed to unique features associated with transition period. Transition from military to civilian is completely a new phenomenon for these returning Air Veterans, which they have never experienced before. Though these personnel are used to of normal transition during their in-service period like temporary duty to another stations, permanent transfer and undergoing specific courses at difference locations. However, it is pertinent to mentioned here that all these transitions take place with the Air Force only. This unique transitional phase brings a lot of challenges to adjusting to the new culture. Moreover, the majority of these returning Air Veterans are in their late 30s or early 40s when land the civil society having major responsibility towards their family specially to educate their grown up children. In back of their mind, they have concern for finding the suitable match for their children in unfamiliar society. On the one hand, these Air Veterans need to fulfil these primarily responsibility as a ‘father’, and on the other hand they find themselves having limited resources due to reduction in salary and facility as compared to when they are in service. At this juncture specially in the initial phase of their transition, there have been seen a decline in the level of adjustment and well-being among these personnel as compared to serving personnel. Increasing trend of using avoidant coping by Air Veterans as seen in this study may be resulted in inability to adapt to the demands of the new society and situational challenges (Brockman et al., 2016). More ever considerable long experience of around 20 years with IAF may have resulted in a fixed belief pattern, systems, attitudes and life style. These unique and fixed personality patterns may have interfere in adaptation to the new and challenging role at the time of transiting to the civil society. With passage of time, improvement in the level of well-being and adjustment have reported (McDermott, 2007). However during the initial phase of transition, a moderate decline in these psychological factors cannot be rule out as seen in the present study as well in the previous study by Maharajan and Subramani (2014). In the domain of approach coping, no significant difference could be attributed to the quality of military training ingrained in these personnel, which helps them to stay committed and consistent not only during service but even after retirement.

4.4 Conclusion

In phase II, a comparative analysis of all psychological variables between Air Veterans and serving Air Force personnel was carried out. Results from the comparative analysis reveal that in the domain of adjustment, both groups showed better adjustment patterns. However, Air Veterans have shown a comparatively lower adjustment pattern as compared to serving personnel. Statistically significant result indicates that both groups differ significantly on the scores of adjustment. This indicates that when serving personnel enter a transitional phase, they may experience some adjustment difficulties during this phase.

Similarly, in the domain of psychological well-being, scores of Air Veterans were found lower than of serving Air Force personnel. Results found to be statistically significant indicating a moderate decrease in the psychological well-being during transitional phase among Air Veterans as compared to serving personnel.

Comparative analysis in the domain of the types of coping strategies adopted by these two groups reveals that both groups differ significantly in the type of coping strategy they use. Air Veterans during transitional phase was found more inclined towards using avoidant coping as compared to serving Air Force personnel. However, in the domain of approach coping, no significant difference was reported between Air Veterans and serving personnel. This indicates that approach coping was found not influenced during the transitional phase.

Results in the domain of self-esteem depicted that Air Veterans during transitional phase have lowered scored than serving personnel. This implies that serving personnel have higher self-esteem as compared to Air Veterans. Results were found to be statistically significant, which indicates that both groups differ significantly in the domain of self-esteem.

Results in the domain of general health illustrate that Air Veterans have scored higher than serving personnel. Since a higher score is an indicator of poor mental health status as per the test's norms, as per research findings, Air Veterans in this domain indicate lower mental health as compared to serving personnel. Statistically significant results were found, which specifies that both groups differ significantly in the domain of general health.

In phase III, correlation analysis was done in the area of adjustment and psychological well-being with other psychological variables such as coping strategies, self-esteem, and general health among Air Veterans. Results from the correlation analysis reveals that adjustment of Air Veterans was found negatively correlated with psychological well-being at .01 level of significance. On the other hand, it was found that the association between adjustment and coping avoidant explored a positively significant relationship among Air Veterans. Similarly, association between adjustment and general health is also found positive which is significant at .01 level.

Correlation analysis in the domain of psychological well-being with other psychological variables among Air Veterans reveals that PWB was found negatively correlated with coping avoidant as well as with general health at .01 level of significance. On the other hand, it was found that correlation between psychological well-being and coping approach explore significant positive relationship at .05 level. In the current study, psychological well-being and self-esteem was found positively significant at .05 level.

CHAPTER 5

SUMMARY, CONCLUSION, RECOMMENDATIONS, LIMITATIONS AND SUGGESTIONS

5.1 Rationale of Research

Though a significant amount of work has been done on military soldiers documenting their resettlement issues, rehabilitation issues, PTSD, socioeconomic issues and identity crisis, however, the study documenting the psychological impact of the transitional crisis on these returning soldiers in general and Air Force Veterans specifically was found missing. This study mainly focuses on transition to civilian life by Air Veterans, particularly in the Indian context. Psychophysical issues of returning soldiers have been documented by many studies in past, however, the studies depicting the invisible wounds of these returning soldiers were found missing. This study has made an effort to address the gap in the pool of existing literature on the possible impact of transition on the post-military adjustment to civilian life and overall psychological well-being thereon. It will surely go in a long way to bring to the attention of the stakeholders including the Ministry of Defence the various psychological challenges faced by these personnel during the transitional stage and consequently to help in policy formation for these returning soldiers by the concerned stakeholders looking after veteran's adjustment program.

5.2 Problem statement Impact of Transitional Crisis on Adjustment and Psychological Well-being of Air Veterans.

5.3 Objectives

1. To assess and compare the level of adjustment between Air Veterans and serving Air Force personnel.

2. To assess and compare the level of psychological well-being between Air Veterans and serving Air Force personnel.
3. To investigate the type of coping strategy employed by Air Veterans during the transitional phase.
4. To assess and compare the level of self-esteem and general health between Air Veterans and serving Air Force personnel.
5. To examine the relationship of adjustment with psychological well-being, coping strategies, self-esteem and general health among Air Veterans.
6. To examine the relationship of psychological well-being with coping strategies, self-esteem and general health among Air Veterans.

5.4 Hypotheses

H₁: There will be no impact of Transitional Crisis on the adjustment of Air Veterans.

H₂: There will be no impact of Transitional Crisis on the psychological well-being of Air Veterans.

H₃: There will be no difference in employing type of coping strategy during the transition phase by Air Veterans.

H₄: There will be no impact of Transitional Crisis on the self-esteem and general health of Air Veterans.

H₅: There will be no significant relationship of adjustment with psychological well-being, coping strategies, self-esteem and general health among Air Veterans.

H₆: There will be no significant relationship of psychological well-being with coping strategies, self-esteem and general health among Air Veterans.

5.5 Research Design Ex Post Facto research design has been employed for the present research.

5.5.1 Sampling Technique Population has been identified based on the purposive sampling on the basis of specific characteristics. Inclusion and exclusion criteria as discussed in Chapter 3 have been strictly maintained during sample selection. After identifying the target population, the snowball technique of sampling was used to collect the data from participants. The present research study is conducted on 225 participants. Wherein 150 Air Veterans between the ages group of 38 to 45 years consisting, whose post-retirement period is between 3 months to 3 years only are taken as a sample. Participants are from pan India. For comparison, 75 participants were taken from the serving population of the Indian Air Force as a comparative group after due permission of the appropriate Air Force authority.

5.5.2 Tools Description

Personal Adjustment Inventory (PAI). PAI is developed by Dr. C.G. Deshpande in 1982 and consists of 20 statements on a three-point scale. This inventory is useful for identifying mainly two domains of an individual, (i) To know the personal adjustment of an individual (ii) To know the degree of personal mental health. Inventory has a reliability of 0.81 as measured by the split-half method.

Psychological Well-being Scale (Ryff, 2007). Psychological Well-being scale (Ryff, 2007) has been used to assess the Psychological well-being of the

participants. It is a 42 items scale measuring 6 dimensions of psychological well-being i.e. Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life and Self-Acceptance. The test-retest reliability coefficient value was 0.82.

The brief-COPE (Carver, 1997). The brief-COPE inventory is a 28-item self-report questionnaire developed by Carver in 1997. It measures effective and ineffective ways to cope with a stressful life event. The main objective of this inventory is to measure how an individual copes with a variety of challenges. The scale can determine whether a person's primary coping style is Approach Coping or Avoidant Coping. Avoidant coping is linked to poorer physical health in people with medical conditions. Avoidant Coping has been shown to be less effective at managing anxiety than Approach Coping. Approach Coping is associated with more helpful responses to adversity, such as adaptive practical adjustment, improved physical health outcomes and more stable emotional responses.

Rosenberg Self-Esteem Scale (RSE). Rosenberg (1965) created the self-esteem scale to assess an individual's level of self-esteem. Initially, it was constructed for high school students measure to measure their self-esteem only, however, later this scale was used with different groups including adults with the standard norms of the scale. It is a 10 items scale using the Guttman scaling method, which has satisfactory reproducibility and scalability. The scale possesses an excellent internal consistency having a reliability coefficient of 0.92 and test-retest reliability over 2 weeks reveals correlations of 0.85. Using well-known groups, scales also exhibit concurrent, predictive, and construct validity. The RSE correlates significantly with other measures of self-esteem, including the Coopersmith Self-Esteem Inventory. The RSE also has a predicted correlation with measures of anxiety and depression.

General Health Questionnaire (GHQ-12) (Goldberg & Williams, 1988). GHQ-12 was used to gauge individuals' overall health and spot any signs of psychological distress. By its reliability, validity, ease/quickness of administration and usefulness, this scale is used worldwide. It measures the general mental health of an individual. Items are designed in such a way that they assess the respondent's present state and whether that differs from 'normal', focusing particularly on the ability to carry out regular functions, or the appearance of new and distressing symptoms. The resulting rating reflects the current psychiatric status in relation to the usual status. GHQ-12 deals with two dimensions: helplessness to carry on normal healthy functions and the emergence of a new psychologically painful occurrence. GHQ-12 is a quick screener commonly used in surveys as compared to other versions of GHQ i.e. GHQ-60, GHQ-30 and GHQ-28. It is a four-point Likert tool having 12 items to evaluate general health. Likert scoring (0-1-2-3) was used during this study. The Cronbach alpha coefficient for the GHQ ranges from 0.82 to 0.86.

5.6 Analysis Used in Current Study

Three-phase analysis were conducted to meet the study's goals. In the first phase, an assessment of all psychological variables under study i.e. adjustment, psychological well-being, type of coping strategy employed, self-esteem and general health during the transitional phase of Air Veterans were drawn. For this purpose, descriptive analysis i.e. Mean & SD was drawn. After the assessment of the variables, data profiling was done to determine the shape and nature of the data. In the second phase, a comparative analysis of psychological variables between Air Veterans and serving Air Force personnel was drawn. For this purpose, inferential analysis such as student's t-test was used. In the last phase, correlation analysis of adjustment and psychological well-being among Air Veterans with other psychological variables in the current study was carried out. For this purpose, Pearson product-moment correlation was carried out for checking any correlation of

adjustment and psychological well-being with other psychological variables among the defined sample.

5.7 Summary and Conclusion (Phase-wise)

Phase I. *In this phase*, an assessment of all psychological variables pertaining to Air Veterans was carried out. Scores in the domain of adjustment (**M = 10.74**), Psychological well-being (**M = 210.32**), avoidant coping (**M = 22.61**), approach coping (**M = 30.81**), self-esteem (**M = 33.94**) and general health (**M = 7.97**) were reported by Air Veterans groups. Results from the data profiling section reveal that collected data is normally distributed and can be further analysed through the appropriate parametric test.

Phase II. This phase consists of a comparative analysis of all psychological variables between Air Veterans and serving Air Force personnel was carried out. The result from the comparative analysis discloses that in the domain of adjustment, both groups have shown better adjustment patterns in general. However, Air Veterans have shown comparatively lower adjustment patterns as compared to serving personnel. The statistically significant result reported indicates that both the groups differ significantly on the scores of adjustment. This indicates that when serving personnel entered into the transitional phase, may experience some adjustment difficulties during this phase. Similarly, in the domain of psychological well-being, scores of Air Veterans were found lower than serving Air Force personnel. Results were found to be statistically significant indicating a moderate decrease in psychological well-being during the transitional phase among Air Veterans as compared to serving personnel. Comparative analysis in the domain of the type of coping strategies adopted by these two groups reveals that both groups differ significantly while using the type of coping strategy. Air Veterans during the transitional phase were found more inclined towards using avoidant coping as compared to serving Air Force personnel. However, in the domain of approach coping, no significant difference was reported between Air Veterans and serving personnel. This indicates that approach coping was found not influenced during the transitional phase. Results in the

domain of self-esteem depicted that Air Veterans during the transitional phase have scored lower than serving personnel. This implies that serving personnel have higher self-esteem as compared to Air Veterans. Results were found to be statistically significant which indicates that both groups differ significantly in the domain of self-esteem. In the domain of general health, results illustrate that Air Veterans have scored higher than serving personnel. Since a higher score is an indicator of poor mental health status as per the test's norms, as research findings, Air Veterans in this domain indicate lower mental health as compared to serving personnel. The findings were statistically significant, indicating that both groups differ significantly in the domain of general health.

Phase III. In this phase, correlation analysis was done in the area of Adjustment and psychological well-being with other psychological variables- adjustment, psychological well-being, type of coping strategy employed, self-esteem and general health during the transitional phase among Air Veterans. Correlation analysis results reveals that adjustment of Air Veterans was found negatively correlated with psychological well-being at a .01 level of significance. As a higher score on adjustment indicates poor adjustment as per the test's norms, findings reveal that the lower the score on adjustment, the higher the well-being of Air Veterans. On the other hand, it was found that an association between adjustment and coping avoidant explore the positively significant relationship among Air Veterans. Similarly, the correlation between adjustment and general health is also found positive which is significant at .01 level of significance.

Correlation analysis in the domain of psychological well-being with other psychological variables among Air Veterans reveals that PWB was found negatively correlated with coping avoidant as well as with general health at .01 level of significance. On the other hand, it was found that a correlation between psychological well-being and coping approach explores a significant positive relationship at .05 level of significance. In the current study, psychological well-being and self-esteem were found positively significant at .05 level of significance.

5.8 Limitations

1. Because the current study only included veterans of the Indian Air Force, it may limits generalisation of the findings to the entire veteran community.
2. Particularly with regard to Air Veterans of the Indian Air Force, empirical literature on effect of transitional phase was almost non-existent.

5.9 Delimitations

1. Sampling technique used to select the sample was purposive.
2. The present study was primarily focused on Air Veterans, only those who completed their initial terms of engagement (i.e. 20 years) in IAF.
3. Participants of the present study were limited only to Airmen cadre of Air Veterans. Participants from the officers cadre of IAF should have also been included in the present study to have a comprehensive result.

5.10 Suggestions for Future Research

1. Since, the present study was focused only on veterans from Indian Air Force, future studies might be undertaken to include the veterans from other sister services of defence i.e. the Army and the Navy to have a wide-ranging view of the impact of the transitional crisis on the whole veterans' fraternity in general.
2. A comparative study between commissioned and non-commissioned officers (Air Veterans) might be undertaken.

3. A comparative study between Air Veterans who have completed initial engagement of service i.e. 20 years and those who have completed service till superannuation may be explored.
4. Future research may involve a greater sample size to strengthen the accuracy of the results.
5. Introduction of psychological training or a short course for all prospective retirees at least a year before retirement to better prepare them for and comprehend the demands of civilian life, so facilitating a smooth transition.
6. Longitudinal study, wherein the same participants before the transition phase and after the transition may be conducted to get a real impact of the transitional crisis on Air Veterans.
7. Further studies may be carried out exploring different psychological/demographical variables, particularly in relation to defence personnel.
8. The curriculum for the reintegration may be modified to include psychological preparedness in the training curriculum to handle any psychological crisis if any during the transitional phase by these returning veterans.
9. A comparative study between technical and non-technical tradesmen of Air Veterans may be undertaken.

References

- Adler, A. B. (Ed.). (2011). The psychology of transition: Adapting to home after deployment. In A. B. Adler, P. D. Bliese, & C. A. Castro (Eds.), *Deployment psychology: Evidence-based strategies to promote mental health in the military* (pp. 153–174). American Psychological Association.
<https://doi.org/10.1037/12300-006>
- Ahern, J., Worthen, M., Masters, J., Lippman, S. A., Ozer, E. J., & Moos, R. (2015). The challenges of Afghanistan and Iraq veterans' transition from military to civilian life and approaches to reconnection. *PloS one*, 10(7), 0128599.
<https://doi.org/10.1371/journal.pone.0128599>
- Alfred, G. C., Hammer, J. H., & Good, G. E. (2014). Male student veterans: Hardiness, psychological well-being, and masculine norms. *Psychology of Men & Masculinity*, 15(1), 95.
<https://doi.org/10.1037/a0031450>
- Amaratunga, D., Baldry, D., Sarshar, M. and Newton, R. (2002), "Quantitative and qualitative research in the built environment: application of "mixed" research approach", *Work Study*, 51(1), 17-31.
<https://doi.org/10.1108/00438020210415488>
- American Psychological Association. (n.d.). Emotional Adjustment. In *APA dictionary of psychology*. Retrieved April 10, 2022, from <https://www.dictionary.apa.org/emotional-social-adjustment>
- American Psychological Association. (n.d.). Social Adjustment. In *APA dictionary of psychology*. Retrieved April 10, 2022, from <https://www.dictionary.apa.org/social-adjustment>

- Al-Naggar, R. A., & Chen, R. (2011). Stress and coping strategies among retired people in Malaysia: a qualitative study. *ASEAN Journal of Psychiatry*, 12, 143-147.
- Ashcroft, M. A. (2014). *The veterans' transition review*. Lord Ashcroft, KCMG PC.
- Atuel, H. R., & Castro, C. A. (2019). Military transition process and identity. *American military life in the 21st century: Social, cultural, economic issues, and trends*, 2, 485-496.
- Baker, M. (2000). Towards a methodology for investigating the style of a literary translator. Target. *International Journal of Translation Studies*, 12(2), 241-266.
<https://doi.org/10.1075/target.12.2.04bak>
- Bartone, P. T., & Homish, G. G. (2020). Influence of hardiness, avoidance coping, and combat exposure on depression in returning war veterans: A moderated-mediation study. *Journal of affective disorders*, 265, 511-518.
<https://doi.org/10.1016/j.jad.2020.01.127>
- Begley, T. M. (1998). Coping strategies as predictors of employee distress and turnover after an organisational consolidation: A longitudinal analysis. *Journal of Occupational and Organisational Psychology*, 71(4), 305-329.
<https://doi.org/10.1111/j.2044-8325.1998.tb00679.x>
- Benotsch, E. G., Brailey, K., Vasterling, J. J., Uddo, M., Constans, J. I., & Sutker, P. B. (2000). War Zone stress, personal and environmental resources, and PTSD symptoms in Gulf War Veterans: A longitudinal perspective. *Journal of Abnormal Psychology*, 109(2), 205–213. <https://doi.org/10.1037/0021-843X.109.2.205>
- Bernick, M. (1978). A Note on Promoting Self-Esteem. *Political Theory*, 6(1), 109-118.
<https://doi.org/10.1177/009059177800600108>

- Binks, E., & Cambridge, S. (2018). The transition experiences of British military veterans. *Political Psychology*, 39(1), 125-142. <https://doi.org/10.1111/pops.12399>
- Blascovich, J., Tomaka, J., Robinson, J. P., Shaver, P. R., & Wrightsman, L. S. (1991). *Measures of self-esteem. Measures of personality and social psychological attitudes*, 1, 115-160.
- Bowes, M. A., Ferreira, N., & Henderson, M. (2018). The influence of psychosocial factors in veteran adjustment to civilian life. *Clinical psychology & psychotherapy*, 25(4), 583-600. <https://doi.org/10.1002/cpp.2182>
- Boykin, G. L., & Rice, V. J. (2013). General self-reported health as it relates to self-esteem, situational self-efficacy and coping among soldiers. In Proceedings of the Human Factors and Ergonomics Society Annual Meeting (Vol. 57, No. 1, pp. 1551-1555). Sage CA: Los Angeles, CA: SAGE Publications. <https://doi.org/10.1177/1541931213571345>
- Britannica (n.d.). *Adjustment*. Retrieved on May 22, 2022, from <https://www.britannica.com/science/adjustment-psychology>
- Brockman, C., Snyder, J., Gewirtz, A., Gird, S. R., Quattlebaum, J., Schmidt, N., Pauldine, M. R., Elish, K., Schrepferman, L., Hayes, C., Zettle, R., & DeGarmo, D. (2016). Relationship of service members' deployment trauma, PTSD symptoms, and experiential avoidance to post deployment family reengagement. *Journal of Family Psychology*, 30(1), 52–62. <https://doi.org/10.1037/fam0000152>
- Brooks, S. K., & Greenberg, N. (2018). Non-deployment factors affecting psychological well-being in military personnel: literature review. *Journal of Mental Health*, 27(1), 80-90. <https://doi.org/10.1080/09638237.2016.1276536>

- Brunger, H., Serrato, J., & Ogden, J. (2013). "No man's land": the transition to civilian life. *Journal of Aggression, Conflict and Peace Research*, 5(2), 86-100.
<https://doi.org/10.1108/17596591311313681>
- Bryman, A., & Bell, E. (2015). *Business research methods* (4th ed.). United Kingdom: OUP Oxford.
- Burdett, H., Woodhead, C., Iversen, A. C., Wessely, S., Dandeker, C., & Fear, N. T. (2012). Are you a Veteran? Understanding of the term "veteran" among UK ex-service personnel: A research note. *Armed Forces and Society*, 39(4), 751–759.
<https://doi.org/10.1177/0095327X12452033>
- Burns, R. (1982). *Self Concept—Developing and Education*. Holt, Rinehartand Winston: university of mechigan.
- Carvajal, S. C., Clair, S. D., Nash, S. G., & Evans, R. I. (1998). Relating optimism, hope, and self-esteem to social influences in deterring substance use in adolescents. *Journal of Social and Clinical Psychology*, 17(4), 443.
- Carver, C. S. (1997). You want to measure coping but your protocol' too long: Consider the brief cope. *International journal of behavioral medicine*, 4(1), 92-100.
https://doi.org/10.1207/s15327558ijbm0401_6
- Caspi, A., & Roberts, B. W. (2001). Personality development across the life course: The argument for change and continuity. *Psychological inquiry*, 12(2), 49-66.
https://doi.org/10.1207/S15327965PLI1202_01
- Castro, C. A., & Kintzle, S. (2016). Military matters: The military transition theory: Rejoining civilian life. *International Society for Traumatic Stress Studies*, 30(3).

- Cavana, R., Delahaye, B., & Sekeran, U. (2001). *Applied business research: Qualitative and quantitative methods*. John Wiley & Sons.
- Ciarleglio, M. M., Aslan, M., Proctor, S. P., Concato, J., Ko, J., Kaiser, A. P., & Vasterling, J. J. (2018). Associations of stress exposures and social support with long-term mental health outcomes among US Iraq war veterans. *Behavior therapy*, 49(5), 653-667. <https://doi.org/10.1016/j.beth.2018.01.002>
- Coll, J. E., Weiss, E. L., & Yarvis, J. S. (2012). No one leaves unchanged—Insights for civilian mental health care: Professionals into the military experience and culture. *In Advances in social work practice with the military* (pp. 18-33).
- Cooper, D. R., & Schindler, P. S. (2011). *Business Research Methods* (11th ed.). New York: McGraw-Hill.
- Cooper, L., Caddick, N., Godier, L., Cooper, A., & Fossey, M. (2018). Transition from the military into civilian life: An exploration of cultural competence. *Armed forces & society*, 44(1), 156-177. <https://doi.org/10.1177/0095327X16675965>
- Cutright K, Wiggins AM, Dick GL. Adjustment to civilian life. In: Dick GL, editor. *Social work practices with Veterans*. Washington (DC): NASW Press; 2014. p. 139–54.
- Dandeker, C., Wessely, S., Iversen, A., & Ross, J. (2006). What's in a name? Defining and caring for “Veterans” the United Kingdom in international perspective. *Armed Forces & Society*, 32(2), 161-177. <https://doi.org/10.1177/0095327X05279177>
- Demers, A. (2011). When veterans return: The role of community in reintegration. *Journal of Loss and Trauma*, 16(2), 160-179. <https://doi.org/10.1080/15325024.2010.519281>
- Derefinko, K. J., Hallsell, T. A., Isaacs, M. B., Colvin, L. W., Garcia, F. I. S., & Bursac, Z. (2019). Perceived needs of veterans transitioning from the military to civilian

life. *The journal of behavioral health services & research*, 46(3), 384-398.
<https://doi.org/10.1007/s11414-018-9633-8>

DeSalvo, K. B., Bloser, N., Reynolds, K., He, J., & Muntner, P. (2006). Mortality prediction with a single general self-rated health question. *Journal of general internal medicine*, 21(3), 267-275.<https://doi.org/10.1111/j.1525-1497.2005.00291.x>

Dichter, M. E., Sorrentino, A. E., Haywood, T. N., Bellamy, S. L., Medvedeva, E., Roberts, C. B., & Iverson, K. M. (2018). Women's healthcare utilisation following routine screening for past-year intimate partner violence in the Veterans Health Administration. *Journal of general internal medicine*, 33(6), 936-941.<https://doi.org/10.1007/s11606-018-4321-1>

Dickstein, B. D., Vogt, D. S., Handa, S., & Litz, B. T. (2010). Targeting self-stigma in returning military personnel and veterans: A review of intervention strategies. *Military Psychology*, 22(2), 224-236.
<https://doi.org/10.1080/08995600903417399>

Dictionary.com. (n.d.). Veteran. In *Dictionary.com*. Retrieved January 08, 2022, from <https://www.dictionary.com/browse/veterans>

Directorate of Air Veterans (n.d.). *About Us*. Retrieved on Jul 21, 2022, from https://iafpensioners.gov.in/ords/dav_portal/r/dte_av/aboutus?p0_title=About%20Us&p0_breadcrumb=About%20Us&session=15757061285955

Directorate of Air Veterans (n.d.). Retrieved on Jul 21, 2022, from https://iafpensioners.gov.in/ords/dav_portal/r/dte_av/home?session=7691740797292

- Directorate of General Resettlement (2021). *Yearly Newsletter: 2021*.
<https://dgrindia.gov.in/writereaddata/media/documents/a8a3f9d4-772a-4830-86bb-ea51976785ac.pdf>
- Drebing, C. E., Reilly, E., Henze, K. T., Kelly, M., Russo, A., Smolinsky, J., ... & Penk, W. E. (2018). Using peer support groups to enhance community integration of veterans in transition. *Psychological services*, 15(2), 135-145.
<https://doi.org/10.1037/ser0000178>
- Dubow, E. F., Tisak, J., Causey, D., Hryshko, A., & Reid, G. (1991). A two-year longitudinal study of stressful life events, social support, and social problem-solving skills: Contributions to children's behavioral and academic adjustment. *Child development*, 62(3), 583-599.
<https://doi.org/10.1111/j.1467-8624.1991.tb01554.x>
- Eidelman, S., & Crandall, C. S. (2014). *The intuitive traditionalist: How biases for existence and longevity promote the status quo*. In *Advances in experimental social psychology* (Vol. 50, pp. 53-104). Academic Press.
<https://doi.org/10.1016/B978-0-12-800284-1.00002-3>
- Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39, 175-191.
<https://doi.org/10.3758/BF03193146>
- Fiedler, E. R., Oltmanns, T. F., & Turkheimer, E. (2004). Traits associated with personality disorders and adjustment to military life: Predictive validity of self and peer reports. *Military medicine*, 169(3), 207-211.
<https://doi.org/10.7205/MILMED.169.3.207>

- Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annu. Rev. Psychol.*, 55, 745-774. DOI: [10.1146/annurev.psych.55.090902.141456](https://doi.org/10.1146/annurev.psych.55.090902.141456)
- Fromm, E. (1941). *Escape from Freedom*, New York (Farrar and Rinehart)
- Government of India. (n.d.). *Agnipath*. Retrieved on Jul 28, 2022, from https://static.mygov.in/rest/s3fs-public/mygov_165537936251307401.pdf
- Greene-Shortridge, T. M., Britt, T. W., & Castro, C. A. (2007). The stigma of mental health problems in the military. *Military medicine*, 172(2), 157-161. <https://doi.org/10.7205/MILMED.172.2.157>
- Greenglass, E. R., & Burke, R. J. (2000). Hospital downsizing, individual resources, and occupational stressors in nurses. *Anxiety, Stress and Coping*, 13(4), 371-390. <https://doi.org/10.1080/10615800008248342>
- Griffith, J., Connelly, V., Catignani, S., & Johansson, E. (2020). Reservists and veterans: Viewed from within and without. *Handbook of military sciences*, 1-26. https://doi.org/10.1007/978-3-030-02866-4_34-1
- Hachey, K. K., Sudom, K., Sweet, J., MacLean, M. B., & VanTil, L. D. (2016). Transitioning from military to civilian life: The role of mastery and social support. *Journal of Military, Veteran and Family Health*, 2(1), 9-18. <https://doi.org/10.3138/jmvfh.3379>
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2018). *Multivariate data analysis (7th Ed)*. Dorling Kindersley India.
- Hammond, S. P. (2016). Complex perceptions of identity: The experiences of student combat veterans in community college. *Community College Journal of Research and Practice*, 40(2), 146-159. <https://doi.org/10.1080/10668926.2015.1017891>

- Haslam, S. A., Jetten, J., Postmes, T., & Haslam, C. (2009). Social identity, health and well-being: An emerging agenda for applied psychology. *Applied Psychology*, 58(1), 1-23.[doi: 10.1111/j.1464-0597.2008.00379.x](https://doi.org/10.1111/j.1464-0597.2008.00379.x)
- Haslam, S. A., Reicher, S. D., & Reynolds, K. J. (2012). Identity, influence, and change: Rediscovering John Turner's vision for social psychology. *British Journal of Social Psychology*, 51(2), 201-218.<https://doi.org/10.1111/j.2044-8309.2011.02091.x>
- Hatch, S. L., Harvey, S. B., Dandeker, C., Burdett, H., Greenberg, N., Fear, N. T., & Wessely, S. (2013). Life in and after the Armed Forces: social networks and mental health in the UK military. *Sociology of health & illness*, 35(7), 1045-1064.
<https://doi.org/10.1111/1467-9566.12022>
- Higate, P. R. (2001). Theorizing continuity: From military to civilian life. *Armed Forces & Society*, 27(3), 443-460.<https://doi.org/10.1177/0095327X0102700306>
- Holahan, C. J., & Moos, R. H. (1986). Personality, coping, and family resources in stress resistance: a longitudinal analysis. *Journal of personality and social psychology*, 51(2), 389.<https://doi.org/10.1037/0022-3514.51.2.389>
- Iversen, A. C., Van Staden, L., Hughes, J. H., Greenberg, N., Hotopf, M., Rona, R. J., et al. (2011). The stigma of mental health problems and other barriers to care in the UK Armed Forces. *BMC health services research*, 11(1), 1-10.
<https://doi.org/10.1186/1472-6963-11-31>
- Johansen, R. B., Laberg, J. C., & Martinussen, M. (2014). Military identity as predictor of perceived military competence and skills. *Armed Forces & Society*, 40(3), 521-543.<https://doi.org/10.1177/0095327X13478405>

- Jolly, R. (1996). *Changing step: From military to civilian life: People in transition*. London, UK: Brassey's.
- Joseph, S., Williams, R., & Yule, W. (1992). Crisis support, attributional style, coping style, and post-traumatic symptoms. *Personality and individual differences*, 13(11), 1249-1251. [https://doi.org/10.1016/0191-8869\(92\)90262-N](https://doi.org/10.1016/0191-8869(92)90262-N)
- Kakkar, H., & Sivanathan, N. (2017). When the appeal of a dominant leader is greater than a prestige leader. *Proceedings of the National Academy of Sciences*, 114(26), 6734-6739. <https://doi.org/10.1073/pnas.1617711114>
- Kashdan, T. B., Uswatte, G., Steger, M. F., & Julian, T. (2006). Fragile self-esteem and affective instability in posttraumatic stress disorder. *Behaviour Research and Therapy*, 44(11), 1609-1619. <https://doi.org/10.1016/j.brat.2005.12.003>
- Kay, A. C., & Friesen, J. (2011). On social stability and social change: Understanding when system justification does and does not occur. *Current Directions in Psychological Science*, 20(6), 360-364. <https://doi.org/10.1177/0963721411422059>
- Kay, A. C., Whitson, J. A., Gaucher, D., & Galinsky, A. D. (2009). Compensatory control: Achieving order through the mind, our institutions, and the heavens. *Current Directions in Psychological Science*, 18(5), 264-268. <https://doi.org/10.1111/j.1467-8721.2009.01649.x>
- Keeling, M., Kintzle, S., & Castro, C. A. (2018). Exploring US veterans' post-service employment experiences. *Military Psychology*, 30(1), 63-69. <https://doi.org/10.1080/08995605.2017.1420976>
- Kelty, R., Kleykamp, M., & Segal, D. R. (2010). The Military and the Transition to Adulthood. *The Future of Children*, 20(1), 181-207. <http://www.jstor.org/stable/27795065>

Kendriya Sainik Board (2022). *Guide Book* : 2022. <https://www.ksb.gov.in/writereaddata/Portal/News/Guidebook.pdf>

Kendriya Sainik Board Secretariat.(n.d.). *Definition of Armed Forces*. Retrieved on Jul 28, 2022, from <https://www.ksb.gov.in/definition-armed-forces.htm>

Kim, J. H. (2021). The Influence of Soldier's Self-esteem on Adaptation to Military Life: Focused on the Mediating Effect of Depression. *The Journal of the Korea Contents Association*, 21(10), 564-575.
<https://doi.org/10.5392/JKCA.2021.21.10.564>

Kishore, S. (1991). *Re-settlement of Ex-servicemen in India: Problems, Patterns, and Prospects*. Concept Publishing Company.

Kumar, S., & Ghosh, S. (2022a). Occupational and family conflict in relation to perceived psychological well-being among Indian Air Force Personnel. *Rabindra Bharati Journal of Philosophy*, Vol XXIII, No. 06, ISSN 0973-0087 (p).

Kumar, S., & Ghosh, S. (2022b). Impact of Self-Esteem on General Health Among Serving Indian Air Force Personnel and Air Veterans. *Journal of Positive School Psychology*, 6(3), 8043-8049.
<https://journalppw.com/index.php/jpsp/article/view/5055>

Laub, J. H., & Sampson, R. J. (2001). Understanding desistance from crime. *Crime and justice*, 28, 1-69.

Lazarus, R. S. (1974). Psychological stress and coping in adaptation and illness. *The International journal of psychiatry in medicine*, 5(4), 321-333.
<https://doi.org/10.2190/T43T-84P3-QDUR-7RTP>

Lazarus, R. S. (1976). *Patterns of adjustment (3-rd ed.)*. New York: McCraw-Hill.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.

MacBride, A. (1976). Retirement as a life crisis: Myth or reality? A review. *Canadian Psychiatric Association Journal*, 21(8), 547-556.
<https://doi.org/10.1177/070674377602100809>

MacLean, A., & Elder Jr, G. H. (2007). Military service in the life course. *Annual review of sociology*, 33, 175-196.<https://doi.org/10.1146/annurev.soc.33.040406.131710>

MacLean, M. B., Van Til, L., Thompson, J. M., Sweet, J., Poirier, A., Sudom, K., & Pedlar, D. J. (2014). Postmilitary adjustment to civilian life: Potential risks and protective factors. *Physical therapy*, 94(8), 1186-1195.<https://doi.org/10.2522/ptj.20120107>

Maddi, S. R. (2006). Hardiness: The courage to grow from stresses. *The journal of positive psychology*, 1(3), 160-168.<https://doi.org/10.1080/17439760600619609>

Maharajan, K., & Krishnaveni, R. (2016). “Managing the Migration From Military to Civil Society” Motivation Model for Socioeconomic Needs in Resettlement of Veterans in India. *Armed Forces & Society*, 42(3), 605-625.
<https://doi.org/10.1177/0095327X16629160>

Maharajan, K., & Krishnaveni, R. (2017). Inclusive management of ex-servicemen in India: Satisfaction of air force veterans from resettlement facilities with special reference to Tamil Nadu. *IIMB Management Review*, 29(1), 5-17.
<https://doi.org/10.1016/j.iimb.2016.11.001>

Maharajan K., Subramani B. (2014). A critical study on the resettlement problems of air force ex-servicemen in India: Evolving management strategies. *International Journal of Research in Management Sciences*, 2, 13–23.

- Mann, M. M., Hosman, C. M., Schaalma, H. P., & De Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health education research*, 19(4), 357-372. <https://doi.org/10.1093/her/cyg041>
- McGarry, R., Walklate, S., & Mythen, G. (2015). A sociological analysis of military resilience: Opening up the debate. *Armed Forces & Society*, 41(2), 352-378. <https://doi.org/10.1177/0095327X1351345>
- Merriam-Webster. (n.d.). Veterans. In *Merriam-Webster.com dictionary*. Retrieved January 05, 2022, from <https://www.merriam-webster.com/dictionary/veterans>
- Ministry of Defence. (n.d.). *About the ministry*. Retrieved on Jul 1, 2022, from <https://www.mod.gov.in/about--ministry>
- Ministry of Defence. (2019). *Annual Report: 2018-19*. <https://www.mod.gov.in/dod/sites/default/files/MoDAR2018.pdf>
- Ministry of Defence. (2020). *Annual Report: 2019-20*. https://www.mod.gov.in/sites/default/files/Annual-Report-2019-20-final-web-version_compressed.pdf
- Mobbs, M. C., & Bonanno, G. A. (2018). Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans. *Clinical psychology review*, 59, 137-144. <https://doi.org/10.1016/j.cpr.2017.11.007>
- Morin, R. (2011). *The difficult transition from military to civilian life*. Washington, DC: Pew Research Center.
- OpIndia. (n.d.). *India beats China to become the world's third strongest air force in the Global Air Powers Ranking for 2022*. Retrieved on May 24, 2022, from

<https://www.opindia.com/2022/05/indian-air-force-beats-china-to-emerge-as-third-strongest-airforce-on-global-air-power-index-of-2022>

- Olsen, J. M., Breckler, S. J., & Wiggins, E. C. (2008). *Social Psychology Alive*. Ontario: Nelson.
- Orazem, R. J., Frazier, P. A., Schnurr, P. P., Oleson, H. E., Carlson, K. F., Litz, B. T., & Sayer, N. A. (2017). Identity adjustment among Afghanistan and Iraq war veterans with reintegration difficulty. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(Suppl 1), 4–11. <https://doi.org/10.1037/tra0000225>
- Parkes, K. R. (1990). Coping, negative affectivity, and the work environment: additive and interactive predictors of mental health. *Journal of Applied psychology*, 75(4), 399-409. [DOI: 10.1037/0021-9010.75.4.399](https://doi.org/10.1037/0021-9010.75.4.399)
- Pease, J. L., Billera, M., & Gerard, G. (2015). Military culture and the transition to civilian life: Suicide risk and other considerations. *Social work*, 61(1), 83-86. <https://doi.org/10.1093/sw/swv050>
- Pedlar, D., Thompson, J. M., & Castro, C. A. (2019). *Military-to-civilian transition theories and frameworks*. In *Military Veteran Reintegration* (pp. 21-50). Academic Press. <https://doi.org/10.1016/B978-0-12-815312-3.00003-6>
- Polit, D. F., & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing Studies*, 47(11), 1451-1458. doi: <https://doi.org/10.1016/j.ijnurstu.2010.06.004>
- Praharso, N. F., Tear, M. J., & Cruwys, T. (2017). Stressful life transitions and wellbeing: A comparison of the stress buffering hypothesis and the social identity model of identity change. *Psychiatry research*, 247, 265-275. <https://doi.org/10.1016/j.psychres.2016.11.039>

- Ray, S. L., & Heaslip, K. (2011). Canadian military transitioning to civilian life: A discussion paper. *Journal of Psychiatric and Mental Health Nursing*, 18(3), 198-204.<https://doi.org/10.1111/j.1365-2850.2010.01652.x>
- Reber A. S., Reber E. S. (2001). *The Penguin dictionary of psychology* (3rd ed.). London: Penguin.
- Rice, V. J., Butler, J., & Marra, D. (2006). Predicting performance: Self-Esteem among soldiers attending health care specialist training. *In Proceedings of the Human Factors and Ergonomics Society Annual Meeting* (Vol. 50, No. 15, pp. 1496-1500). Sage CA: Los Angeles, CA: SAGE Publications.
<https://doi.org/10.1177/154193120605001508>
- Robinson, J., Littlefield, P., & Schleuning, A. (2017). Transforming veterans' experiences during military-to-civilian transition: Gaps and opportunities. *US Department of Veterans Affairs. Center for Innovation.*[https://www.socalgrantmakers.org/sites/default/files/resources/VACI%20State%20of%20MCT_04192017, 20\(281\), 29.](https://www.socalgrantmakers.org/sites/default/files/resources/VACI%20State%20of%20MCT_04192017_20(281),29)
- Rogers, C. R. (1961). The process equation of psychotherapy. *American journal of psychotherapy*, 15(1), 27-45.<https://doi.org/10.1176/appi.psychotherapy.1961.15.1.27>
- Rohall, D. E., Prokopenko, O., Ender, M. G., & Matthews, M. D. (2014). The role of collective and personal self-esteem in a military context. *Current Research in Social Psychology*, 22(2), 10-21.
- Romero, D. H., Riggs, S. A., & Ruggero, C. (2015). Coping, family social support, and psychological symptoms among student veterans. *Journal of Counseling*

Psychology, 62(2), 242.[doi: 10.1037/cou0000061](https://doi.org/10.1037/cou0000061). Epub 2015 Feb 2. PMID: [25643161](https://pubmed.ncbi.nlm.nih.gov/25643161/).

Royal India Air Force. (2022, January 01). In *Wikipedia*, https://en.wikipedia.org/wiki/Royal_Indian_Air_Force

Russell, C. A., & Russell, D. W. (2018). It's not just showing up: How social identification with a veterans service organisation relates to benefit-finding and social isolation among veterans. *Psychological services*, 15(2), 154-162. <https://doi.org/10.1037/ser0000176>

Ruwan, I. I. F., Arobodade, A. A., Iliya, V., & Ishaya, D. S. (2020). Relationship between Military-Civilian Transition and Psychological Well-Being, Social Adjustment among Retired Military Personnel in Nigeria. *KIU Journal of Social Sciences*, 6(2), 187-198. <https://ijhumas.com/ojs/index.php/kiujoss/article/view/862>

Ruxton, G. D. (2006). The unequal variance t-test is an underused alternative to Student's t-test and the Mann–Whitney U test. *Behavioral Ecology*, 17(4), 688-690. <https://doi.org/10.1093/beheco/ark016>

Samele, C., & Mental Health Foundation (London, England). (2013). *The mental health of serving and ex-Service personnel: A review of the evidence and perspectives of key stakeholders*. Mental Health Foundation.

Sayer, N. A., Carlson, K. F., & Frazier, P. A. (2014). Reintegration challenges in US service members and veterans following combat deployment. *Social Issues and Policy Review*, 8(1), 33-73.<https://doi.org/10.1111/sipr.12001>

Schlossberg, N.K., Waters, E.B., & Goodman, J. (1995). *Counseling adults in transition: Linking practice with theory*. New York: Springer.

Selye, H. (1956). *The stress of life*.

Shek, D. (1992). Meaning in life and psychological well-being: an empirical study using the Chinese version of the purpose in life questionnaire. *Journal of Genetic Psychology*, 153(2), 185-200. <https://doi.org/10.1080/00221325.1992.10753712>

Shepherd, S., Kay, A. C., & Gray, K. (2019). Military veterans are morally typecast as agentic but unfeeling: Implications for veteran employment. *Organisational Behavior and Human Decision Processes*, 153, 75-88. <https://doi.org/10.1016/j.obhdp.2019.06.003>

Shepherd, S., Kay, A. C., Landau, M. J., & Keefer, L. A. (2011). Evidence for the specificity of control motivations in worldview defense: Distinguishing compensatory control from uncertainty management and terror management processes. *Journal of Experimental Social Psychology*, 47(5), 949-958. <https://doi.org/10.1016/j.jesp.2011.03.026>

Shepherd, S., Sherman, D. K., MacLean, A., & Kay, A. C. (2021). The challenges of military veterans in their transition to the workplace: A call for integrating basic and applied psychological science. *Perspectives on Psychological Science*, 16(3), 590-613. <https://doi.org/10.1177/1745691620953096>

Singh, J. (2009). An empirical study of motivation in the Indian Air Force. *Focus, Journal of Defence Studies*, 3(4), 131-138. https://www.idsa.in/system/files/jds_3_4_jsingh.pdf

Singh, M.K. (1985). *Resettlement Problems of Retired Army Officers*. Delhi: Mittal Publications.

Singh, O. (2005). *Indian ex-servicemen*. Krishna Prakashan Media.

- Smith, E. R., & Mackie, D. M. (2007). *Social Psychology*. New York: Psychology Press.
- Spiro III, A., Settersten, R. A., & Aldwin, C. M. (2016). Long-term outcomes of military service in aging and the life course: A positive re-envisioning. *The Gerontologist*, 56(1), 5-13. <https://doi.org/10.1093/geront/gnv093>
- Stone, C., & Stone, D. L. (2015). Factors affecting hiring decisions about veterans. *Human Resource Management Review*, 25(1), 68-79. <https://doi.org/10.1016/j.hrmr.2014.06.003>
- Taylor, S. E., & Brown, J. D. (1988). Illusion and well-being: a social psychological perspective on mental health. *Psychological bulletin*, 103(2), 193. <https://doi.org/10.1037/0033-2909.103.2.193>
- Taylor, M. A., Goldberg, C., Shore, L. M., & Lipka, P. (2008). The effects of retirement expectations and social support on post-retirement adjustment: A longitudinal analysis. *Journal of Managerial Psychology*, 23(4), 458-470. <https://doi.org/10.1108/02683940810869051>
- Thompson, J. M., Lockhart, W., Roach, M. B., Atuel, H., Bélanger, S., Black, T., ... & Truusa, T. T. (2017). *Veterans' Identities and Well-being in Transition to Civilian Life-a Resource for Policy Analysts, Program Designers, Service Providers and Researchers: Report of the Veterans' Identities Research Theme Working Group*. Charlottetown (PE): Veterans Affairs Canada.
- Thompson, J. M., VanTil, L. D., Zamorski, M. A., Garber, B., Dursun, S., Fikretoglu, D., ... & Pedlar, D. J. (2016). Mental health of Canadian Armed Forces Veterans: review of population studies. *Journal of Military, Veteran and Family Health*, 2(1), 70-86. <https://doi.org/10.3138/jmvfh.3258>

- Tyler, P., & Cushway, D. (1995). Stress in nurses: The effects of coping and social support. *Stress Medicine*, 11(1), 243-251.
<https://doi.org/10.1002/smi.2460110140>
- Vacchi, D. T. (2012). Considering student veterans on the twenty-first-century college campus. *About Campus*, 17(2), 15-21.<https://doi.org/10.1002/aca.21075>
- Verma, R. (2016). *General well-being adjustment and achievements in civil life vis à vis personal resources and demands of non commissioned officers of army ex servicemen* [Doctoral dissertation, Maharshi Dayanand University]
<http://hdl.handle.net/10603/208358>
- Verma, R. & Singh, R. (2016), Last held Military Rank and Well-being (Psychological Distress) of Army Ex-Servicemen (Non-Commissioned Officers), *International Journal of Indian Psychology*, Volume 3, Issue 4, No. 64, ISSN 2348-5396 (e), ISSN: 2349-3429 (p).[DIP: 18.01.135/20160304](https://doi.org/10.18004/2474-4648.20160304), ISBN: 978-1-365-32519-9
- Vogt, D., Perkins, D. F., Copeland, L. A., Finley, E. P., Jamieson, C. S., Booth, B., ... & Gilman, C. L. (2018). The Veterans Metrics Initiative study of US veterans' experiences during their transition from military service. *BMJ open*, 8(6), e020734.<http://dx.doi.org/10.1136/bmjopen-2017-020734>
- World Health Organisation. (n.d.). Retrieved on Jul 21, 2022, from <https://www.who.int/about/governance/constitution>
- Zimmerman, S. L. (2000). *Self-esteem, personal control, optimism, extraversion and subjective well-being* (Doctoral dissertation, Dissertation International B. Science and Engineering, 60, 3608).

DEMOGRAPHIC INFORMATION

Name (Optional):

Age (in years):

Marital Status: Married / Un-married.

Education Qualification:

Demographic Status: Rural / Urban

No. of Family Members:

Presently Occupied: Yes or No (If Yes: Govt, Pvt, Business)

Trade: Technical / Non-Technical

Date of Joining (IAF):.....

Date of Retirement:

Remarks:

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LETTER OF CONSENT

Respected Participant,

1. This is my request to you to go through the test material and give your response accordingly. It is a part of my research study and it is mainly designed for the betterment of Air Veteran population after their retirement from service.
2. So, please cooperate with me by giving your valuable opinions on different questionnaires enclosed herewith.
3. I want to mentioned that your participation in this study is voluntary and all efforts to protect your identity and keep the information confidential will be taken.
4. Thank you for your participation in this project and it will be highly appreciated.

Signature of respondent

Remarks of Respondent

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LIST OF PUBLICATIONS

Sl No.	Title of paper with author names	Name of the journal	Published date	ISSN No., Vol No. & Issue No.	Indexing in Scopus/ Web of Science/UGC-CARE list & Web Link
1.	Title: Impact of Self-esteem on General Health among Serving Indian Air Force Personnel and Air Veterans. Authors Name : Sundeep Kumar (First Author) Dr. Sanjay Ghosh (Co-author)	Journal of Positive School Psychology	19 May 2022	ISSN No. 2717-7564 Vol. 6 Issue No. 03	Scopus Web Link:- https://www.journalppw.com/index.php/jpsp/article/view/5055/3285
2.	Title: Occupational and Family Conflict in Relation to Perceived Psychological Well-being among Indian Air Force Personnel. Authors Name : Sundeep Kumar (First Author) Dr. Sanjay Ghosh (Co-author)	Rabindra Bharati Journal of Philosophy	2022	ISSN No. 0973-0087 Vol. XXIII Issue No. 03	UGC-CARE List Web Link : N/A (Print)

LIST OF CONFERENCES

Sl No.	Conference Presented	Title	Date	Institution
1.	International Symposium on “World Order Under Strain: Emerging Political and Economic Challenges” organized by Lovely Professional University, Punjab.	Title: Impact of Self-esteem on General Health among Serving Indian Air Force Personnel and Air Veterans.	10 Jun 2022	Lovely Professional University
2.	Two-Days Multidisciplinary International Web Conference organized by International Council for Education Research and Training (ICERT).	Title: Occupational and Family Conflict in Relation to Perceived Psychological Well-being among Indian Air Force Personnel.	22-23 Jan 2022	International Council for Education Research and Training (ICERT).
3.	International Conference on “Holistic Health & Well-being : Issues, Challenges and Management” organised by Lovely Professional University (Punjab)	Title: Role of Psychological Wellbeing in Air Veteran Adjustment in India.	02-03 Jun 2023	Lovely Professional University